

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

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 Ratamesse Chiropractic Clinic, P.C.

2. All other names debtor used in the last 8 years DBA Health 1st

3. Debtor's federal Employer Identification Number (EIN) 57-1071399

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

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Debtor Ratamess Chiropractic Clinic, P.C. Case number (if known) _____
Name

7. Describe debtor's business A. Check one:

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

B. Check all that apply

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

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

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

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No. Yes.

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

Debtor _____	Relationship _____
District _____	When _____
	Case number, if known _____

Debtor Ratamess Chiropractic Clinic, P.C. Case number (if known) _____
 Name

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

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

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

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

No

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

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

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

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

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

Other _____

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

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

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

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

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

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor Ratamess Chiropractic Clinic, P.C. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on September 30, 2016
MM / DD / YYYY

/s/ Dr. Scott Ratamess
Signature of authorized representative of debtor
Title Owner

Dr. Scott Ratamess
Printed name

18. Signature of attorney

/s/ Robert H. Cooper
Signature of attorney for debtor

Date September 30, 2016
MM / DD / YYYY

Robert H. Cooper
Printed name

The Cooper Law Firm
Firm name

**150 Milestone Way, Ste. B
Greenville,, SC 29615**
Number, Street, City, State & ZIP Code

Contact phone 864-271-9911 Email address thecooperlawfirm@thecooperlawfirm.com

#5670 SC
Bar number and State

**United States Bankruptcy Court
District of South Carolina**

In re Ratamess Chiropractic Clinic, P.C.

Debtor(s)

Case No.

Chapter

11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Dr. Scott Ratamess**, declare under penalty of perjury that I am the **Owner** of **Ratamess Chiropractic Clinic, P.C.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 30th day of September, 2016.

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

Be It Therefore Resolved, that **Dr. Scott Ratamess**, **Owner** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

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

Be It Further Resolved, that **Dr. Scott Ratamess**, **Owner** of this Corporation is authorized and directed to employ **Robert H. Cooper**, attorney and the law firm of **The Cooper Law Firm** to represent the corporation in such bankruptcy case."

Date September 30, 2016

Signed /s/Dr. Scott Ratamess
Dr. Scott Ratamess

Resolution of Board of Directors
of
Ratamess Chiropractic Clinic, P.C.

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

Be It Therefore Resolved, that **Dr. Scott Ratamess, Owner** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

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

Be It Further Resolved, that **Dr. Scott Ratamess, Owner** of this Corporation is authorized and directed to employ **Robert H. Cooper**, attorney and the law firm of **The Cooper Law Firm** to represent the corporation in such bankruptcy case.

Date September 30, 2016

Signed /s/ Dr. Scott Ratamess
Dr. Scott Ratamess

United States Bankruptcy Court
District of South Carolina

In re Ratamess Chiropractic Clinic, P.C.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$15,000.00); Prior to the filing of this statement I have received (\$1,000.00); Balance Due (\$14,000.00).

2. \$ 1,717.00 of the filing fee has been paid.

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

Other (specify): The above fee is an initial retainer and does not represent the full amount of the fees agreed upon. A separate Engagement Letter and Fee Agreement reflect fees stated for hourly rates will be charged against the stated initial retainer. If exhausted, additional fees will be charged at the same rate

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

Debtor

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

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

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

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

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

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, preparation and filing of reaffirmation agreements and applications as needed or any other adversary proceeding.

CERTIFICATION

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

September 30, 2016

Date

/s/ Robert H. Cooper

Robert H. Cooper #5670 SC

Signature of Attorney

The Cooper Law Firm

150 Milestone Way, Ste. B

Greenville, SC 29615

864-271-9911 Fax: 864-232-5236

thecooperlawfirm@thecooperlawfirm.com

Name of law firm

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court
District of South Carolina

In re Ratamess Chiropractic Clinic, P.C. Debtor(s) Case No. _____ Chapter 11

CERTIFICATION VERIFYING 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
(number of sheets submitted _____)
- (c) X electronic version filed via CM/ECF

Date: September 30, 2016

/s/ Dr. Scott Ratamess
Dr. Scott Ratamess/Owner
Signer/Title

Date: September 30, 2016

/s/ Robert H. Cooper
Signature of Attorney
Robert H. Cooper #5670 SC
The Cooper Law Firm
150 Milestone Way, Ste. B
Greenville,, SC 29615
864-271-9911 Fax: 864-232-5236
Typed/Printed Name/Address/Telephone

#5670 SC
District Court I.D. Number

CAN Capital
2015 Vaughn Road, NW Ste 500
Kennesaw GA 30144

Capital One Bank
ATTN: Customer Accts/Bankruptcy
PO Box 30285
Salt Lake City UT 84130-0285

First Citizens Bank
DAC-36
PO Box 25187
Raleigh NC 27611

Florence County Delinquent Tax Office
180 N. Irby Street, MSC-TT
Florence SC 29501

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia PA 19101-7346

Jacob Plumbing
210 West Cedar Street
Florence SC 29501

Lease Finance Group, LLC
419 East Main Street, Ste 102
Middletown NY 10940

Lowe's Business Account
PO Box 530970
Atlanta GA 30353

Northern Leasing Systems, Inc.
419 East Main Street, Ste 102
Middletown NY 10940

Office Depot Business Credit
PO Box 78004
Phoenix AZ 85062

SC Department of Workforce & Employment
P.O. Box 995
Columbia SC 29202

SC Dept of Rev. & Tax
PO Box 12265
Columbia SC 29211

Summer Breeze Heating & Air
459 Edenberry Way
Florence SC 29501

Wells Fargo
C/O Bky Dept
1 Home Campus
Des Moines IA 50328

Fill in this information to identify the case:

Debtor name Ratamess Chiropractic Clinic, P.C.
 United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA
 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
CAN Capital 2015 Vaughn Road, NW Ste 500 Kennesaw, GA 30144		Line of Credit				\$43,728.00
Capital One Bank ATTN: Customer Accts/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285		Credit Card				\$13,700.00
Northern Leasing Systems, Inc. 419 East Main Street, Ste 102 Middletown, NY 10940		Lease				\$11,015.00
Wells Fargo C/O Bky Dept 1 Home Campus Des Moines, IA 50328		Line of Credit				\$5,602.00
Lease Finance Group, LLC 419 East Main Street, Ste 102 Middletown, NY 10940		Disputed Lease	Disputed			\$5,353.00
Florence County Delinquent Tax Office 180 N. Irby Street, MSC-TT Florence, SC 29501		Property Taxes				\$4,870.00
Lowes Business Account PO Box 530970 Atlanta, GA 30353		Credit Card				\$3,200.00

Debtor **Ratamess Chiropractic Clinic, P.C.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Jacob Plumbing 210 West Cedar Street Florence, SC 29501		Service				\$2,000.00
Office Depot Business Credit PO Box 78004 Phoenix, AZ 85062		Credit Card				\$1,716.00
Summer Breeze Heating & Air 459 Edenberry Way Florence, SC 29501		Service				\$525.00