

B1 (Official Form 1) (4/10)

<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA COLUMBIA DIVISION</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Internal Medicine Associates, PC</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>57-1114796</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): <b>805 Pamplico Hwy Suite B310 Florence, SC</b>		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE <b>29505</b>		ZIP CODE
County of Residence or of the Principal Place of Business: <b>Florence</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box: Chapter 11 Debtors</b> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Internal Medicine Associates, PC</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)		
Location Where Filed:	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)		
Name of Debtor:	Case Number:	Date Filed:
District:	Relationship:	Judge:
<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align: center;"><b>X</b> _____</p> <p style="text-align: right;">Date</p>	
<b>Exhibit C</b>		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition:		
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, 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.		
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.		
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
_____		
(Name of landlord that obtained judgment)		
_____		
(Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and		
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

<p><b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>Internal Medicine Associates, PC</b></p>
<b>Signatures</b>	
<p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____</p> <p><b>X</b> _____</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b> _____</p> <p>(Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p><b>Signature of Attorney*</b></p> <p><b>X</b> <u>/s/ Nancy E. Johnson</u> <b>Nancy E. Johnson</b> Bar No. <b>6909</b></p> <p><b>Law Office of Nancy E. Johnson, LLC</b> <b>2201 Greene Street</b> <b>Columbia, SC 29205</b></p> <p>Phone No. <b>(803) 343-3424</b> Fax No. <b>(803) 656-0510</b></p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p>
<p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>Internal Medicine Associates, PC</b></p> <p><b>X</b> <u>/s/ Lloyd Miller</u> Signature of Authorized Individual</p> <p><b>Lloyd Miller</b> Printed Name of Authorized Individual</p> <p><b>Member</b> Title of Authorized Individual</p> <p>_____ Date</p>	<p>Address</p> <p><b>X</b> _____</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>

B6D (Official Form 6D) (12/07)

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTROR	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT		AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			UNLIQUIDATED	DISPUTED		
ACCT #:  <b>South Carolina Bank and Trust POB 100113 Columbia, SC 29202</b>		DATE INCURRED: NATURE OF LIEN:  COLLATERAL: <b>A/R, furnishings and equipment</b> REMARKS:  VALUE: <b>\$717,257.70</b>			<b>\$352,000.00</b>	
<b>Subtotal (Total of this Page) &gt;</b>					<b>\$352,000.00</b>	<b>\$0.00</b>
<b>Total (Use only on last page) &gt;</b>					<b>\$352,000.00</b>	<b>\$0.00</b>

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/10)

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(If Known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

**Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

B6E (Official Form 6E) (04/10) - Cont.

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY Wages, salaries, and commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>Amanda H McKenzie</b> 1551 E Lynches River Rd Lamar, SC 29069		DATE INCURRED: CONSIDERATION:  REMARKS:			<b>\$3,400.00</b>	<b>\$3,400.00</b>	<b>\$0.00</b>
ACCT #: <b>Dawn M Brown</b> 21702 Garden Walk Loop Land O Lakes, FL 34637		DATE INCURRED: CONSIDERATION:  REMARKS:			<b>\$1,383.31</b>	<b>\$1,383.31</b>	<b>\$0.00</b>
ACCT #: <b>Deborah T. Miller</b> 1420 Ebenezer Rd Florence, SC 29501		DATE INCURRED: CONSIDERATION:  REMARKS:			<b>\$1,095.76</b>	<b>\$1,095.76</b>	<b>\$0.00</b>
ACCT #: <b>Jeremy T Woodham</b> 205 Greenwood Ave Hartsville, SC 29550		DATE INCURRED: CONSIDERATION:  REMARKS:			<b>\$9,145.92</b>	<b>\$9,145.92</b>	<b>\$0.00</b>
ACCT #: <b>Kandice E Smith</b> 2128 Salem, Rd Scranton, SC 29591		DATE INCURRED: CONSIDERATION:  REMARKS:			<b>\$3,059.97</b>	<b>\$3,059.97</b>	<b>\$0.00</b>
ACCT #: <b>Kayla M Webster</b> 1625 Tolson Rd Timmons ville, SC 29161		DATE INCURRED: CONSIDERATION:  REMARKS:			<b>\$10,345.72</b>	<b>\$10,345.72</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims					<b>\$28,430.68</b>	<b>\$28,430.68</b>	<b>\$0.00</b>
<b>Subtotals (Totals of this page) &gt;</b>							
<b>Total &gt;</b> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							
<b>Totals &gt;</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							

B6E (Official Form 6E) (04/10) - Cont.

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY Wages, salaries, and commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCT #: <b>Kimberly C Thomas</b> 2144 Loquat Dr Florence, SC 29505		DATE INCURRED: CONSIDERATION:  REMARKS:			\$2,579.85	\$2,579.85	\$0.00	
ACCT #: <b>Mandy R Floyd</b> 2513 W Lillian Dr Florence, SC 29501		DATE INCURRED: CONSIDERATION:  REMARKS:			\$2,200.19	\$2,200.19	\$0.00	
ACCT #: <b>Margaret DuBose</b> 4804 Aldridge Ln Florence, SC 29506		DATE INCURRED: CONSIDERATION:  REMARKS:			\$4,563.22	\$4,563.22	\$0.00	
ACCT #: <b>Mary J Weeks</b> 2027 Hepborn Blvd Florence, SC 29501		DATE INCURRED: CONSIDERATION:  REMARKS:			\$3,937.38	\$3,937.38	\$0.00	
ACCT #: <b>Tammy D Windham</b> 2100 Oakstump Rd Timmonsville, SC 29161		DATE INCURRED: CONSIDERATION:  REMARKS:			\$2,481.00	\$2,481.00	\$0.00	
ACCT #: <b>Virginia M. Tolson</b> 1400 Tolson Rd Timmonsville, SC 29161		DATE INCURRED: CONSIDERATION:  REMARKS:			\$10,130.10	\$10,130.10	\$0.00	
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims					<b>Subtotals (Totals of this page) &gt;</b>	\$25,891.74	\$25,891.74	\$0.00
					<b>Total &gt;</b>	\$54,322.42		
					<b>(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)</b>			
					<b>Totals &gt;</b>		\$54,322.42	\$0.00
					<b>(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)</b>			

B6F (Official Form 6F) (12/07)

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Allied Answering Service</b> <b>522 South Coit Street</b> <b>Florence SC 29501-5221</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$3,000.65</b>
ACCT #: <b>Allscripts</b> <b>Receivables Control Corp</b> <b>7373 Kirkwood Court Suite 200</b> <b>Minneapolis MN 55369</b>		DATE INCURRED: CONSIDERATION: <b>Medicare claim processing</b> REMARKS:				<b>\$40,000.00</b>
ACCT #: <b>American Specialty</b> <b>POB 6647</b> <b>Florence SC 29502</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$1,440.00</b>
ACCT #: <b>AT&amp;T</b> <b>Attn: Bankruptcy</b> <b>POB 769</b> <b>Arlington TX 76004</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$24,000.00</b>
ACCT #: <b>Carolina Hospital Systems</b> <b>805 Pamplico Highway</b> <b>Florence, SC 29505</b>		DATE INCURRED: CONSIDERATION: <b>Contract/Lease</b> REMARKS: <b>Commercial building lease where medical practice is located</b>				<b>\$65,000.00</b>
ACCT #: <b>Henry Schein</b> <b>POB 371952</b> <b>Pittsburgh PA</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$6,095.91</b>
<b>Subtotal &gt;</b>						<b>\$139,536.56</b>
<b>Total &gt;</b>						

3 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Herald Office Supply</b> <b>801 North Cashua Drive</b> <b>Florence SC 29501-6929</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$2,951.80</b>
ACCT #: <b>LABSCO</b> <b>Allen Maxwell &amp; Silver, Inc.</b> <b>190 Sylvan Avenue</b> <b>Englewood Cliffs NJ 07632</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$3,231.85</b>
ACCT #: <b>Landauer</b> <b>2 Science Road</b> <b>Glenwood IL 60425-1586</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$963.06</b>
ACCT #: <b>Munn &amp; Associates</b> <b>1461 West Evans Street</b> <b>Florence, SC 29501</b>		DATE INCURRED: CONSIDERATION: <b>Accounting services</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>Pee Dee Isotopes</b> <b>156 N. McQueen Street</b> <b>Florence, SC 29501</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$10,274.05</b>
ACCT #: <b>Pitney Bowes</b> <b>POB 856390</b> <b>Louisville KY 40285-6390</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$2,243.61</b>
<b>Subtotal &gt;</b>						<b>\$19,664.37</b>
<b>Total &gt;</b>						

Sheet no. 1 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM
ACCT #: <b>Shur Shred</b> <b>1505 West Evans Street</b> <b>Florence, SC 29501</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$212.31</b>
ACCT #: <b>Southern Business Systems</b> <b>101 Corporate Blvd</b> <b>Suite 109</b> <b>West Columbia, SC 29169</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$1,183.70</b>
ACCT #: <b>Stephen Miller, MD</b> <b>416 Robertson Blvd</b> <b>Walterboro, SC 29488</b>		DATE INCURRED: CONSIDERATION:  REMARKS: <b>Amounts owed for "interpretations" made by nuclear imaging equipment - Debtor has since purchased the nuclear imaging</b>				<b>\$60,000.00</b>
		<b>equipment from Steven Miller, the brother of Dr. Lloyd Miller</b>				
ACCT #: <b>Stephen Miller, MD</b> <b>416 Robertson Blvd</b> <b>Walterboro, SC 29488</b>		DATE INCURRED: CONSIDERATION:  REMARKS: <b>Amounts owed under promissory note for the purchase of Dr. Stephen Miller's 1/2 interest in the nuclear imaging system.</b>				<b>\$535,000.00</b>
		<b>Equipment is valued at \$30,000.</b>				
<b>Subtotal &gt;</b>						<b>\$596,396.01</b>
<b>Total &gt;</b>						

Sheet no. 2 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Stericycle</b> <b>POB 9001590</b> <b>Louisville KY 40290-1590</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$560.00</b>
ACCT #: <b>Turner, Padget, Graham &amp; Laney, P.A.</b> <b>319 South Irby Street</b> <b>Florence SC 29501</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$22,819.52</b>
ACCT #: <b>Virginia M. Tolson</b> <b>1400 Tolson Rd</b> <b>Timmonsville, SC 29161</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$65,000.00</b>
ACCT #: <b>INTERNAL REVENUE SERVICE</b> <b>INSOLVENCY GROUP 6</b> <b>MDP39</b> <b>1835 ASSEMBLY STREET</b> <b>COLUMBIA, SC 29201</b>		DATE INCURRED: CONSIDERATION: <b>Required Notification</b> REMARKS:				
ACCT #: <b>SECURITIES AND EXCHANGE COMMISSION</b> <b>3475 LENOX ROAD NE</b> <b>ATLANTA, GA 30326</b>		DATE INCURRED: CONSIDERATION: <b>Required Notification</b> REMARKS:				
<b>Subtotal &gt;</b>						<b>\$88,379.52</b>
<b>Total &gt;</b>						<b>\$843,976.46</b>

Sheet no. 3 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Internal Medicine Associates, PC**

Case No. \_\_\_\_\_  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Member of the Corporation  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of  
9 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

(Total shown on summary page plus 1.)

Date \_\_\_\_\_

Signature /s/ Lloyd Miller  
**Lloyd Miller**  
**Member**

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

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**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF SOUTH CAROLINA**  
**COLUMBIA DIVISION**

IN RE: **Internal Medicine Associates, PC**

CASE NO

CHAPTER **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

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

For legal services, I have agreed to accept:	<b>\$25,000.00</b>
Prior to the filing of this statement I have received:	<b>\$25,000.00</b>
Balance Due:	<b>\$0.00</b>

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

Debtor                       Other (specify)

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

Debtor                       Other (specify)

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

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

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

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

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
**Representation in (1) adversary proceedings; (2) appeals; (3) matters involving material facts not disclosed by the debtor prior to the filing of the petition.**  
**Additional costs not included:**  
**Adding creditors to case: \$60**  
**Mailing costs to serve creditors (per creditor): \$1.00**  
**Draft and mail letter: \$50.00**  
**Unanticipated legal services performed by NEJ: \$260 per hour**  
**Attendance at continued 341 (continued due to failure of Debtor to appear or failure to bring appropriate documents of identification): \$200**

CERTIFICATION

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

Date	<b>/s/ Nancy E. Johnson</b> Nancy E. Johnson Law Office of Nancy E. Johnson, LLC 2201 Greene Street Columbia, SC 29205 Phone: (803) 343-3424 / Fax: (803) 656-0510	Bar No. 6909
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**/s/ Lloyd Miller**  
 \_\_\_\_\_  
**Lloyd Miller**  
**Member**

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**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF SOUTH CAROLINA**  
**COLUMBIA DIVISION**

IN RE: **Internal Medicine Associates, PC**

Case No.

Chapter **11**

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Carolina Hospital Systems 805 Pamplico Highway Florence, SC 29505		Contract/Lease		<b>\$65,000.00</b>
Allscripts Receivables Control Corp 7373 Kirkwood Court Suite 200 Minneapolis MN 55369		Medicare claim processing		<b>\$40,000.00</b>
AT&T Attn: Bankruptcy POB 769 Arlington TX 76004				<b>\$24,000.00</b>
Turner, Padget, Graham & Laney, P.A. 319 South Irby Street Florence SC 29501				<b>\$22,819.52</b>
Kayla M Webster 1625 Tolson Rd Timmonsville, SC 29161				<b>\$10,345.72</b>
Pee Dee Isotopes 156 N. McQueen Street Florence, SC 29501				<b>\$10,274.05</b>

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**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF SOUTH CAROLINA**  
**COLUMBIA DIVISION**

IN RE: **Internal Medicine Associates, PC**

Case No.

Chapter **11****LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS***Continuation Sheet No. 1*

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Jeremy T Woodham 205 Greenwood Ave Hartsville, SC 29550				<b>\$9,145.92</b>
Henry Schein POB 371952 Pittsburgh PA				<b>\$6,095.91</b>
Margaret DuBose 4804 Aldridge Ln Florence, SC 29506				<b>\$4,563.22</b>
Mary J Weeks 2027 Hepborn Blvd Florence, SC 29501				<b>\$3,937.38</b>
Amanda H McKenzie 1551 E Lynches River Rd Lamar, SC 29069				<b>\$3,400.00</b>
LABSCO Allen Maxwell & Silver, Inc. 190 Sylvan Avenue Englewood Cliffs NJ 07632				<b>\$3,231.85</b>
Kandice E Smith 2128 Salem, Rd Scranton, SC 29591				<b>\$3,059.97</b>

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**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF SOUTH CAROLINA**  
**COLUMBIA DIVISION**

IN RE: **Internal Medicine Associates, PC**

Case No.

Chapter **11****LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS***Continuation Sheet No. 2*

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Allied Answering Service 522 South Coit Street Florence SC 29501-5221				<b>\$3,000.65</b>
Herald Office Supply 801 North Cashua Drive Florence SC 29501-6929				<b>\$2,951.80</b>
Kimberly C Thomas 2144 Loquat Dr Florence, SC 29505				<b>\$2,579.85</b>
Tammy D Windham 2100 Oakstump Rd Timmonsville, SC 29161				<b>\$2,481.00</b>
Pitney Bowes POB 856390 Louisville KY 40285-6390				<b>\$2,243.61</b>
Mandy R Floyd 2513 W Lillian Dr Florence, SC 29501				<b>\$2,200.19</b>
American Specialty POB 6647 Florence SC 29502				<b>\$1,440.00</b>



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**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION**

IN RE: **Internal Medicine Associates, PC**

Case No.

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

*Continuation Sheet No. 3*

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Member of the Corporation  
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: \_\_\_\_\_

Signature: /s/ Lloyd Miller  
**Lloyd Miller**  
**Member**

Document Page 18 of 25  
**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION**

IN RE: **Internal Medicine Associates, PC**

CASE NO

CHAPTER **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via

- (a) \_\_\_ computer diskette
- (b) \_\_\_ scannable hard copy
- (c) **X** electronic version filed via CM/ECF

Date \_\_\_\_\_

Signature Is/ Lloyd Miller  
*Lloyd Miller*  
*Member*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Is/ Nancy E. Johnson  
*Nancy E. Johnson*  
*6909*  
*Law Office of Nancy E. Johnson, LLC*  
*2201 Greene Street*  
*Columbia, SC 29205*  
*(803) 343-3424*

IRMO, SC 29063

45654

Employee				Status (Fed/State)		Allowances/Extra	
Paige G. Herrin				Married/Withhold		Fed-2/4/SC-6/4	
Earnings and Hours		Qty	Rate	Current	YTD Amount	Pay Period: 08/22/2010 - 09/04/2010	
Salary				805.00	14,490.00	Pay Date: 09/09/2010	
Taxes				Current	YTD Amount		
Federal Withholding				-4.00	-72.00		
Social Security Employee				-49.91	-898.38		
Medicare Employee				-11.68	-210.11		
SC - Withholding				-1.44	-25.92		
Net Pay				-67.03	-1,206.41		
				737.97	13,283.59		

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

45735

Employee				Status (Fed/State)		Allowances/Extra	
Paige G. Herrin				Married/Withhold		Fed-2/4/SC-6/4	
Earnings and Hours		Qty	Rate	Current	YTD Amount	Pay Period: 09/05/2010 - 09/18/2010	
Salary				805.00	15,295.00	Pay Date: 09/23/2010	
Taxes				Current	YTD Amount		
Federal Withholding				-4.00	-76.00		
Social Security Employee				-49.91	-948.29		
Medicare Employee				-11.67	-221.78		
SC - Withholding				-1.44	-27.36		
Net Pay				-67.02	-1,273.43		
				737.98	14,021.57		

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

45822

Employee				Status (Fed/State)		Allowances/Extra	
Paige G. Herrin				Married/Withhold		Fed-2/4/SC-6/4	
Earnings and Hours		Qty	Rate	Current	YTD Amount	Pay Period: 09/19/2010 - 10/02/2010	
Salary				805.00	16,100.00	Pay Date: 10/07/2010	
Taxes				Current	YTD Amount		
Federal Withholding				-4.00	-80.00		
Social Security Employee				-49.91	-998.20		
Medicare Employee				-11.67	-233.45		
SC - Withholding				-1.44	-28.80		
Net Pay				-67.02	-1,340.45		
				737.98	14,759.55		

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

45588

Employee			Status (Fed/State)	Allowances/Extra
Paige G. Herrin			Married/Withhold	Fed-2/4/SC-6/-4
			Pay Period: 08/08/2010 - 08/21/2010	Pay Date: 08/26/2010
Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			805.00	13,685.00
Taxes			Current	YTD Amount
Federal Withholding			-4.00	-68.00
Social Security Employee			-49.91	-848.47
Medicare Employee			-11.67	-198.43
SC - Withholding			-1.44	-24.48
			-67.02	-1,139.38
Net Pay			737.98	12,545.62

least current

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

46208

Employee			Status (Fed/State)	Allowances/Extra
Paige G. Herrin			Married/Withhold	Fed-2/4/SC-6/-4
			Pay Period: 11/15/2010 - 11/28/2010	Pay Date: 12/02/2010
Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			805.00	19,320.00
Taxes			Current	YTD Amount
Federal Withholding			-4.00	-96.00
Social Security Employee			-49.91	-1,197.84
Medicare Employee			-11.67	-280.14
SC - Withholding			-1.44	-34.56
			-67.02	-1,608.54
Net Pay			737.98	17,711.46

most current

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

Paige's pay

PURSUANT TO WARRANT OF  
 RICHARD ECKSTROM  
 COMPTROLLER GENERAL

## Office Of State Treasurer

CONVERSE A. CHELLIS III, CPA  
 STATE TREASURER

Pay Period: 09/17/2010 through 10/01/2010		Name: JOHN A HERRIN		Personnel No: 10045154				
Check Date: 10/15/2010		Agency: N040-DEPARTMENT OF CORRECTIONS						
<b>Earnings</b>		<b>Deductions</b>		<b>Taxes</b>				
Current:	1,164.84 -	156.94 -	107.32 =	900.58	3401 Ben-FORS EE Pre-tax	75.71	147.77	
YTD:	2,273.52 -	310.23 -	207.05 =	1,756.24	3000 MoneyPlus BasAdmFeePre	0.14	0.28	
<b>Earnings</b>		<b>Hours</b>		<b>Current</b>		<b>YTD</b>		
Regular Salary Exempt			1,162.58	1,162.58	3001 Ben-Dental EE Pre-tax	10.67	21.34	
Salaried Non-Exempt				1,096.79	3005 Ben-Opt Life EE Pre-ta	2.72	5.44	
Special Assignment Pay			23.25	56.13	3006 Ben-HighDedHlthEEPreta	54.28	108.56	
Furlough Deduction Spread			20.99-	41.98-	3010 Ben-Vision EE Pre-tax	12.12	24.24	
					3506 Ben-OptLifeSpouse Post	0.68	1.36	
					3508 Ben-Dep Life EE Post-t	0.62	1.24	
<b>Total Earnings</b>			1,164.84	2,273.52	<b>Total Deductions</b>	156.94	310.23	
Imputed Income			1.35	2.70				
<b>Taxes</b>	<b>Tax Type</b>	<b>Status</b>	<b>EXMT</b>	<b>AdtlAmt</b>	<b>Cur Tax</b>	<b>YTD Tax</b>	<b>Cur Txbl Earn</b>	<b>YTD Txbl Earn</b>
Federal	Withholding						1,010.55	1,968.59
Federal	Social Security				67.26	131.05	1,084.91	2,113.66
Federal	Medicare				15.73	30.65	1,084.91	2,113.66
South Carolina	Withholding		04		24.33	45.35	1,010.55	1,968.59
<b>Total Taxes</b>					107.32	207.05		
<b>Payment</b>	<b>Account</b>	<b>Type</b>	<b>Amount</b>					
CAROLINA FIRST BANK	104145	Checking	900.58					

RICHARD ECKSTROM  
 COMPTROLLER GENERAL

## Office Of State Treasurer

CONVERSE A. CHELLIS III, CPA  
 STATE TREASURER

Pay Period: 10/02/2010 through 10/16/2010		Name: JOHN A HERRIN		Personnel No: 10045154	
Check Date: 11/01/2010		Agency: N040-DEPARTMENT OF CORRECTIONS			
Earnings	Deductions	Taxes	Net Pay	Deductions	Current YTD
Current: 1,164.84 -	156.94 -	107.32 =	900.58	3401 Ben-PORS EE Pre-tax	75.71 223.48
YTD: 3,438.36 -	467.17 -	314.37 =	2,656.82	3000 MoneyPlus BasAdmFeePre	0.14 0.42
Earnings	Hours	Current	YTD	3001 Ben-Dental EE Pre-tax	10.67 32.01
Regular Salary Exempt		1,162.58	2,325.16	3005 Ben-Opt Life EE Pre-ta	2.72 8.16
Salaried Non-Exempt			1,096.79	3006 Ben-HighDedHlthEEPreta	54.28 162.84
Special Assignment Pay		23.25	79.38	3010 Ben-Vision EE Pre-tax	12.12 36.36
Furlough Deduction Spread		20.99-	62.97-	3506 Ben-OptLifeSpouse Post	0.68 2.04
Total Earnings		1,164.84	3,438.36	3508 Ben-Dep Life EE Post-t	0.62 1.86
				Total Deductions	156.94 467.17
Imputed Income		1.35	4.05		
Taxes	Tax Type	Status	EXMT AddlAmt	Cur Tax	YTD Tax Cur Txbl Earn YTD Txbl Earn
Federal	Withholding			67.26	1,010.55 2,979.14
Federal	Social Security			15.73	1,084.91 3,198.57
Federal	Medicare			24.33	1,084.91 3,198.57
South Carolina	Withholding		04	69.68	1,010.55 2,979.14
Total Taxes				107.32	314.37
Payment	Account	Type	Amount		
CAROLINA FIRST BANK	104145	Checking	900.58		

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

45914

Employee					Status (Fed/State)	Allowances/Extra
Paige G. Herrin					Married/Withhold	Fed-2/4/SC-6/-4
					Pay Period: 10/03/2010 - 10/16/2010	Pay Date: 10/21/2010
Earnings and Hours	Qty	Rate	Current	YTD Amount		
Salary			805.00	16,905.00		
Taxes			Current	YTD Amount		
Federal Withholding			-4.00	-84.00		
Social Security Employee			-49.91	-1,048.11		
Medicare Employee			-11.67	-245.12		
SC - Withholding			-1.44	-30.24		
			-67.02	-1,407.47		
Net Pay			737.98	15,497.53		

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

46019

Employee					Status (Fed/State)	Allowances/Extra
Paige G. Herrin					Married/Withhold	Fed-2/4/SC-6/-4
					Pay Period: 10/17/2010 - 10/30/2010	Pay Date: 11/04/2010
Earnings and Hours	Qty	Rate	Current	YTD Amount		
Salary			805.00	17,710.00		
Taxes			Current	YTD Amount		
Federal Withholding			-4.00	-88.00		
Social Security Employee			-49.91	-1,098.02		
Medicare Employee			-11.68	-256.80		
SC - Withholding			-1.44	-31.68		
			-67.03	-1,474.50		
Net Pay			737.97	16,235.50		

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

GATEWAY BAPTIST CHURCH  
 IRMO, SC 29063

46111

Employee					Status (Fed/State)	Allowances/Extra
Paige G. Herrin					Married/Withhold	Fed-2/4/SC-6/-4
					Pay Period: 10/31/2010 - 11/13/2010	Pay Date: 11/18/2010
Earnings and Hours	Qty	Rate	Current	YTD Amount		
Salary			805.00	18,515.00		
Taxes			Current	YTD Amount		
Federal Withholding			-4.00	-92.00		
Social Security Employee			-49.91	-1,147.93		
Medicare Employee			-11.67	-268.47		
SC - Withholding			-1.44	-33.12		
			-67.02	-1,541.52		
Net Pay			737.98	16,973.48		

Gateway Baptist Church, 1651 Dutch Fork Road, Irmo, SC 29063 803-732-0590

RICHARD ECKSTROM  
 COMPTROLLER GENERAL

## Office Of State Treasurer

CONVERSE A. CHELLIS III, CPA  
 STATE TREASURER

Pay Period: 10/17/2010 through 11/01/2010		Name: JOHN A HERRIN		Personnel No: 10045154			
Check Date: 11/16/2010		Agency: N040-DEPARTMENT OF CORRECTIONS					
Earnings	Deductions	Taxes	Net Pay	Deductions	Current	YTD	
Current:	1,164.84 -	156.94 -	107.33 =	900.57	3401 Ben-PORS EE Pre-tax	75.71	299.19
YTD:	4,603.20 -	624.11 -	421.70 =	3,557.39	3000 MoneyPlus BasAdmFeePre	0.14	0.56
					3001 Ben-Dental EE Pre-tax	10.67	42.68
					3005 Ben-Opt Life EE Pre-ta	2.72	10.88
					3006 Ben-HighDedHlthEEPreta	54.28	217.12
					3010 Ben-Vision EE Pre-tax	12.12	48.48
					3506 Ben-OptLifeSpouse Post	0.68	2.72
					3508 Ben-Dep Life EE Post-t	0.62	2.48
<b>Total Earnings</b>	<b>1,164.84</b>	<b>1,162.58</b>	<b>3,487.74</b>	<b>4,603.20</b>	<b>Total Deductions</b>	<b>156.94</b>	<b>624.11</b>
Regular Salary Exempt			1,096.79				
Salaried Non-Exempt			23.25				
Special Assignment Pay			20.99				
Furlough Deduction Spread			83.96				
Imputed Income		1.35	5.40				

  

Taxes	Tax Type	Status	EXMT	AdtlAmt	Cur Tax	YTD Tax	Cur Txbl Earn	YTD Txbl Earn
Federal	Withholding						1,010.55	3,989.69
Federal	Social Security				67.27	265.58	1,084.91	4,283.48
Federal	Medicare				15.73	62.11	1,084.91	4,283.48
South Carolina	Withholding		04		24.33	94.01	1,010.55	3,989.69
<b>Total Taxes</b>					<b>107.33</b>	<b>421.70</b>		

  

Payment	Account	Type	Amount
CAROLINA FIRST BANK	104145	Checking	900.57



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UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION

IN RE:

Internal Medicine Associates, PC

Debtor(s)

§  
§  
§  
§  
§

Case No. \_\_\_\_\_

Chapter 11

**DECLARATION FOR ELECTRONIC FILING OF BANKRUPTCY  
PETITION, LISTS, STATEMENTS, AND SCHEDULES**

**PART I: DECLARATION OF PETITIONER:**

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company seeking bankruptcy relief in this case, I hereby request relief as, or on behalf of, the debtor in accordance with the chapter of title 11, United States Code, specified in the petition to be filed electronically in this case. I have read the information provided in the petition, lists, statements, and schedules to be filed electronically in this case and I HEREBY DECLARE UNDER PENALTY OF PERJURY that the information provided therein, as well as the social security information disclosed in this document, is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within five (5) business days after the petition, lists, statements, and schedules have been filed electronically. I understand that a failure to file the signed original of this Declaration will result in the dismissal of my case.

*[Only include for Chapter 7 individual petitioners whose debts are primarily consumer debts] --*  
I am an individual whose debts are primarily consumer debts and who has chosen to file under chapter 7. I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each chapter, and choose to proceed under chapter 7.

*[Only include if petitioner is a corporation, partnership or limited liability company] --*  
I hereby further declare under penalty of perjury that I have been authorized to file the petition, lists, statements, and schedules on behalf of the debtor in this case.

Date: \_\_\_\_\_  
/s/ Lloyd Miller  
Lloyd Miller  
Member  
Complete EIN: 57-1114796

**PART II: DECLARATION OF ATTORNEY:**

I declare UNDER PENALTY OF PERJURY that: (1) I will give the debtor(s) a copy of all documents referenced by Part I herein which are filed with the United States Bankruptcy Court; and (2) I have informed the debtor(s), if an individual with primarily consumer debts, that he or she may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Date: \_\_\_\_\_  
/s/ Nancy E. Johnson  
Nancy E. Johnson, Attorney for Debtor