

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): WALK-IN DENTAL CLINICS, INC.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 26-0185476	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): 4928 EDMONDSON PIKE Nashville, TN ZIP Code 37211	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Davidson	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): 4928 EDMONDSON PIKE Nashville, TN 37211	

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 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 checked="" type="checkbox"/> Other	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
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	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).	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.

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 checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). 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.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input 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 type="checkbox"/> \$500,001 to \$1 million <input checked="" 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	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): WALK-IN DENTAL CLINICS, INC.
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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 with 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):
WALK-IN DENTAL CLINICS, INC.

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/ Robert L. Scruggs
Signature of Attorney for Debtor(s)

Robert L. Scruggs 010604
Printed Name of Attorney for Debtor(s)

Robert L. Scruggs, Attorney
Firm Name

2525 21st Avenue South
Nashville, TN 37212

Address

Email: bankruptcy@scruggs-law.com

615-309-7090 Fax: 615-309-7046
Telephone Number

September 24, 2014
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/ ARCHIE BERTRAND
Signature of Authorized Individual

ARCHIE BERTRAND
Printed Name of Authorized Individual

PRESIDENT
Title of Authorized Individual

September 24, 2014
Date

United States Bankruptcy Court
Middle District of Tennessee

In re WALK-IN DENTAL CLINICS, INC.

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>
BANKERS HEALTHCARE GROUP INC 4875 VOLUNTEER ROAD SUITE 100 Fort Lauderdale, FL 33330	BANKERS HEALTHCARE GROUP INC 4875 VOLUNTEER ROAD SUITE 100 Fort Lauderdale, FL 33330			Unknown (0.00 secured)
BROADVIEW NETWORKS PO BOX 1191 Port Chester, NY 10573	BROADVIEW NETWORKS PO BOX 1191 Port Chester, NY 10573	PHONES CONTRACT FOR SMYRNA BUSINESS OFFICE		1,500.00
BUSINESS HEALTHCARE GROUP 2 S MAIN ST Pittston, PA 18640	BUSINESS HEALTHCARE GROUP 2 S MAIN ST Pittston, PA 18640	CREDIT CARD		90,000.00
CAN CAPITAL	CAN CAPITAL			85,000.00
CORPORATION SERVICE COMPANY AS REPRESENTATIVE PO BOX 2576 Springfield, IL 62708	CORPORATION SERVICE COMPANY AS REPRESENTATIVE PO BOX 2576 Springfield, IL 62708			Unknown (Unknown secured)
EBF PARTNERS/EVEREST 2001 NW 107TH AVE Miami, FL 33172	EBF PARTNERS/EVEREST 2001 NW 107TH AVE Miami, FL 33172	LOAN		32,000.00
FIRST NATIONAL BANK OF OMAHA PO BOX 8580 Omaha, NE 68108	FIRST NATIONAL BANK OF OMAHA PO BOX 8580 Omaha, NE 68108	credit card		Unknown
HARDIN COUNTY BANK 235 WAYNE ROAD Savannah, TN 38372	HARDIN COUNTY BANK 235 WAYNE ROAD Savannah, TN 38372			Unknown (0.00 secured)
IOU CENTRAL 600 TOWNPARK LANE, STE 140 Kennesaw, GA 30144	IOU CENTRAL 600 TOWNPARK LANE, STE 140 Kennesaw, GA 30144	LOAN		40,000.00

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
ONE VIEW FINANCE 1111 W SAN MARNAN DR., STE A2 WEST Waterloo, IA 50701	ONE VIEW FINANCE 1111 W SAN MARNAN DR., STE A2 WEST Waterloo, IA 50701	LOAN		13,000.00 (0.00 secured)
OP DENTAL ASSOCIATES, P.C. 4718 NOLENSVILLE PIKE Nashville, TN 37211	OP DENTAL ASSOCIATES, P.C. 4718 NOLENSVILLE PIKE Nashville, TN 37211			Unknown (0.00 secured)
TCF EQUIPMENT FINANCE INC 1111 W SAN MARNAN DRIVE Waterloo, IA 50701	TCF EQUIPMENT FINANCE INC 1111 W SAN MARNAN DRIVE Waterloo, IA 50701			250,000.00 (0.00 secured)
TYGRIS VENDOR FINANCE INC 10 WATERVIEW BLVD Parsippany, NJ 07054	TYGRIS VENDOR FINANCE INC 10 WATERVIEW BLVD Parsippany, NJ 07054			Unknown (0.00 secured)
WELLS FARGO BANK, NA FOURTH FLOOR 2000 POWELL ST Emeryville, CA 94608	WELLS FARGO BANK, NA FOURTH FLOOR 2000 POWELL ST Emeryville, CA 94608			500,000.00 (0.00 secured)

In re WALK-IN DENTAL CLINICS, INC.
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 PRESIDENT 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 September 24, 2014

Signature /s/ ARCHIE BERTRAND
ARCHIE BERTRAND
PRESIDENT

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.

WALK-IN DENTAL CLINICS, INC.
4928 EDMONDSON PIKE
NASHVILLE TN 37211

ROBERT L. SCRUGGS
ROBERT L. SCRUGGS, ATTORNEY
2525 21ST AVENUE SOUTH
NASHVILLE, TN 37212

BANKERS HEALTHCARE GROUP INC
4875 VOLUNTEER ROAD
SUITE 100
FORT LAUDERDALE FL 33330

BROADVIEW NETWORKS
PO BOX 1191
PORT CHESTER NY 10573

BUSINESS HEALTHCARE GROUP
2 S MAIN ST
PITTSTON PA 18640

CAN CAPITAL

CAPREF SMYRNA LLC
PO BOX 74696
CLEVELAND OH 44194

CORPORATION SERVICE COMPANY
AS REPRESENTATIVE
PO BOX 2576
SPRINGFIELD IL 62708

EBF PARTNERS/EVEREST
2001 NW 107TH AVE
MIAMI FL 33172

FIRST NATIONAL BANK OF OMAHA
PO BOX 8580
OMAHA NE 68108

HARDIN COUNTY BANK
235 WAYNE ROAD
SAVANNAH TN 38372

HG HILL REALTY COMPANY, LLC
3011 ARMORY DR., STE 130
NASHVILLE TN 37204

IOU CENTRAL
600 TOWNPARK LANE, STE 140
KENNESAW GA 30144

ONE VIEW FINANCE
1111 W SAN MARNAN DR., STE A2 WEST
WATERLOO IA 50701

OP DENTAL ASSOCIATES, P.C.
4718 NOLENSVILLE PIKE
NASHVILLE TN 37211

TCF EQUIPMENT FINANCE
PO BOX 77077
MINNEAPOLIS MN 55480

TCF EQUIPMENT FINANCE
11100 WAYZATA BLVD, STE 801
HOPKINS MN 55305

TCF EQUIPMENT FINANCE INC
1111 W SAN MARNAN DRIVE
WATERLOO IA 50701

TYGRIS VENDOR FINANCE INC
10 WATERVIEW BLVD
PARSIPPANY NJ 07054

WELLS FARGO BANK, NA
FOURTH FLOOR
2000 POWELL ST
EMERYVILLE CA 94608

WELLS FARGO PRACTICE FINANCE
DEPT 33739
PO BOX 39000
SAN FRANCISCO CA 94139

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

In re WALK-IN DENTAL CLINICS, INC.

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 WALK-IN DENTAL CLINICS, INC. 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*]

September 24, 2014

Date

/s/ Robert L. Scruggs

Robert L. Scruggs

Signature of Attorney or Litigant

Counsel for WALK-IN DENTAL CLINICS, INC.

Robert L. Scruggs, Attorney

2525 21st Avenue South

Nashville, TN 37212

615-309-7090 Fax:615-309-7046

bankruptcy@scruggs-law.com