(Official Form 1) (10/05)

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UNITED STATES BANKRUPTCY COURT **EASTERN DISTRICT OF TEXAS Voluntary Petition BEAUMONT DIVISION** Name of Debtor (if individual, enter Last, First, Middle) Name of Joint Debtor (Spouse) (Last, First, Middle): Village Choice Health Care, Inc. All Other Names used by the Joint Debtor in the last 8 years All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names) Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): than one, state all): 02-0598452 Street Address of Debtor (No. & Street, City, and State): Street Address of Joint Debtor (No. & Street, City, and State): 1335 Broadway Beaumont, TX ZIPCODE ZIPCODE 77701 County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business: Jefferson Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): 1335 Broadway Beaumont, TX ZIPCODE **ZIPCODE** 77701 Location of Principal Assets of Business Debtor (if different from street address above): ZIPCODE Type of Debtor (Form of Organization) **Nature of Business** Chapter of Bankruptcy Code Under Which (Check one box.) (Check all applicable boxes.) the Petition is Filed (Check one box) Individual (includes Joint Debtors) Chapter 7 ✓ Chapter 11 Chapter 15 Petition for Recognition Corporation (includes LLC and LLP) Single Asset Real Estate as defined of a Foreign Main Proceeding Chapter 9 in 11 U.S.C. § 101(51B) Chapter 12 Partnership Chapter 15 Petition for Recognition Other (If debtor is not one of the above Railroad Chapter 13 of a Foreign Nonmain Proceeding entities, check this box and provide the Stockbroker П information requested below.) Commodity Broker Nature of Debts (Check one box) State type of entity: **✓** Business Clearing Bank Consumer/Non-Business Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3) Chapter 11 Debtors Check one box: Filing Fee (Check one box) Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). Full Filing Fee attached Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the Check if: debtor is unable to pay fee except in installments. Rule 1006(b). See Official Debtor's aggregate noncontigent liquidated debts owed to non-insiders or affiliates are less than \$2 million. Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. THIS SPACE IS FOR COURT USE ONLY Statistical/Administrative Information Debtor estimates that funds will be available for distribution to unsecured creditors. 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 50-100-200-1,000-5.001-10.001-25,001-50,001-**OVER** 100,000 49 199 999 5.000 25,000 50,000 100.000 99 10.000 \square П П П П Estimated Assets \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000,001 to \$0 to More than \$50,000 \$500,000 \$1 million \$10 million \$100 million \$100 million \$100,000 \$50 million $\overline{\mathbf{A}}$ **Estimated Debts** \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000,001 to More than \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100 million \$100 million

(Official Form 1) (10/05) FORM B1, Page 2 Village Choice Health Care, Inc. **Voluntary Petition** Name of Debtor(s): (This page must be completed and filed in every case) **Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet) Location Where Filed: 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: Case Number: Date Filed: District: Relationship: Judae: Exhibit B **Exhibit A** (To be completed if debtor is an individual (To be completed if debtor is required to file periodic reports (e.g., forms 10K and whose debts are primarily consumer debts.) 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) I, the attorney for the petitioner named in the foregoing petition, declare that I have of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) 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. Exhibit A is attached and made a part of this petition. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X Date **Exhibit C Certification Concerning Debt Counseling** by Individual/Joint Debtor(s) 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? I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. Yes, and Exhibit C is attached and made a part of this petition. I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification \square describing.) Information Regarding the Debtor (Check the Applicable Boxes) 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. Statement 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.

(Official Form 1) (10/05) FORM B1, Page 3 Name of Debtor(s): Village Choice Health Care, Inc. **Voluntary Petition** (This page must be completed and filed in every case) **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is I declare under penalty of perjury that the information provided in this petition is true true and correct. and correct, that I am the foreign representative of a debtor in a foreign proceeding, [If petitioner is an individual whose debts are primarily consumer debts and has and that I am authorized to file this petition. 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 (Check only one box.) each such chapter, and choose to proceed under chapter 7. I request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Certified copies of the documents required by § 1515 of title 11 are attached. Bankruptcy Code. Pursuant to § 1511 of title 11, United States Code, I request relief in accordance I request relief in accordance with the chapter of title 11, United States Code, with the chapter of title 11 specified in this petition. A certified copy of the specified in this petition. order granting recognition of the foreign main proceeding is attached. (Signature of Foreign Representative) (Printed Name of Foreign Representative) Telephone Number (If not represented by an attorney) Date (Date) Signature of Attorney Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as X /s/ Frank J. Maida defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and Frank J. Maida Bar No. 12845600 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 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have Maida Law Firm P.C. given the debtor notice of the maximum amount before preparing any document 4320 Calder for filing for a debtor or accepting any fee from the debtor, as required in that Beaumont, Tx 77706 section. Official Form 19B is attached. Phone No.(409) 898-8200 Fax No.(409) 898-8400 Printed Name and title, if any, of Bankruptcy Petition Preparer 08/31/2006 Date 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.) 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. Address The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. Village Choice Health Care, Inc. X /s/ Dolly R. Daria Signature of Bankruptcy Petiton Preparer or officer, principal, responsible person, or partner whose social security number is provided above. Dolly R. Daria Names and Social Security numbers of all other individuals who prepared or Printed Name of Authorized Individual

an individual:

President

08/31/2006

Date

Title of Authorized Individual

assisted in preparing this document unless the bankruptcy petition preparer is not

If more than one person prepared this document, attach additional sheets

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).

conforming to the appropriate official form for each person.

Form 4 (10/05)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS BEAUMONT DIVISION

IN RE: Village Choice Health Care, Inc. 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, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Date: 08/31/2006	Signatu	re: /s/ Dolly R. Daria Dolly R. Daria President		
named as the debtor in this cas best of my information and beli		iury that I have read the foregoing list	and that it is tru	ue and correct to the
I, the	President		rporation	
		NDER PENALTY OF PERJURY DRPORATION OR PARTNERSHII	P	
Stephen Wetzel 1357 Broadway Street Beaumont, Texas 77701		Contract/Lease		\$0.0
Internal Revenue Service Special Procedures Branch Attn:BK Sec., M.Code 5024HOU 1919 Smith Street Houston, TX 77002		Taxes		\$70,094.4
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, goverment contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim (if secured, also state value of security)