B1 (Official Form 1)(4/10)			~			~						
	1	United S Mid		Bankr trict of '						Volu	ntary P	Petition
Name of Debtor (if individual, enter Last, First, Middle): DENTAL PLUS, LLC.				Name	of Joint De	ebtor (Spouse	e) (Last, First	, Middle):				
All Other Names used by t (include married, maiden,			years			All Ot (include	her Names de married,	used by the J maiden, and	Joint Debtor trade names	in the last 8 ye	ears	
Last four digits of Soc. Sec (if more than one, state all) 45-0527832	c. or Indiv	vidual-Taxpa	yer I.D. (I	TIN) No./C	Complete E	IN Last for	our digits of than one, state	f Soc. Sec. or	r Individual-	Γaxpayer I.D.	(ITIN) No./	Complete EIN
Street Address of Debtor (1020 Antebellum C Hendersonville, TN	ircle	Street, City, a	nd State):				Address of	Joint Debtor	(No. and St	reet, City, and	State):	
				<u></u>	ZIP Code 37075	_					Г	ZIP Code
County of Residence or of Sumner	the Princ	ripal Place of	Business		7073	Count	y of Reside	nce or of the	Principal Pla	ace of Busines	s:	
Mailing Address of Debtor	r (if differ	rent from stre	et address	s):		Mailin	g Address	of Joint Debt	or (if differe	nt from street	address):	
				_	ZIP Code						г	ZIP Code
	Location of Principal Assets of Business Debtor (if different from street address above):											
☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.) ☐ D			☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker			☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	the I er 7 er 9 er 11 er 12	Petition is Fi □ Cl of □ Cl	otcy Code Und led (Check on mapter 15 Petit a Foreign Ma mapter 15 Petit a Foreign Noi	ion for Recin Proceedition for Rec	ng ognition	
			Clearing Bank Other Tax-Exempt Entity (Check box, if applicable) Debtor is a tax-exempt organiza under Title 26 of the United State Code (the Internal Revenue Code)		e) anization d States	Debts a	are primarily co l in 11 U.S.C. § ed by an indivi nal, family, or	(Check consumer debts, § 101(8) as idual primarily	for	Debts arbusiness		
Tillen	a Ess (Ch	saals one how		tine intern			a perso		ter 11 Debt			
☐ 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				Debtor is a sr Debtor is not if: Debtor's aggr	a small busing	debtor as definess debtor as on the control of the	ned in 11 U.S. defined in 11 U ated debts (exc	C. § 101(51D). J.S.C. § 101(51I) Cluding debts ow	ed to insider	s or affiliates) ears thereafter).		
					A plan is beir Acceptances	ng filed with of the plan w			one or more cla	asses of credi	tors,	
Statistical/Administrative Information ■ Debtor estimates that funds will be available for distribution to unsecured creditor □ Debtor estimates that, after any exempt property is excluded and administrative exthere will be no funds available for distribution to unsecured creditors.						es paid,		THIS	SPACE IS FOR	R COURT US	E ONLY	
1- 50- 1	litors] 100- 199	200-	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000				
\$0 to \$50,001 to \$	3100,001 to 6500,000	to \$1 t	\$1,000,001 o \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion				
\$0 to \$50,001 to \$	3100,001 to 6500,000	to \$1 t	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion					

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition **DENTAL PLUS, LLC.** (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., 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, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) 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(1)).

B1 (Official Form 1)(4/10) Page 3

Voluntary Petition

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

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 Attorney*

X /s/ Lynda F. Jones

Signature of Attorney for Debtor(s)

Lynda F. Jones 014911

Printed Name of Attorney for Debtor(s)

The Jones Law Group, PLLC.

Firm Name

343 Harrison Street Nashville, TN 37219

Address

Email: Lynda@LyndaFJones.com

615-983-4500 Fax: 615-983-4502

Telephone Number

July 28, 2010

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 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/ Tania Hunter

Signature of Authorized Individual

Tania Hunter

Printed Name of Authorized Individual

Owner/Dentist

Title of Authorized Individual

July 28, 2010

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.)

Name of Debtor(s):

DENTAL PLUS, LLC.

- ☐ 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 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 bankrutpcy 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.)

ь	,	

Date

Address

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.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court Middle District of Tennessee

In re	DENTAL PLUS, LLC.			
		Debtor(s)	Chapter	11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
CIT Small Business Lending	CIT Small Business Lending	Location: 1020		1,605,322.32
One CIT Drive Livingston, NJ 07039	One CIT Drive Livingston, NJ 07039	Antebellum Circle, Hendersonville TN 37075		(840,200.00 secured)
CIT Small Business Lending	CIT Small Business Lending	Location: 1020		40,000.00
One CIT Drive Livingston, NJ 07039	One CIT Drive Livingston, NJ 07039	Antebellum Circle, Hendersonville TN 37075		(840,200.00 secured) (1,605,322.32 senior lien)
Crystal Springs	Crystal Springs			949.00
PO Box 660579	PO Box 660579			
Dallas, TX 75266-0579	Dallas, TX 75266-0579			
Darby Dental Supply	Darby Dental Supply			1,329.39
General Post Office	General Post Office			
PO Box 26582	PO Box 26582			
New York, NY 10087-6582 Dell Commercial Credit	New York, NY 10087-6582 Dell Commercial Credit			5,250.00
PO Box 9020	PO Box 9020			5,250.00
Des Moines, IA 50368-9020	Des Moines, IA 50368-9020			
Den-Mat	Den-Mat			265.27
PO Box 1729	PO Box 1729			
Santa Maria, CA 93456	Santa Maria, CA 93456			
Dental Health Products	Dental Health Products			3,204.00
2814 North SugarBrush Road	2814 North SugarBrush Road			
PO Box 176	PO Box 176			
New Franken, WI 54229-0176	New Franken, WI 54229-0176			
DHL Express	DHL Express			356.66
PO Box 4723	PO Box 4723			
Houston, TX 77210-4723	Houston, TX 77210-4723			
M&T Bank	M&T Bank			61,798.72
1100 Wehrie Drive	1100 Wehrie Drive			
Buffalo, NY 14221	Buffalo, NY 14221			

B4 (Offi	cial Form 4)	(12/07) -	Cont.
In re	DENTAL	PLUS.	LLC.

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Matsco Attn: M. Comeaux 2000 Powell Street, 4th Floor Emeryville, CA 94608	Matsco Attn: M. Comeaux 2000 Powell Street, 4th Floor Emeryville, CA 94608	Location: 1020 Antebellum Circle, Hendersonville TN 37075 9 dental chairs 16 stools sterilization equipment 2 auto claves 2 cold sterils xray de		423,229.20 (200,000.00 secured)
Sumner County Trustee 355 Belvedere Drive, Rm 107 Gallatin, TN 37066	Sumner County Trustee 355 Belvedere Drive, Rm 107 Gallatin, TN 37066	Aray ue		3,649.54
Wells Fargo Financial Leasing Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777	Wells Fargo Financial Leasing Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777			5,513.30
Yellowbook USA 2560 Renaissance Blvd King of Prussia, PA 19406-9300	Yellowbook USA 2560 Renaissance Blvd King of Prussia, PA 19406-9300			4,206.00

B4 (Offi	cial Form 4)	(12/07) ·	 Cont.
In re	DENTAL	PLUS,	LLC.

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

I, the Owner/Dentist 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	July 28, 2010	Signature	/s/ Tania Hunter
			Tania Hunter
			Owner/Dentist

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.

DENDALFPLUCNESIC. THEOLENESHAWLURGURCHELC. BENDHARSKONSONLISH RENET37075 NASHVILLE, TN 37219 CIT SMALL BUSINESS LENDING ONE CIT DRIVE LIVINGSTON NJ 07039

ORKBTADENTRINSSPPLY
BONBURA 16 GOSTI9OFFICE
BAIBOAS 2168 8725 2 66-0579
NEW YORK NY 10087-6582

DENEMACMMERCIAL CREDIT PO BOX 9029 DENTMOMNESAIGA5936869020 DENTAXPREASTH PRODUCTS
POISONORTAN SUGARBRUSH ROAD
POUSTXON 76X 77210-4723
NEW FRANKEN WI 54229-0176

MATSEANK ATON: WMHRIGHERUXE BOODARGWENYL SAPRET, 4TH FLOOR EMERYVILLE CA 94608 WEMNERFARGOTFINANSTAE LEASING MANUBAKWEMBERESBRIVIE ERMEROUP BAIROXI IN 71N 37066 SAN FRANCISCO CA 94120-7777 YELLOWBOOK USA 2560 RENAISSANCE BLVD KING OF PRUSSIA PA 19406-9300