

B1 (Official Form 1) (04/13)

| <b>United States Bankruptcy Court</b><br><b>NORTHERN DISTRICT OF TEXAS</b><br><b>FORT WORTH DIVISION</b>   |  |  |  | <b>Voluntary Petition</b>   |                                  |
|--|--|--|--|---|----------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>North Texas Neurology Assoc, LLP</b>  |  |  | Name of Joint Debtor (Spouse) (Last, First, Middle):   |   |                                  |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):  |  |  | All Other Names used by the Joint Debtor in the last 8 years<br>(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): <b>75-2298762</b>   |  |  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): |   |                                  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>1722 Ninth Street</b><br><b>Wichita Falls, TX</b>  |  |  | Street Address of Joint Debtor (No. and Street, City, and State):  |   |                                  |
| ZIP CODE<br><b>76301-5003</b>  |  |  | ZIP CODE   |   |                                  |
| County of Residence or of the Principal Place of Business:<br><b>Wichita</b>   |  |  | County of Residence or of the Principal Place of Business:   |   |                                  |
| Mailing Address of Debtor (if different from street address):<br><b>1722 Ninth Street</b><br><b>Wichita Falls, TX</b>  |  |  | Mailing Address of Joint Debtor (if different from street address):  |   |                                  |
| ZIP CODE<br><b>76301-5003</b>  |  |  | ZIP CODE   |   |                                  |
| Location of Principal Assets of Business Debtor (if different from street address above):  |  |  |  |   |                                  |
| ZIP CODE   |  |  |  |   |                                  |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check one box.)<br><br><input type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input checked="" type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)   |  | <b>Nature of Business</b><br>(Check one box.)<br><input checked="" type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other  |  | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)<br><br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input checked="" type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |                                  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:  |  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><br><input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).  |  | <b>Nature of Debts</b><br>(Check one box.)<br><br><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."<br><input checked="" type="checkbox"/> Debts are primarily business debts.  |                                  |
| <b>Filing Fee</b> (Check one box.)<br><br><input checked="" type="checkbox"/> Full Filing Fee attached.<br><br><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.<br><br><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. |  | <b>Check one box: Chapter 11 Debtors</b><br><input checked="" type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><b>Check if:</b><br><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).<br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition.<br><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). |  |   |                                  |
| <b>Statistical/Administrative Information</b><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><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<br><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<br><input type="checkbox"/> \$0 to \$50,000 <input checked="" 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<br><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                         |  |  |  |   |                                  |

|   |               |  |  |
|---|---------------|--|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case.)</i>  |               | Name of Debtor(s): <b>North Texas Neurology Assoc, LLP</b>   |  |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)  |               |  |  |
| Location Where Filed:<br><b>None</b>  | Case Number:  | Date Filed:  |  |
| Location Where Filed:   | Case Number:  | Date Filed:  |  |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)  |               |  |  |
| Name of Debtor:<br><b>None</b>  | Case Number:  | Date Filed:  |  |
| District:   | Relationship: | Judge:   |  |
| <b>Exhibit A</b><br>(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.)<br><br><input type="checkbox"/> Exhibit A is attached and made a part of this petition.  |               | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br>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 have delivered to the debtor the notice required by 11 U.S.C. § 342(b).<br><br><div style="text-align: right;"> <b>X</b> _____<br/>         Date       </div> |  |
| <b>Exhibit C</b><br>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?<br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No.  |               |  |  |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.<br><br>If this is a joint petition:<br><input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition. |               |  |  |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box.)  |               |  |  |
| <input checked="" type="checkbox"/> 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.  |               |  |  |
| <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  |               |  |  |
| <input type="checkbox"/> 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.                   |               |  |  |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)   |               |  |  |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)<br><br><div style="text-align: right;">         _____<br/>         (Name of landlord that obtained judgment)       </div><br><br><div style="text-align: right;">         _____<br/>         (Address of landlord)       </div>   |               |  |  |
| <input type="checkbox"/> 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   |               |  |  |
| <input type="checkbox"/> 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.   |               |  |  |
| <input type="checkbox"/> 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): **North Texas Neurology Assoc, LLP****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** \_\_\_\_\_**X** \_\_\_\_\_\_\_\_\_\_  
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/ Craig D. Davis  
**Craig D. Davis** Bar No. **00793588**

**DAVIS, ERMIS & ROBERTS, P.C.**  
**1010 N. Center, Suite 101**  
**Arlington, Texas 76011**

Phone No. **(972) 263-5922** Fax No. **(972) 262-3264**7/27/2013

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.

**North Texas Neurology Assoc, LLP**

**X** /s/ Don R. Bartel  
Signature of Authorized Individual

Don R. Bartel

Printed Name of Authorized Individual

General Partner

Title of Authorized Individual

7/27/2013

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 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.*

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

IN RE: **North Texas Neurology Assoc, LLP**

CASE NO

CHAPTER **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |               |
|--|---------------|
| For legal services, I have agreed to accept:           | <b>\$0.00</b> |
| Prior to the filing of this statement I have received: | <b>\$0.00</b> |
| Balance Due:   | <b>\$0.00</b> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

7/27/2013

*Date*

/s/ Craig D. Davis

*Craig D. Davis*

DAVIS, ERMIS & ROBERTS, P.C.

1010 N. Center, Suite 101

Arlington, Texas 76011

Phone: (972) 263-5922 / Fax: (972) 262-3264

Bar No. 00793588

/s/ Don R. Bartel

**Don R. Bartel**

**General Partner**

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

IN RE: **North Texas Neurology Assoc, LLP**

CASE NO

CHAPTER **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 7/27/2013

Signature /s/ Don R. Bartel  
*Don R. Bartel*  
*General Partner*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Attorney General Child Support  
400 South Zang Blvd. Ste 1100  
Dallas, Texas 75208

U.S. Department of the Treasury  
Debt Management Services  
P.O. Box 979101  
St. Louis, MO 63197-9000

DAVIS, ERMIS & ROBERTS, P.C.  
1010 N. Center, Suite 101  
Arlington, Texas 76011

VA Regional Office  
One Veterans Plaza  
701 Clay Av.  
Waco, Texas 76799

Healthcare Trust of America, Inc.  
16435 North Scottsdale Road, Ste  
Scottsdale, AZ 85254

WILLIAM T. NEARY  
OFFICE OF THE US TRUSTEE  
1100 COMMERCE ST, RM 9C60  
DALLAS, TX. 75242

HUD  
451 7th ST. SOUTHWEST  
WASHINGTON, DC 20410

INTERNAL REVENUE SERVICE  
SPECIAL PROCEDURES STAFF  
1100 COMMERCE STREET  
MAIL CODE 5020-DAL  
DALLAS, TX 75242

INTERNAL REVENUE SERVICE  
AUSTIN, TX 73301

INTERNAL REVENUE SERVICE  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

TrailBlazer Health Enterprises,  
TrailBlazer Health Enterprises  
8330 LBJ Freeway  
Dallas, TX 75243

TrailBlazer Health Enterprises,  
Attn: Part B Debt Collection &  
3101 S. Woodlawn  
Denison, TX 75020

U.S. Department of the Treasury  
Debt Management Services  
P.O. Box 830794  
Birmingham, AL 35283-0794