

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court
Western District of Tennessee, Western Division**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): O2 Medical, 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)/Complete EIN (if more than one, state all) 20-1014565	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): 7894 Winchester Road, Ste. 101 Memphis, TN <div style="text-align: right; margin-top: 5px;"> ZIP Code 38125 </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>
County of Residence or of the Principal Place of Business: Shelby	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>
Location of Principal Assets of Business Debtor (if different from street address above): 8765 Chaffe Road Memphis, TN 38104	

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	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 type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" 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 \$2,490,925 (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 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	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): O2 Medical, 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 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):
O2 Medical, 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 N. Douglass
Signature of Attorney for Debtor(s)

Steven N. Douglass 9770
Printed Name of Attorney for Debtor(s)

Harris Shelton Hanover Walsh, PLLC
Firm Name

One Commerce Square, Suite 2700
Memphis, TN 38103-2555

Address

(901) 525-1455 Fax: (901) 526-4084
Telephone Number

March 20, 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/ Derek Denman
Signature of Authorized Individual

Derek Denman
Printed Name of Authorized Individual

CEO
Title of Authorized Individual

March 20, 2014
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Western District of Tennessee, Western Division**

In re **O2 Medical, 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) <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>
Accent Cost Containment Solutions PO Box 952366 St. Louis, MO 63195-2366	Accent Cost Containment Solutions PO Box 952366 St. Louis, MO 63195-2366			2,959.52
Advanta Bank Card PO Box 8088 Philadelphia, PA 19101-8088	Advanta Bank Card PO Box 8088 Philadelphia, PA 19101-8088			2,245.27
Anna King 4375 Hwy 51 N, Apt 28-303 Horn Lake, MS 38637	Anna King 4375 Hwy 51 N, Apt 28-303 Horn Lake, MS 38637			100.00
Apperson, Crump, Maxwell, PLC PO Box 172196 Memphis, TN 38187-2196	Apperson, Crump, Maxwell, PLC PO Box 172196 Memphis, TN 38187-2196			200.00
Cannon & Company 5605 Murray Ave Memphis, TN 38119	Cannon & Company 5605 Murray Ave Memphis, TN 38119			10,066.06
Coventry Health CHCNA Refund Account 24452 Network Place Chicago, IL 60673-1244	Coventry Health CHCNA Refund Account 24452 Network Place Chicago, IL 60673-1244			1,310.69
Ed Morgan PO Box 112 Brunswick, TN 38014	Ed Morgan PO Box 112 Brunswick, TN 38014			2,860.00
Federal Express Debit	Federal Express Debit			530.37
First Insurance Funding Corp. PO Box 66468 Chicago, IL 60666-0468	First Insurance Funding Corp. PO Box 66468 Chicago, IL 60666-0468			593.97
Fisher & Paykel Dept CH 16926 Palatine, IL 60055-6926	Fisher & Paykel Dept CH 16926 Palatine, IL 60055-6926			16,579.76

B4 (Official Form 4) (12/07) - Cont.

In re **O2 Medical, LLC**

Case No. _____

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>
HUMANA INSURANCE COMPANY Financial Recovery 1100 Employers Blvd Green Bay, WI 54344	HUMANA INSURANCE COMPANY Financial Recovery 1100 Employers Blvd Green Bay, WI 54344			390.85
Mallinckrodt, Inc. PO Box 905835 Charlotte, NC 28290-5835	Mallinckrodt, Inc. PO Box 905835 Charlotte, NC 28290-5835			10,632.46
Michael Rack 1481 Peabody Ave Memphis, TN 38104	Michael Rack 1481 Peabody Ave Memphis, TN 38104			119,400.00
Pennsylvania Association of Credit Manag	Pennsylvania Association of Credit Manag			2,295.15
PFG-ASO National Accounts 20 E Clementon Rd, Ste 100 S Gibbsboro, NJ 08026	PFG-ASO National Accounts 20 E Clementon Rd, Ste 100 S Gibbsboro, NJ 08026			266.59
Respironics PO Box 640817 Pittsburgh, PA 15264-0817	Respironics PO Box 640817 Pittsburgh, PA 15264-0817			28,787.17
Shelby County Trustee P.O. Box 2751 Memphis, TN 38101-2751	Shelby County Trustee P.O. Box 2751 Memphis, TN 38101-2751			3,294.69
VGM Financial Services PO Box 78523 Milwaukee, WI 53278	VGM Financial Services PO Box 78523 Milwaukee, WI 53278			115,316.03
Water Mark Medical 1641 Worthington Rd, Ste. 320 West Palm Beach, FL 33409	Water Mark Medical 1641 Worthington Rd, Ste. 320 West Palm Beach, FL 33409			1,794.00
Wells Fargo Equipment Finance PO Box 7777 SAN FRANCISCO, CA 94120-7777	Wells Fargo Equipment Finance PO Box 7777 SAN FRANCISCO, CA 94120-7777			132,052.50

B4 (Official Form 4) (12/07) - Cont.

In re O2 Medical, 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 CEO 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 20, 2014

Signature /s/ Derek Denman
Derek Denman
CEO

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.

Accent
Cost Containment Solutions
PO Box 952366
St. Louis, MO 63195-2366

Advanta Bank Card
PO Box 8088
Philadelphia, PA 19101-8088

Anna King
4375 Hwy 51 N, Apt 28-303
Horn Lake, MS 38637

Apperson, Crump, Maxwell, PLC
PO Box 172196
Memphis, TN 38187-2196

Caldwell Home Medical
648 West Broadway Blvd
West Memphis, AR 72301

Cannon & Company
5605 Murray Ave
Memphis, TN 38119

Cigna healthcare
PO Box 182223
Chattanooga, TN 37422-7223

Coventry Health
CHCNA Refund Account
24452 Network Place
Chicago, IL 60673-1244

Ed Morgan
PO Box 112
Brunswick, TN 38014

Federal Express Debit

First Insurance Funding Corp.
PO Box 66468
Chicago, IL 60666-0468

Fisher & Paykel
Dept CH 16926
Palatine, IL 60055-6926

HUMANA INSURANCE COMPANY
Financial Recovery
1100 Employers Blvd
Green Bay, WI 54344

Mallinckrodt, Inc.
PO Box 905835
Charlotte, NC 28290-5835

Mautz Security
PO Box 34786
Bartlett, TN 38184

Michael Rack
1481 Peabody Ave
Memphis, TN 38104

Paychex

Pennsylvania Association of Credit Manag

PFG-ASO National Accounts
20 E Clementon Rd, Ste 100 S
Gibbsboro, NJ 08026

POSTMASTER
PO Box 2500
Brunswick, TN 38014

ResMed
PO Box 534593
Atlanta, Ga 30353-4593

Respironics
PO Box 640817
Pittsburgh, PA 15264-0817

Shelby County Trustee
P.O. Box 2751
Memphis, TN 38101-2751

VGM Financial Services
PO Box 78523
Milwaukee, WI 53278

Water Mark Medical
1641 Worthington Rd, Ste. 320
West Palm Beach, FL 33409

Wells Fargo Equipment Finance
PO Box 7777
SAN FRANCISCO, CA 94120-7777

**United States Bankruptcy Court
Western District of Tennessee, Western Division**

In re **O2 Medical, 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 **O2 Medical, 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 20, 2014

Date

/s/ Steven N. Douglass

Steven N. Douglass 9770

Signature of Attorney or Litigant

Counsel for **O2 Medical, LLC**

Harris Shelton Hanover Walsh, PLLC

One Commerce Square, Suite 2700

Memphis, TN 38103-2555

(901) 525-1455 Fax:(901) 526-4084