Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TEXAS

Case number *(if known)* _____ Chapter **11**

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals,* is available.

1.	**Debtor's name**	**ADC Health Care Services, Inc.**
2.	**All other names debtor used in the last 8 years** Include any assumed names, trade names and *doing business as* names	
3.	**Debtor's federal Employer Identification Number** (EIN)	**73-1674663**
4.	**Debtor's address**	**Principal place of business** **9304 Forest Lane** **Dallas, TX 75243-6238** Number, Street, City, State & ZIP Code **Dallas** County **Mailing address, if different from principal place of business** **1523 Summerside Drive** **Allen, TX 75002** P.O. Box, Number, Street, City, State & ZIP Code **Location of principal assets, if different from principal place of business** Number, Street, City, State & ZIP Code
5.	**Debtor's website** (URL)	
6.	**Type of debtor**	■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) ☐ Partnership (excluding LLP) ☐ Other. Specify:

Debtor **ADC Health Care Services, Inc.** Case number (*if known*)
Name

7. Describe debtor's business

A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ■ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See http://www.uscourts.gov/four-digit-national-association-naics-codes.

____

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ■ Chapter 11. *Check all that apply*:
  - ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
  - ■ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - ☐ A plan is being filed with this petition.
  - ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
  - ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
  - ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

- ☐ No.
- ■ Yes.

District	When	Case number
Eastern District of Texas	**4/12/16**	**16-40683**

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list

- ■ No
- ☐ Yes.

Debtor		Relationship	
District	When	Case number, if known	

Debtor **ADC Health Care Services, Inc.** Case number (*if known*)
Name

11. Why is the case filed in *this district?*

Check all that apply:

■ Debtor has had its domicile, 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.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

■ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

■ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

■ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
☐ 1,000-5,000
☐ 5001-10,000
☐ 10,001-25,000
☐ 25,001-50,000
☐ 50,001-100,000
☐ More than100,000

15. Estimated Assets

☐ $0 - $50,000
☐ $50,001 - $100,000
■ $100,001 - $500,000
☐ $500,001 - $1 million
☐ $1,000,001 - $10 million
☐ $10,000,001 - $50 million
☐ $50,000,001 - $100 million
☐ $100,000,001 - $500 million
☐ $500,000,001 - $1 billion
☐ $1,000,000,001 - $10 billion
☐ $10,000,000,001 - $50 billion
☐ More than $50 billion

16. Estimated liabilities

☐ $0 - $50,000
☐ $50,001 - $100,000
☐ $100,001 - $500,000
■ $500,001 - $1 million
☐ $1,000,001 - $10 million
☐ $10,000,001 - $50 million
☐ $50,000,001 - $100 million
☐ $100,000,001 - $500 million
☐ $500,000,001 - $1 billion
☐ $1,000,000,001 - $10 billion
☐ $10,000,000,001 - $50 billion
☐ More than $50 billion

Debtor **ADC Health Care Services, Inc.**
Name

Case number (*if known*)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 19, 2017**
MM / DD / YYYY

X **/s/ Desmond Imoh**
Signature of authorized representative of debtor

Desmond Imoh
Printed name

Title **President**

18. Signature of attorney

X **/s/ Eric A. Liepins**
Signature of attorney for debtor

Date **May 19, 2017**
MM / DD / YYYY

Eric A. Liepins
Printed name

Eric A. Liepins P.C.
Firm name

12770 Coit Road
Suite 1100
Dallas, TX 75251
Number, Street, City, State & ZIP Code

Contact phone **972-991-5591** Email address **eric@ealpc.com**

12338110
Bar number and State

Fill in this information to identify the case:

Debtor name **ADC Health Care Services, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	**Name, telephone number and email address of creditor contact**	**Nature of claim** (for example, trade debts, bank loans, professional services, and government contracts)	**Indicate if claim is contingent, unliquidated, or disputed**	**Amount of claim** If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	**Deduction for value of collateral or setoff**	**Unsecured claim**
American Express PO Box 360001 Fort Lauderdale, FL 33360						**$4,572.29**
Bank of America PO Box 15019 Wilmington, DE 19886-5019						**$6,719.40**
Bank of America PO Box 15019 Wilmington, DE 19886-5019						**$2,460.17**
Capital One 201 St. Charles Ave 16th New Orleans, LA 70130						**$2,507.10**
Chase Bank PO Box 94014 Palatine, IL 60094-4014						**$4,001.16**
Core Business Finance 1501 Broadway, Suite 360 New York, NY 10036						**$60,120.00**
Dell 1 Dell Way Round Rock, TX 78682						**$3,725.82**
Desmond Imoh 1523 Summerside Dr. Allen, TX 75002						**$80,000.00**
Discover Card 15910 Midway Rd. Addison, TX 75001						**$4,756.12**

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Debtor **ADC Health Care Services, Inc.**
Name

Case number *(if known)*

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Everett Business Funding 2001 NW 107th Street Suite 300 Miami, FL 33172						**$50,000.00**
Frys Electronics 600 East Brokaw San Jose, CA 95112						**$0.00**
GRP Financial, LLC 1350 Main Street One Financial Plaza Springfield, MA 01103						**$180,835.95**
Home Depot PO Box 9001010 Louisville, KY 40290						**$2,500.00**
IRS 1100 Commerce Mail Code 5027 Dallas, TX 75242						**$520,000.00**
McKesson 8121 10th Ave. Minneapolis, MN 55427						**$0.00**
Sam's Club PO Box 530930 Atlanta, GA 30353-0930						**$0.00**
Staples PO Box 790439 Saint Louis, MO 63179						**$1,301.28**
Turbopas 9207 Country Creek Dr., Ste. 201 Houston, TX 77036-7703						**$2,500.00**
Wells Fargo PO Box 29482 Phoenix, AZ 85038						**$3,642.92**

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United States Bankruptcy Court
Eastern District of Texas

In re **ADC Health Care Services, Inc.** Debtor(s)

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
Desmond Imoh **1523 Summerside Drive** **Allen, TX 75002**			**100%**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF 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 of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 19, 2017**

Signature **/s/ Desmond Imoh**
Desmond Imoh

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

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Revised 12/1/2009 LBR Appendix 1007-b-6

United States Bankruptcy Court
Eastern District of Texas

In re **ADC Health Care Services, Inc.** Debtor(s)

Case No.

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the President 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: **May 19, 2017**

/s/ Desmond Imoh
Desmond Imoh/President
Signer/Title

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American Express
PO Box 360001
Fort Lauderdale, FL 33360

Bank of America
PO Box 15019
Wilmington, DE 19886-5019

Baxter Properties
1114 Briar Bayou Drive
Houston, TX 77077

Capital One
PO Box 360001
Fort Lauderdale, FL 33336-0001

Chase Bank
PO Box 94014
Palatine, IL 60094-4014

Core Business Finance
1501 Broadway, Suite 360
New York, NY 10036

Dell
1 Dell Way
Round Rock, TX 78682

Desmond Imoh
1523 Summerside Dr.
Allen, TX 75002

Discover Card
15910 Midway Rd.
Addison, TX 75001

Everett Business Funding
2001 NW 107th Street
Suite 300
Miami, FL 33172

Frys Electronics
600 East Brokaw
San Jose, CA 95112

GRP Financial, LLC
1350 Main Street
One Financial Plaza
Springfield, MA 01103

Home Depot
PO Box 9001010
Louisville, KY 40290

Internal Revenue Service
600 Arch St., Ste. 1507
Philadelphia, PA 19106

IRS
1100 Commerce
Mail Code 5027
Dallas, TX 75242

IRS Revenue Office
Leon Sanders
4050 Alpha Road
MC 5120 NDAL
Dallas, TX 75244

McKesson
8121 10th Ave.
Minneapolis, MN 55427

Sam's Club
PO Box 530930
Atlanta, GA 30353-0930

Staples
PO Box 790439
Saint Louis, MO 63179

Toyota Financial Services
PO Box 5855
Carol Stream, IL 60197-5855

Turbopas
9207 Country Creek Dr., Ste. 201
Houston, TX 77036-7703

Wells Fargo
PO Box 29482
Phoenix, AZ 85038

United States Bankruptcy Court
Eastern District of Texas

In re **ADC Health Care Services, 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 **ADC Health Care Services, 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*]

May 19, 2017
Date

/s/ Eric A. Liepins
Eric A. Liepins 12338110
Signature of Attorney or Litigant
Counsel for **ADC Health Care Services, Inc.**

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