

CORNERSTONE HEALTH SYSTEMS, LLC AT&T/BELLSOUTH
15 EAST MAIN STREET
HOHENWALD TN 38462

CORNERSTONE HEALTH SYSTEMS
COMMUNITY SOUTH
30 WEST MAIN STREET
HOHENWALD TN 38462

STEVEN L. LEFKOVITZ
LEFKOVITZ & LEFKOVITZ
618 CHURCH ST., #410
NASHVILLE, TN 37219-2321

BALLARD MEDICAL
88245 EXOEDITE WAY
CHICAGO IL 60695

COMPETITIVE MEDICAL
217-C BOBBY JONES EXPRESS
AUGUSTA GA 30907

ADRIOT MEDICAL SYSTEMS INC
1146 CARDING MACHINE ROAD
LOUDON TN 37774

BANK OF LEWIS COUNTY
511 EAST MAIN STREET
HOHENWALD TN 38462

CORFLEX
669 EAST INDUSTRIAL PARK DRI
MANCHESTER NH 03109

ADVANTAGE FINANCIAL SERVICES
108 FOXCROFT ROAD
WEST HARTFORD CT 06119

BETTY R. MODRALL
707 N.MAIN ST
COLUMBIA TN 38401

DJO, LLC
P O BOX 650777
DALLAS TX 75265

AIR LIFT UNLIMITED INC
1212 KERR GULCH ROAD
EVERGREEN CO 80439

BOB BURKLOW
236 WOODMERE DRIVE
HOHENWALD TN 38462

DR. ZEN FOOTWEAR
608 FREDERICA STREET
OWENSBORO KY 42301

ALLARD USA
21 PINE STREET
SUITE 120
ROCKAWAY NJ 07866

BOB BURKLOW
236 WOODMERE ROAD
HOHENWALD TN 38462

ESP SECURITY SYSTEMS
2500 CAYER LN
COLUMBIA TN 38401

AMOENA USA CORPORATION
3625 KENNESAW 75 PARKWAY
SUITE 100
KENNESAW GA 30144

BREAK TIME SERVICES
P O BOX 956
COLUMBIA TN 38402

EVO MEDICAL SOLUTIONS
2636 289TH PLACE
ADEL IA 50003

ANDREW AVERETT
P O BOX 29
LINDEN TN 37096

BRUCE DIXON
2500 CRESTWOOD BLVD
BIRMINGHAM AL 35210

FIRST COMP INSURANCE COMP
P O BOX 24636
OMAHA NE 68124

AT HOME MEDS, LLC
1126 COLLINWOOD HWY
WAYNESBORO TN 38485

BSN MEDICAL INC./JOBST
P O BOX 751766
CHARLOTTE NC 28275

HENDERSON COUNTY TRUSTEE
17 MONROE STREET
LEXINGTON TN 38351

AT&T
PO BOX 105262
ATLANTA GA 30348

CARECENTRIC BILLING SERVICE
P O BOX 932097
ATLANTA GA 31193

HESSLER FORMS
106 SUSAN DRIVE
UNIT 1
ELKINS PARK PA 19027

HIGH FOREST PROPERTIES
236 WOODMERE DRIVE
HOHENWALD TN 38462

KIDDS PEST CONTROL
690 NAPIER ROAD
SUMMERTOWN TN 38483

CORNERSTONE HEALTH SYSTEMS
MEDICAL PRODUCTS GROUP, IN
P O BOX 764
DIXON IL 61021

HOHENWALD CITY RECORDER
118 W. LINDEN AVE
HOHENWALD TN 38462

LEE BURKLOW
2525 WEST END AVE
SUITE 1220
NASHVILLE TN 37203

MEDLINE INDUSTRIES, INC.
DEPT AT 40221
ATLANTA GA 31192

HOME CARE MEDICAL
5665 SOUTH WESTRIDGE DRIVE
SUITE 100
NEW BERLIN WI 53151

LEE BURKLOW
2212 HILLBORO VALLEY ROAD
BRENTWOOD TN 37027

METRO MEDICAL
P O BOX 415000
NASHVILLE TN 37241

HSBC BUSINESS SOLUTIONS
P O BOX 5239
CAROL STREAM IL 60197

LEE BURKLOW
236 WOODMERE ROAD
HOHENWALD TN 38462

MSC MAIN STREET CONNECTION
138 N. STAR DR
JACKSON TN 38305

IRS
PO BOX 21126
PHILADELPHIA PA 19114

LEWIS COUNTY SOLID WASTE COMPANY
437 SWANN AVE
HOHENWALD TN 38462

NICK RAMEY
410 SWISS COLONY ROAD
HOHENWALD TN 38462

JERRY MERCER
421 WEST FOURTH AVE
HOHENWALD TN 38462

LEWIS COUNTY TRUSTEE
106 N. COURT
HOHENWALD TN 38462

NICK & BRENDA RAMEY
410 SWISS COLONY ROAD
HOHENWALD TN 38462

JERRY MERCER
421 WEST FOURTH STREET
HOHENWALD TN 38462

LEXINGTON CITY RECORDER
175 MAPLE ST
LEXINGTON TN 38351

NICK RAMEY
410 SWISS COLONY ROAD
HOHENWALD TN 38462

JUSTIN BLAIR
P O BOX 594
CHANNAHON IL 60410

MADDAK, INC.
P O BOX 10894
NEWARK NJ 07193

OSSUR NORTH AMERICA/ROYCEM
P O BOX 51942
LOS ANGELES CA 90051

JUZO
P O BOX 1088
CUYAHOGA FALLS OH 44223

MAURY CO TRUSTEE
6 PUBLIC SQ
COLUMBIA TN 38401

PINE PHARMACY & HOME CARE
1806 PINE AVE
NIAGARA FALLS NY 14301

K2 HEALTH PRODUCTS, LLC
5359 KINGS HIGHWAY
BROOKLYN NY 11203

MED LIFT & MOBILITY INC
P O BOX 1249
CALHOUN CITY MS 38916

PITNEY BOWES PURCHASE POWER
P O BOX 856042
LOUISVILLE KY 40285

POSEY COMPANY
5635 PECK ROAD
ARCADIA CA 91006

CORNERSTONE HEALTH SYSTEMS, LLC -
SOUTHERN ENGINEER GPP
P O BOX 60
GLEN MS 38846

REGIONS BANK
PO BOX 2153 DEPT 2521
BIRMINGHAM AL 35287

SPECTRAMED
14422 S. SAN PANDRO ST
GARDENA CA 90248

REGIONS BANK
PO BOX 2153 DEPT2521
BIRMINGHAM AL 35287

SYSTEMS SPECIALIST LLC
P O BOX 22656
MEMPHIS TN 38112

REVLIS MEDICAL
6556 LAGOON STREET
WINDERMERE FL 34786

THE TESS COMPANY
P O BOX 1916
GALLATIN TN 37066

SAFE STORAGE OF COLUMBIA
236 WOODMERE DRIVE
HOHENWALD TN 38462

THOMASON & JOHNSON, PLLC
514 B NORTH GARDEN STREET
COLUMBIA TN 38401

SAI-SURGICAL INDUSTRIES
3960 ROSSLYN STREET
CINCINNATI OH 45209

TN DEPT LBR WRK FRC DEV
C/O TN ATTY GEN BK UNIT
PO BOX 20207
NASHVILLE TN 37202

SALTER LABS
100 WEST SYCAMORE ROAD
ARVIN CA 93203

TN DEPT REVENUE
C/O TN ATTY GEN BK UNIT
PO BOX 20207
NASHVILLE TN 37202

SAMMONS PRESTON ROLYAN
P O BOX 93040
CHICAGO IL 60673

US DEPT OF LABOR
FRANCES PERKINS BUILDING
200 CONSTITUTION AVE
WASHINGTON DC 20210

SHRED-IT USA, INC
566 MAINSTREAM DRIVE
SUITE 400
NASHVILLE TN 37228

VGM FINANCIAL
P O BOX 78523
MILWAUKEE WI 53278

SLEEP DIAGNOSTIC CENTER, LLC
13 EAST MAIN STREET
HOHENWALD TN 38462

**United States Bankruptcy Court
Middle District of Tennessee**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): CORNERSTONE HEALTH SYSTEMS, LLC	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) No./Complete EIN (if more than one, state all) 62-1818699	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 15 EAST MAIN STREET Hohenwald, TN ZIP Code 38462	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Lewis	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above): 19 HOSPITAL DRIVE LEXINGTON TN 38351 11& 17 EAST MAIN Hohenwald, TN 38462	

Type of Debtor (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.)	Nature of Business (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 Tax-Exempt Entity (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).	Chapter of Bankruptcy Code Under Which the Petition is Filed (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 Nature of Debts (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.
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Filing Fee (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.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 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). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <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).
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Statistical/Administrative Information <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.	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" 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 checked="" type="checkbox"/> \$100,001 to \$500,000 <input 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	

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): CORNERSTONE HEALTH SYSTEMS, LLC
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</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;">Exhibit 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 delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

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?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

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)

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

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
CORNERSTONE HEALTH SYSTEMS, LLC

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[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.
[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).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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.

(Check only one box.)

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.

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.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Steven L. Lefkovitz
Signature of Attorney for Debtor(s)

Steven L. Lefkovitz 5953
Printed Name of Attorney for Debtor(s)

Lefkovitz & Lefkovitz
Firm Name

618 Church St., #410
Nashville, TN 37219-2321

Address

Email: slefkovitz@lefkovitz.com

615-256-8300 Fax: 615-255-4516
Telephone Number

March 13, 2009
Date

*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.

Signature of Non-Attorney Bankruptcy Petition Preparer

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.

Printed Name and title, if any, of Bankruptcy Petition Preparer

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.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

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.

Signature of Debtor (Corporation/Partnership)

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.

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

X /s/ Nicholas Ramey
Signature of Authorized Individual

Nicholas Ramey
Printed Name of Authorized Individual

CHIEF MANAGER
Title of Authorized Individual

March 13, 2009
Date

**United States Bankruptcy Court
Middle District of Tennessee**

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor(s)

Case No. _____
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor 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.....	\$	<u>2,500.00</u>
Prior to the filing of this statement I have received.....	\$	<u>2,500.00</u>
Balance Due.....	\$	<u>0.00</u>

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 a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

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

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

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

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

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

CERTIFICATION

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

Dated: March 13, 2009

/s/ Steven L. Lefkovitz
Steven L. Lefkovitz 5953
Lefkovitz & Lefkovitz
618 Church St., #410
Nashville, TN 37219-2321
615-256-8300 Fax: 615-255-4516
slefkovitz@lefkovitz.com

**United States Bankruptcy Court
Middle District of Tennessee**

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Debtor(s)

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)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462	BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462	ALL EQUIPMENT, FURNISHINGS, & ACCOUNTS RECIEVABLE - BLANKET FILING		192,663.47 (0.00 secured)
IRS PO BOX 21126 PHILADELPHIA PA 19114	IRS PO BOX 21126 PHILADELPHIA PA 19114			163,000.00
REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287	ALL EQUIPMENT, FURNISHINGS, & ACCOUNTS RECIEVABLE - BLANKET FILING		46,050.86 (0.00 secured)
CARECENTRIC BILLING SERVICE P O BOX 932097 Atlanta, GA 31193	CARECENTRIC BILLING SERVICE P O BOX 932097 Atlanta, GA 31193			41,543.00
JERRY MERCER 421 WEST FOURTH AVE Hohenwald, TN 38462	JERRY MERCER 421 WEST FOURTH AVE Hohenwald, TN 38462			25,000.00
REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287	ALL EQUIPMENT, FURNISHINGS, & ACCOUNTS RECIEVABLE - BLANKET FILING		22,395.55 (0.00 secured)
MEDLINE INDUSTRIES, INC. DEPT AT 40221 Atlanta, GA 31192	MEDLINE INDUSTRIES, INC. DEPT AT 40221 Atlanta, GA 31192			18,446.87
LEE BURKLOW 2525 WEST END AVE SUITE 1220 Nashville, TN 37203	LEE BURKLOW 2525 WEST END AVE SUITE 1220 Nashville, TN 37203			15,293.56
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462			14,580.00

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
METRO MEDICAL P O BOX 415000 Nashville, TN 37241	METRO MEDICAL P O BOX 415000 Nashville, TN 37241			13,076.50
AT HOME MEDS, LLC 1126 COLLINWOOD HWY Waynesboro, TN 38485	AT HOME MEDS, LLC 1126 COLLINWOOD HWY Waynesboro, TN 38485			9,516.82
US DEPT OF LABOR FRANCES PERKINS BUILDING 200 CONSTITUTION AVE Washington, DC 20210	US DEPT OF LABOR FRANCES PERKINS BUILDING 200 CONSTITUTION AVE Washington, DC 20210			8,200.00
ADRIOT MEDICAL SYSTEMS INC 1146 CARDING MACHINE ROAD Loudon, TN 37774	ADRIOT MEDICAL SYSTEMS INC 1146 CARDING MACHINE ROAD Loudon, TN 37774			7,950.44
SAFE STORAGE OF COLUMBIA 236 WOODMERE DRIVE Hohenwald, TN 38462	SAFE STORAGE OF COLUMBIA 236 WOODMERE DRIVE Hohenwald, TN 38462			7,500.00
FIRST COMP INSURANCE COMP P O BOX 24636 Omaha, NE 68124	FIRST COMP INSURANCE COMP P O BOX 24636 Omaha, NE 68124			6,400.00
ANDREW AVERETT P O BOX 29 Linden, TN 37096	ANDREW AVERETT P O BOX 29 Linden, TN 37096			6,000.00
MED LIFT & MOBILITY INC P O BOX 1249 Calhoun City, MS 38916	MED LIFT & MOBILITY INC P O BOX 1249 Calhoun City, MS 38916			4,889.90
TN DEPT REVENUE C/O TN ATTY GEN BK UNIT PO BOX 20207 NASHVILLE, TN 37202	TN DEPT REVENUE C/O TN ATTY GEN BK UNIT PO BOX 20207 NASHVILLE, TN 37202			4,231.39
COMPETITIVE MEDICAL 217-C BOBBY JONES EXPRESS Augusta, GA 30907	COMPETITIVE MEDICAL 217-C BOBBY JONES EXPRESS Augusta, GA 30907			4,158.57
THOMASON & JOHNSON, PLLC 514 B NORTH GARDEN STREET Columbia, TN 38401	THOMASON & JOHNSON, PLLC 514 B NORTH GARDEN STREET Columbia, TN 38401			3,890.00

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

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

I, the CHIEF MANAGER 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 March 13, 2009

Signature /s/ Nicholas Ramey
Nicholas Ramey
CHIEF MANAGER

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Tennessee**

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	23,700.00		
B - Personal Property	Yes	4	128,593.92		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		408,595.59	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	4		196,870.39	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		189,741.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	2			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		25			
Total Assets			152,293.92		
Total Liabilities				795,206.98	

**United States Bankruptcy Court
Middle District of Tennessee**

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
LOT AND BUILDING LOCATED 17 EAST MAIN STREET HOHENWALD, TN 38462	BUSINESS OFFICE	-	23,700.00	14,219.80

Sub-Total > **23,700.00** (Total of this page)

Total > **23,700.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re CORNERSTONE HEALTH SYSTEMS, LLC

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		2 CHECKING ACCOUNTS WITH REGIONS 1 WITH BANK OF LEWIS COUNTY	-	2,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		MLEC- ELECTRIC \$500 CITY OF HOHENWALD- WATER & GAS \$100 LEXINGTON WATER & GAS \$100 LEXINGTON ELECTRIC SERVICE \$250	-	950.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **2,950.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re CORNERSTONE HEALTH SYSTEMS, LLC

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		DIFFERENT PATIENTS & INSURANCE COMPANIES	-	110,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **110,000.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re CORNERSTONE HEALTH SYSTEMS, LLC

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		DELIVERY VEHICLES	-	1,900.00
		2001 PLYMOUTH VAN \$900- 250,000 MILES		
		2003 DODGE CARAVAN \$1000-300,000 MILES		
		2005 DODGE CARAVAN 180,000 MILES DELIVERY VEHICLE	-	3,460.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		7 COMPUTERS \$1000, 2 COPIERS \$500, 2 FAX MACHINES \$100, 7 DESKS AND CHAIRS \$1000, 4 FOLDING TABLES \$100, PROJECTOR \$100, MISC OFFICE SUPPLIES \$1000	-	3,700.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.		MISC. INVENTORY (list of all inventory available upon request)	-	6,583.92
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **15,643.92**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re CORNERSTONE HEALTH SYSTEMS, LLC,
Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
(Total of this page)
Total > **128,593.92**

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 1:09-bk-02915 Doc 1 Filed 03/13/09 Entered 03/13/09 17:15:20 Desc Main

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

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 ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No. ADVANTAGE FINANCIAL SERVICES 108 FOXCROFT ROAD West Hartford, CT 06119	-	LEASE PURCHASE EQUIPMENT-1 COMPUTER, SCANNER, AND SOFTWARE LICENSE						8,000.00	2,000.00
		Value \$ 6,000.00							
Account No. BANK OF LEWIS COUNTY 511 EAST MAIN STREET Hohenwald, TN 38462	X -	ALL ACCOUNTS RECIEVABLE						50,000.00	Unknown
		Value \$ Unknown							
Account No. BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462	X -	UCC1 ALL EQUIPMENT, FURNISHINGS, & ACCOUNTS RECIEVABLE - BLANKET FILING						192,663.47	192,663.47
		Value \$ 0.00							
Account No. COMMUNITY SOUTH 30 WEST MAIN STREET Hohenwald, TN 38462	X -	Purchase Money Security 2005 DODGE CARAVAN 180,000 MILES DELIVERY VEHICLE						3,946.82	486.82
		Value \$ 3,460.00							
Subtotal (Total of this page)								254,610.29	195,150.29

1 continuation sheets attached

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxxxxxx6518	X -		09-19-2008					
REGIONS BANK PO BOX 2153 DEPT 2521 BIRMINGHAM AL 35287			First Mortgage					
			LOT AND BUILDING LOCATED 17 EAST MAIN STREET HOHENWALD, TN 38462					
			Value \$ 23,700.00				14,219.80	0.00
Account No.	X -		UCC1					
REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287			ALL EQUIPMENT, FURNISHINGS, & ACCOUNTS RECIEVABLE - BLANKET FILING					
			Value \$ 0.00				46,050.86	46,050.86
Account No. xxxxxxxxx6971	X -		1-25-2005					
REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287			UCC1					
			ALL EQUIPMENT, FURNISHINGS, & ACCOUNTS RECIEVABLE - BLANKET FILING					
			Value \$ 0.00				22,395.55	22,395.55
Account No. MASTER LEASE AGREEMENT-655	X -		LEASE PURCHASE					
VGM FINANCIAL P O BOX 78523 Milwaukee, WI 53278			Misc. Medical Equipment/Supplies					
			Value \$ Unknown				71,319.09	Unknown
Account No.								
			Value \$					
Subtotal (Total of this page)							153,985.30	68,446.41
Total (Report on Summary of Schedules)							408,595.59	263,596.70

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re CORNERSTONE HEALTH SYSTEMS, LLC

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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 \$10,950* 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 \$5,400* 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 \$2,425* 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).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re CORNERSTONE HEALTH SYSTEMS, LLC
 Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
 (Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. ANDREW AVERETT P O BOX 29 Linden, TN 37096							6,000.00	0.00
		-					6,000.00	6,000.00
Account No. NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462							14,580.00	0.00
		-					14,580.00	14,580.00
Account No.								
Account No.								
Account No.								
Subtotal							20,580.00	0.00
(Total of this page)							20,580.00	20,580.00

Sheet 1 of 3 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Priority Claims

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
								AMOUNT ENTITLED TO PRIORITY	
Account No. HENDERSON COUNTY TRUSTEE 17 MONROE STREET Lexington, TN 38351							402.00	0.00	
Account No. TAX ID # xx-xxx8699 IRS PO BOX 21126 PHILADELPHIA PA 19114							163,000.00	163,000.00	
Account No. LEWIS COUNTY TRUSTEE 106 N. COURT Hohenwald, TN 38462							416.00	416.00	
Account No. MAURY CO TRUSTEE 6 PUBLIC SQ COLUMBIA TN 38401							41.00	41.00	
Account No. TN DEPT LBR WRK FRC DEV C/O TN ATTY GEN BK UNIT PO BOX 20207 NASHVILLE, TN 37202			NOTICE ONLY				0.00	0.00	
Subtotal							163,859.00	402.00	163,457.00
(Total of this page)							163,859.00	402.00	163,457.00

Sheet 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
TN DEPT REVENUE C/O TN ATTY GEN BK UNIT PO BOX 20207 NASHVILLE, TN 37202		-					4,231.39	
							4,231.39	0.00
Account No.								
US DEPT OF LABOR FRANCES PERKINS BUILDING 200 CONSTITUTION AVE Washington, DC 20210		-						0.00
							8,200.00	8,200.00
Account No.								
Account No.								
Account No.								

Sheet 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims	Subtotal (Total of this page)	12,431.39	4,231.39	8,200.00
	Total (Report on Summary of Schedules)	196,870.39	4,633.39	192,237.00

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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.)	Husband, Wife, Joint, or Community				CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
	C	O	D	E				
Account No. _____								
ADRIOT MEDICAL SYSTEMS INC 1146 CARDING MACHINE ROAD Loudon, TN 37774			-					7,950.44
Account No. TN7100								
AIR LIFT UNLIMITED INC 1212 KERR GULCH ROAD Evergreen, CO 80439			-					980.40
Account No. xx2432								
ALLARD USA 21 PINE STREET SUITE 120 Rockaway, NJ 07866			-					390.69
Account No. x8462								
AMOENA USA CORPORATION 3625 KENNESAW 75 PARKWAY SUITE 100 Kennesaw, GA 30144			-					320.03
Subtotal (Total of this page)								9,641.56

10 continuation sheets attached

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. AT HOME MEDS, LLC 1126 COLLINWOOD HWY Waynesboro, TN 38485	-						9,516.82	
Account No. xxx-xxx-xxxx/xxx-xxx-0291 AT&T/BELLSOUTH P O BOX 105262 Atlanta, GA 30348	-						2,235.00	
Account No. xxxxx-0001 BALLARD MEDICAL 88245 EXOEDITE WAY Chicago, IL 60695	-						467.30	
Account No. BETTY R. MODRALL 707 N.MAIN ST Columbia, TN 38401	-	CITY TAX COLLECTOR					21.00	
Account No. BREAK TIME SERVICES P O BOX 956 Columbia, TN 38402	-						40.84	
Sheet no. <u>1</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	12,280.96

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. xx2783 BSN MEDICAL INC./JOBST P O BOX 751766 Charlotte, NC 28275		-					2,479.51
Account No. CARECENTRIC BILLING SERVICE P O BOX 932097 Atlanta, GA 31193		-					41,543.00
Account No. COMPETITIVE MEDICAL 217-C BOBBY JONES EXPRESS Augusta, GA 30907		-					4,158.57
Account No. x3904 CORFLEX 669 EAST INDUSTRIAL PARK DRIVE Manchester, NH 03109		-					1,370.97
Account No. xx4117 DJO, LLC P O BOX 650777 Dallas, TX 75265		-					1,478.94
<p align="right">Subtotal (Total of this page)</p>							51,030.99

Sheet no. 2 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.								
DR. ZEN FOOTWEAR 608 FREDERICA STREET Owensboro, KY 42301		-					526.00	
Account No.								
ESP SECURITY SYSTEMS 2500 CAYER LN Columbia, TN 38401		-					234.00	
Account No.								
EVO MEDICAL SOLUTIONS 2636 289TH PLACE Adel, IA 50003		-					117.33	
Account No.								
FIRST COMP INSURANCE COMP P O BOX 24636 Omaha, NE 68124		-					6,400.00	
Account No.								
HESSLER FORMS 106 SUSAN DRIVE UNIT 1 Elkins Park, PA 19027		-					250.80	
Sheet no. <u>3</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	7,528.13

In re CORNERSTONE HEALTH SYSTEMS, LLC

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J				
Account No.								
HOHENWALD CITY RECORDER 118 W. LINDEN AVE Hohenwald, TN 38462	-						1,142.64	
Account No.								
HOME CARE MEDICAL 5665 SOUTH WESTRIDGE DRIVE SUITE 100 New Berlin, WI 53151	-						200.40	
Account No. xxxxxxxxxxxx4570								
HSBC BUSINESS SOLUTIONS P O BOX 5239 Carol Stream, IL 60197	-						3,247.00	
Account No.								
JERRY MERCER 421 WEST FOURTH AVE Hohenwald, TN 38462	-						25,000.00	
Account No. xxxxxx7100								
JUSTIN BLAIR P O BOX 594 Channahon, IL 60410	-						345.00	
Sheet no. <u>4</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	29,935.04

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxx3220								
JUZO P O BOX 1088 Cuyahoga Falls, OH 44223		-					193.85	
Account No.								
K2 HEALTH PRODUCTS, LLC 5359 KINGS HIGHWAY Brooklyn, NY 11203		-					935.43	
Account No.								
KIDDS PEST CONTROL 690 NAPIER ROAD Summertown, TN 38483		-					750.00	
Account No.								
LEE BURKLOW 2525 WEST END AVE SUITE 1220 Nashville, TN 37203		-					15,293.56	
Account No.								
Representing: LEE BURKLOW			LEE BURKLOW 2212 HILLBORO VALLEY ROAD Brentwood, TN 37027					
Sheet no. 5 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	17,172.84

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.								
LEWIS COUNTY SOLID WASTE COMPANY 437 SWANN AVE Hohenwald, TN 38462	-						180.00	
Account No.								
LEXINGTON CITY RECORDER 175 MAPLE ST Lexington, TN 38351	-						151.00	
Account No.								
MADDAK, INC. P O BOX 10894 Newark, NJ 07193	-						662.58	
Account No. C0207								
MED LIFT & MOBILITY INC P O BOX 1249 Calhoun City, MS 38916	-						4,889.90	
Account No.								
MEDICAL PRODUCTS GROUP, INC P O BOX 764 Dixon, IL 61021	-						218.52	
Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	6,102.00

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H	W					
Account No. xxx7197	X							
MEDLINE INDUSTRIES, INC. DEPT AT 40221 Atlanta, GA 31192								18,446.87
Account No.	-							
METRO MEDICAL P O BOX 415000 Nashville, TN 37241								13,076.50
Account No.	-							
MSC MAIN STREET CONNECTION, LLC 138 N. STAR DR Jackson, TN 38305								278.98
Account No. Cxx7660	-							
OSSUR NORTH AMERICA/ROYCE MEDICAL P O BOX 51942 Los Angeles, CA 90051								345.32
Account No.	-							
PINE PHARMACY & HOME CARE 1806 PINE AVE Niagara Falls, NY 14301								150.00
Sheet no. <u>7</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)			32,297.67

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. xxxx-xxxx-xxxx-6109							
PITNEY BOWES PURCHASE POWER ACCT P O BOX 856042 Louisville, KY 40285		-					3,495.10
Account No. 9041							
POSEY COMPANY 5635 PECK ROAD Arcadia, CA 91006		-					268.98
Account No.							
REVLIS MEDICAL 6556 LAGOON STREET Windermere, FL 34786		-					1,129.86
Account No.							
SAFE STORAGE OF COLUMBIA 236 WOODMERE DRIVE Hohenwald, TN 38462		-					7,500.00
Account No. xxx4700							
SAI-SURGICAL INDUSTRIES 3960 ROSSLYN STREET Cincinnati, OH 45209		-					2,087.57
Sheet no. 8 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	14,481.51

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. COHOTN						
SALTER LABS 100 WEST SYCAMORE ROAD Arvin, CA 93203	-					2,322.30
Account No. xxxxx4879						
SAMMONS PRESTON ROLYAN P O BOX 93040 Chicago, IL 60673	-					703.42
Account No.						
SHRED-IT USA, INC 566 MAINSTREAM DRIVE SUITE 400 Nashville, TN 37228	-					252.70
Account No.						
SLEEP DIAGNOSTIC CENTER, LLC 13 EAST MAIN STREET Hohenwald, TN 38462	-					190.00
Account No.						
SOUTHERN ENGINEER GPP P O BOX 60 Glen, MS 38846	-					100.00
Sheet no. <u>9</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	3,568.42

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.							
SPECTRAMED 14422 S. SAN PANDRO ST Gardena, CA 90248	-						42.08
Account No.							
SYSTEMS SPECIALIST LLC P O BOX 22656 Memphis, TN 38112	-						59.90
Account No.							
THE TESS COMPANY P O BOX 1916 Gallatin, TN 37066	-						1,709.90
Account No.							
THOMASON & JOHNSON, PLLC 514 B NORTH GARDEN STREET Columbia, TN 38401	-						3,890.00
Account No.							

Sheet no. 10 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **5,701.88**

Total
(Report on Summary of Schedules) **189,741.00**

In re CORNERSTONE HEALTH SYSTEMS, LLC

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
AT&T PO BOX 105262 Atlanta, GA 30348	7 CELL PHONES WITH CONTRACTS
BRUCE DIXON 2500 CRESTWOOD BLVD Birmingham, AL 35210	OFFICE SPACE 19 HOSPITAL DRIVE LEXINGTON, TN 38351
HIGH FOREST PROPERTIES 236 WOODMERE DRIVE Hohenwald, TN 38462	OFFICE SPACE 11 & 15 EAST MAIN STREET HOHENWALD, TN 38462
VGM FINANCIAL P O BOX 78523 Milwaukee, WI 53278	LEASE PURCHASE ON EQUIPMENT

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
ANDREW AVERETT P O BOX 29 Linden, TN 37096	BANK OF LEWIS COUNTY 511 EAST MAIN STREET Hohenwald, TN 38462
BOB BURKLOW 236 WOODMERE ROAD Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT 2521 BIRMINGHAM AL 35287
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	COMMUNITY SOUTH 30 WEST MAIN STREET Hohenwald, TN 38462
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	VGM FINANCIAL P O BOX 78523 Milwaukee, WI 53278
LEE BURKLOW 236 WOODMERE ROAD Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	COMMUNITY SOUTH 30 WEST MAIN STREET Hohenwald, TN 38462
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT2521 BIRMINGHAM AL 35287

In re CORNERSTONE HEALTH SYSTEMS, LLC,
Debtor

Case No. _____

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	BANK OF LEWIS COUNTY 511 EAST MAIN STREET Hohenwald, TN 38462
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	MEDLINE INDUSTRIES, INC. DEPT AT 40221 Atlanta, GA 31192
NICK & BRENDA RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	REGIONS BANK PO BOX 2153 DEPT 2521 BIRMINGHAM AL 35287
NICK & BRENDA RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462

**United States Bankruptcy Court
Middle District of Tennessee**

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor(s)

Case No. _____
Chapter 11

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ 72,909.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ 21,979.00

4. Payroll Taxes 2,198.00

5. Unemployment Taxes 0.00

6. Worker's Compensation 0.00

7. Other Taxes 0.00

8. Inventory Purchases (Including raw materials) 13,545.00

9. Purchase of Feed/Fertilizer/Seed/Spray 0.00

10. Rent (Other than debtor's principal residence) 3,215.08

11. Utilities 685.36

12. Office Expenses and Supplies 375.00

13. Repairs and Maintenance 340.81

14. Vehicle Expenses 1,976.20

15. Travel and Entertainment 0.00

16. Equipment Rental and Leases 39.08

17. Legal/Accounting/Other Professional Fees 2,000.00

18. Insurance 940.39

19. Employee Benefits (e.g., pension, medical, etc.) 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
-------------	-------

21. Other (Specify):

DESCRIPTION	TOTAL
Interest Expense	833.33
POSTAGE & DEILVERY	1,275.00
SALES & MARKETING	100.00
TELEPHONES & INTERNET	2,468.12
PATIENT REFUNDS & REIMBURSEMENTS	50.00
BANK SERVICE CHARGES	205.00
CREDIT CARDS FEES	475.00
DUES & SUBSCRIPTIONS	39.00
MANAGEMENT FEES	7,258.16

22. Total Monthly Expenses (Add items 3-21) \$ 59,997.53

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 12,911.47

**United States Bankruptcy Court
Middle District of Tennessee**

In re **CORNERSTONE HEALTH SYSTEMS, LLC**
Debtor(s)

Case No. _____
Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CHIEF MANAGER 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 **27** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 13, 2009**

Signature **/s/ Nicholas Ramey**
Nicholas Ramey
CHIEF MANAGER

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Tennessee**

In re **CORNERSTONE HEALTH SYSTEMS, LLC** Debtor(s)

Case No. _____
Chapter **11**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$129,485.33	2009 APPROX GROSS YTD INCOME
\$989,000.00	2008 APPROX GROSS INCOME (company anticipates loss of \$300,000 loss on tax return)
\$889,784.00	2007 INCOME (company had loss of \$49,100)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
ALL CREDITORS	REGULAR MONTHLY PAYMENTS	\$0.00	\$0.00

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
ROBERT L. BURKLOW, LEE M. BURKLOW, & HIGH FOREST PROPERTIES,LLC VS. CORNERSTONE HEATH SYSTEMS, LLC, NICK RAMEY, BRENDA RAMEY, & JERRY MERCER, INDIVIDUALLY	COMPLAINT FOR BREACH OF SALES CONTRACT, FRAUD, MISREPRESENTATION, DEFAULT ON PROMISSORY NOTE, BREACH OF LEASE, AND FOR WRIT OF POSSESSION	LEWIS COUNTY CHANCERY COURT	PENDING

CASE # 2009-CV-203

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Lefkovitz & Lefkovitz 618 Church St., #410 Nashville, TN 37219-2321	MARCH 2009	\$2,500.00 plus costs

10. Other transfers

- None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
COMMUNITY SOUTH BANK	CHECKING ACCOUNT FOR EMPLOYEE'S INSURANCE ACCOUNTS	CLOSED MAY or JUNE 2008 ACCOUNT WAS NEGATIVE AT CLOSING

12. Safe deposit boxes

- None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
REGIONS BANK PO BOX 2153 DEPT 0150 BIRMINGHAM AL 35287	NICK RAMEY, CEO ONLY	EMPTY	

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER AT HOME MEDS	DESCRIPTION AND VALUE OF PROPERTY COMPOUNDING HOOD, DESK, COMPUTER, BOOKSHELF VALUE \$2500.00 ANTICIPATES PROPERTY BEING MOVED BY 3-15-09	LOCATION OF PROPERTY 15 EAST MAIN
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
CORNERSTONE HEALTH SYSTEMS	62-1818699		HOME MEDICAL EQUIPMENT RENTAL	2000 - PRESENT

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
NICK & BRENDA RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	CURRENT

NAME AND ADDRESS
ALAN THOMASON
514 B NORTH GARDEN STREET
Columbia, TN 38401

DATES SERVICES RENDERED
CURRENT

- None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

- None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

- None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

- None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

- None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

- None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	CEO/CHIEF MANAGER	35% OWNERSHIP
ANDREW AVERETT P O BOX 29 Linden, TN 37096	MEDICAL DIRECTOR/MEMBER	20% OWNERSHIP
TIMOTHY HOLT 756 LAWRENCEBURG HWY Waynesboro, TN 38485	COMPLIANCE DIRECTOR/MEMBER	10% OWNERSHIP
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	MEMBER	35% OWNERSHIP

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462	CFO/MEMBER	MAY 1, 2006
LEE BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462	MEMBER	MAY 1, 2006
ROY T. MANN Hohenwald, TN 38462	PHARMACIST/MEMBER	MAY 15, 2006

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
BOB BURKLOW 236 WOODMERE DRIVE Hohenwald, TN 38462 FORMER OWNER		2505.80
HIGH FOREST PROPERTIES 236 WOODMERE DRIVE Hohenwald, TN 38462		1900.00
LEE BURKLOW 2525 WEST END AVE SUITE 1220 Nashville, TN 37203		455.46
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462 CHIEF MANAGER		12/5/08-2500.00 12/13/08-2500.00 12/23/08-2500.00 1/2/09-2500.00 1/15/09-2500.00 1/30/09-2500.00 2/13/09-2500.00 2/27/09-2500.00
TIMOTHY HOLT 756 LAWRENCEBURG HWY Waynesboro, TN 38485 COMPLIANCE DIRECTOR		12/2/08-827.78 12/09-803.97 1/29/09-804.95

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date March 13, 2009

Signature /s/ Nicholas Ramey
Nicholas Ramey
CHIEF MANAGER

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

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Middle District of Tennessee**

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
ANDREW AVERETT P O BOX 29 Linden, TN 37096	MEDICAL DIRECTOR/MEMB ER	20% OWNERSHIP	
JERRY MERCER 421 WEST FOURTH STREET Hohenwald, TN 38462	MEMBER	35% OWNERSHIP	
NICK RAMEY 410 SWISS COLONY ROAD Hohenwald, TN 38462	CHIEF MANAGER/MEMB ER	35% OWNERSHIP	
TIMOTHY HOLT 756 LAWRENCEBERG HWY Waynesboro, TN 38485	COMPLIANCE DIRECTOR/MEMB ER	10% OWNERSHIP	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date March 13, 2009

Signature /s/ Nicholas Ramey

**Nicholas Ramey
CHIEF MANAGER**

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Tennessee**

In re **CORNERSTONE HEALTH SYSTEMS, LLC**

Debtor(s)

Case No. _____

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

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

Date: **March 13, 2009**

/s/ Nicholas Ramey

Nicholas Ramey/CHIEF MANAGER

Signer/Title

**United States Bankruptcy Court
Middle District of Tennessee**

In re CORNERSTONE HEALTH SYSTEMS, LLC
Debtor(s)

Case No. _____
Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for CORNERSTONE HEALTH SYSTEMS, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

March 13, 2009

Date

/s/ Steven L. Lefkovitz

Steven L. Lefkovitz 5953

Signature of Attorney or Litigant

Counsel for CORNERSTONE HEALTH SYSTEMS, LLC

Lefkovitz & Lefkovitz

618 Church St., #410

Nashville, TN 37219-2321

615-256-8300 Fax:615-255-4516

slefkovitz@lefkovitz.com