

B1 (Official Form 1) (1/08)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS GALVESTON DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): The Egerton Clinic PA		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) No./Complete EIN (if more than one, state all): 76-0079054		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): 347 E. Parkwood Ave. Friendswood, TX		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE 77546		ZIP CODE
County of Residence or of the Principal Place of Business: Galveston		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): 347 E. Parkwood Ave Friendswood, TX		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE 77546		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
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 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).	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 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 by 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 \$2,190,000. 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).
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 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 <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		

B1 (Official Form 1) (1/08)

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): The Egerton Clinic PA	
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 checked="" 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 have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align:center;">X _____</p> <p style="text-align:right;">Date</p>		
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?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> 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.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> 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.)			
<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.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (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.)			

(Name of landlord that obtained judgment)			

(Address of landlord)			
<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 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.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

B1 (Official Form 1) (1/08)

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): The Egerton Clinic PA</p>
Signatures	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ _____ _____ Telephone Number (If not represented by attorney) _____ _____ Date _____</p>	<p>Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p>Signature of Attorney*</p> <p>X <u>/s/ Barbara M. Rogers</u> Barbara M. Rogers Bar No. 17163200</p> <p>Rogers Anderson & Bensey PLLC 1415 North Loop West, Suite 1020 Houston, TX 77008</p> <p>Phone No. (713) 868-4411 Fax No. (713) 868-4413</p> <p><u>10/21/2009</u> Date</p> <p><small>*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.</small></p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>The Egerton Clinic PA</p> <p>X <u>/s/ Shanaz Khan</u> Signature of Authorized Individual</p> <p><u>Shanaz Khan</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>10/21/2009</u> Date</p>	<p>_____ Address</p> <p>X _____ _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>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.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>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.</small></p>

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE: **The Egerton Clinic PA**

CASE NO

CHAPTER **11**

EXHIBIT "A" TO VOLUNTARY PETITION

1. Debtor's employer identification number is <u>76-0079054</u> .		
2. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is _____.		
3. The following financial data is the latest available information and refers to the debtor's condition on _____.		
a. Total Assets	\$50,803.27	
b. Total Liabilities	\$249,534.46	
Secured debt	Amounts	Approximate number of holders
Fixed, liquidated secured debt	\$0.00	0
Contingent secured debt	\$0.00	0
Disputed secured debt	\$0.00	0
Unliquidated secured debt	\$0.00	0
Unsecured debt	Amounts	Approximate number of holders
Fixed, liquidated unsecured debt	\$249,534.46	33
Contingent unsecured debt	\$0.00	0
Disputed unsecured debt	\$0.00	0
Unliquidated unsecured debt	\$0.00	0
Stock	Amounts	Approximate number of holders
Number of shares of preferred stock		
Number of shares of common stock		
Comments, if any		
4. Brief description of debtor's business:		

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE: **The Egerton Clinic PA**

CASE NO

CHAPTER **11**

EXHIBIT "A" TO VOLUNTARY PETITION

Continuation Sheet No. 1

5. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 20% or more of the voting securities of the debtor:

6. List the name of all corporations 20% or more of the outstanding voting securities of which are directly or indirectly owned, controlled, or held, with power to vote, by debtor:

I, **Shanaz Khan**, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing Exhibit "A" to Voluntary Petition, and that it is true and correct to the best of my information and belief.

Date: **10/21/2009**

Signature: **/s/ Shanaz Khan**
Shanaz Khan
President

B6A (Official Form 6A) (12/07)

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property		Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				

Total: \$0.00

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **The Egerton Clinic PA**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X		
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo Acct # 7884111969	\$200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Donnie McRae Enterprises 302 West Biejo Friendswood, TX 77546	\$4,000.00
4. Household goods and furnishings, including audio, video and computer equipment.	X		
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6. Wearing apparel.	X		
7. Furs and jewelry.	X		
8. Firearms and sports, photographic, and other hobby equipment.	X		
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10. Annuities. Itemize and name each issuer.	X		

B6B (Official Form 6B) (12/07) -- Cont.

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X		
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X		
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X		
14. Interests in partnerships or joint ventures. Itemize.	X		
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X		
16. Accounts receivable.		Accounts Receivable	\$31,203.27
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X		
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X		

B6B (Official Form 6B) (12/07) -- Cont.

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X		
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X		
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X		
22. Patents, copyrights, and other intellectual property. Give particulars.	X		
23. Licenses, franchises, and other general intangibles. Give particulars.	X		
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X		
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X		
26. Boats, motors, and accessories.	X		

B6B (Official Form 6B) (12/07) -- Cont.

In re **The Egerton Clinic PA**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.		Computers & Printers	\$1,500.00
		Office Furniture	\$1,500.00
		File Cabinets	\$600.00
		Phone System	\$800.00
29. Machinery, fixtures, equipment, and supplies used in business.		Stress Test Machine	\$2,000.00
		Exam Tables	\$6,000.00
		Miscellaneous Items	\$3,000.00
30. Inventory.	X		
31. Animals.	X		
32. Crops - growing or harvested. Give particulars.	X		
33. Farming equipment and implements.	X		
34. Farm supplies, chemicals, and feed.	X		
35. Other personal property of any kind not already listed. Itemize.	X		

3 continuation sheets attached
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Total >

\$50,803.27

B6D (Official Form 6D) (12/07)

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Subtotal (Total of this Page) >						\$0.00	\$0.00
Total (Use only on last page) >						\$0.00	\$0.00

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12/07)

In re **The Egerton Clinic PA**

Case No. _____

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

 Administrative allowances under 11 U.S.C. Sec. 330

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

 No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: AC Repairs (MY)		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$350.00
ACCT #: Advanced Physicians Solutions 7225 Fulton Ave. North Hollywood, CA 91605		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$359.95
ACCT #: Aicco, Inc 12621 Featherwood Dr. Suite 300 Houston, TX 77034		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$1,920.00
ACCT #: American General P.O. Box 0798 Carol Stream, IL 60132		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$891.00
ACCT #: AT&T P.O. Box 5001 Carol Stream, IL 60197		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$353.16
ACCT #: Buzbee Properties, Inc. c/o Anthony G. Buzbee The Buzbee Law Firm 600 Travis, Suite 7300 Houston, Texas 77002		DATE INCURRED: CONSIDERATION: Lawsuit REMARKS:				\$200,000.00
Subtotal >						\$203,874.11
Total >						

5 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.
 In re **The Egerton Clinic PA**

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: City of Friendwood Friendswood, TX 77546		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$85.90
ACCT #: DiaSonics 16907 Serenity Cove Circle Friendswood, TX 77546		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$7,820.00
ACCT #: Donnie McRae Enterprises 302 West Beijo Friendswood, TX 77546		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$6,850.00
ACCT #: Friendwood Consolidated Tax Office P.O. Box 4347 Houston, TX 77210		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$289.80
ACCT #: Gilbert Rodriguez 347 E Parkwood Ave Friendswood, TX 77546		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$600.00
ACCT #: GIV P.O. Box 9 Bastian, VA 24314		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$1,216.54
Subtotal >						\$16,862.24
Total >						

Sheet no. 1 of 5 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable, on the
 Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.
 In re **The Egerton Clinic PA**

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Houston Telephone P.O. Box 279 Pearland, TX 77588		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$142.89
ACCT #: Instamed 1880 John F. Kennedy Blvd. Philadelphia, PA 19103		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$114.35
ACCT #: IRS Stop 5022 HOU 1919 Smith Street Houston, TX 77002		DATE INCURRED: CONSIDERATION: Taxes REMARKS: Paid through EFTPS				\$5,800.00
Representing: IRS		IRS P.O. Box Philadelphia, PA 19114				Notice Only
ACCT #: JRN Office Machines 10607 BrIown Bridge Ct. Sugarland, TX 77578		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$422.11
ACCT #: Just Energy P.O. Box 460008 Houston, TX 77056		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$822.20
Subtotal >						\$7,301.55
Total >						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 2 of 5 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.
 In re **The Egerton Clinic PA**

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Merck 4990 Aircenter Circle Reno, NV 89502		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$5,609.00
ACCT #: Millenium Practice Solutions 2000 S Dairy Ashford Suite 145 Houston, TX 77077		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$649.50
ACCT #: Nathan Cardiology 11914 Astoria Blvd. Suite 100 Houston, TX 77589		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$2,400.00
ACCT #: Office Depot 1301 W Bay Area Blvd. Webster, TX 77059		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$605.79
ACCT #: Physician's First Msgs. Inc. P.O. Box 140087 Staten Island, NY 10314		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$98.00
ACCT #: Quest Diagnostics 5850 Rogerdale Rd. Houston, TX 77072		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$2,039.00

Sheet no. 3 of 5 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$11,401.29**

Total >
 (Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable, on the
 Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re **The Egerton Clinic PA**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Sam's Club 155 W El Dorado Blvd. Friendswood, TX 77546		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$694.10
ACCT #: Sanofi Pasteur 12458 Collections Center Dr. Chicago, IL 60693		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$4,244.34
ACCT #: Sloan & Keucker 1234 Bay Area Blvd. Huoston, TX 77548		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$900.00
ACCT #: T-Mobile PO Box 790047 St. Louis, MO 63179-0047		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$106.78
ACCT #: Texas Workforce Commission 101 E. 15 St. Austin, TX 78778-0091		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$256.76
ACCT #: Ultra Diagnostics 2935 Bassingham Dr. Kingwood, TX 77339		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$2,082.66
Subtotal >						\$8,284.64
Total >						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 4 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: US Post Master US Post Office Friendswood, TX 77546		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$224.95
ACCT #: USA Mobility P.O. Box 941565 Plano, TX 75094		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$18.68
ACCT #: USSI Doctors 1311-A West Street Annapolis, MD 21401		DATE INCURRED: CONSIDERATION: Business REMARKS:				\$1,567.00
Sheet no. 5 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,810.63
						Total > \$249,534.46

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p>Donald C. Stran DPM 302 W Biejo Friendswood, TX 77546</p> <p>JRN Office Machines 6014 Fairdale Houston, TX 77057</p>	<p>Lease of 347 E Parkwood Ave, Friendswood, TX.</p> <p>Lease of Cannon Copy Machine</p>

B6H (Official Form 6H) (12/07)

In re **The Egerton Clinic PA**

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

In re **The Egerton Clinic PA**

Case No.

Chapter **11**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$0.00			
B - Personal Property	Yes	4	\$50,803.27			
C - Property Claimed as Exempt	No					
D - Creditors Holding Secured Claims	Yes	1			\$0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1			\$0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6			\$249,534.46	
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	No					N/A
J - Current Expenditures of Individual Debtor(s)	No					N/A
TOTAL		15	\$50,803.27	\$249,534.46		

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **The Egerton Clinic PA**

Case No. _____

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ **President** _____ of the _____ **Corporation** _____
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
_____ **16** _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

(Total shown on summary page plus 1.)

Date **10/21/2009** _____

Signature **/s/ Shanaz Khan** _____

Shanaz Khan
President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE: **The Egerton Clinic PA**

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)
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, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Buzbee Properties, Inc. c/o Anthony G. Buzbee The Buzbee Law Firm 600 Travis, Suite 7300 Houston, Texas 77002		Lawsuit		\$200,000.00
DiaSonics 16907 Serenity Cove Circle Friendswood, TX 77546		Business		\$7,820.00
Donnie McRae Enterprises 302 West Beijo Friendswood, TX 77546		Business		\$6,850.00
IRS Stop 5022 HOU 1919 Smith Street Houston, TX 77002		Taxes		\$5,800.00
Merck 4990 Aircenter Circle Reno, NV 89502		Business		\$5,609.00
Sanofi Pasteur 12458 Collections Center Dr. Chicago, IL 60693		Business		\$4,244.34

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE: **The Egerton Clinic PA**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 1

(1)	(2)	(3)	(4)	(5)
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, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Nathan Cardiology 11914 Astoria Blvd. Suite 100 Houston, TX 77589		Business		\$2,400.00
Ultra Diagnostics 2935 Bassingham Dr. Kingwood, TX 77339		Business		\$2,082.66
Quest Diagnostics 5850 Rogerdale Rd. Houston, TX 77072		Business		\$2,039.00
Aicco, Inc 12621 Featherwood Dr. Suite 300 Houston, TX 77034		Business		\$1,920.00
USSI Doctors 1311-A West Street Annapolis, MD 21401		Business		\$1,567.00
GIV P.O. Box 9 Bastian, VA 24314		Business		\$1,216.54
Sloan & Keucker 1234 Bay Area Blvd. Houston, TX 77548		Business		\$900.00

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE: **The Egerton Clinic PA**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 2

(1)	(2)	(3)	(4)	(5)
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, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
American General P.O. Box 0798 Carol Stream, IL 60132		Business		\$891.00
Just Energy P.O. Box 460008 Houston, TX 77056		Business		\$822.20
Sam's Club 155 W El Dorado Blvd. Friendswood, TX 77546		Business		\$694.10
Millenium Practice Solutions 2000 S Dairy Ashford Suite 145 Houston, TX 77077		Business		\$649.50
Office Depot 1301 W Bay Area Blvd. Webster, TX 77059		Business		\$605.79
Gilbert Rodriguez 347 E Parkwood Ave Friendswood, TX 77546		Business		\$600.00
JRN Office Machines 10607 Brlown Bridge Ct. Sugarland, TX 77578		Business		\$422.11

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE: **The Egerton Clinic PA**

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 10/21/2009

Signature /s/ Shanaz Khan
Shanaz Khan
President

Date _____

Signature _____

AC Repairs
(MY)

Advanced Physicians Solutions
7225 Fulton Ave.
North Hollywood, CA 91605

Aicco, Inc
12621 Featherwood Dr.
Suite 300
Houston, TX 77034

American General
P.O. Box 0798
Carol Stream, IL 60132

AT&T
P.O. Box 5001
Carol Stream, IL 60197

Buzbee Properties, Inc.
c/o Anthony G. Buzbee
The Buzbee Law Firm
600 Travis, Suite 7300
Houston, Texas 77002

City of Friendwood
Friendswood, TX 77546

DiaSonics
16907 Serenity Cove Circle
Friendswood, TX 77546

Donald C. Stran DPM
302 W Biejo
Friendswood, TX 77546

Donnie McRae Enterprises
302 West Beijo
Friendswood, TX 77546

Friendwood Consolidated Tax Office
P.O. Box 4347
Houston, TX 77210

Gilbert Rodriguez
347 E Parkwood Ave
Friendswood, TX 77546

GIV
P.O. Box 9
Bastian, VA 24314

Houston Telephone
P.O. Box 279
Pearland, TX 77588

Instamed
1880 John F. Kennedy Blvd.
Philadelphia, PA 19103

IRS
Stop 5022 HOU
1919 Smith Street
Houston, TX 77002

IRS
P.O. Box
Philadelphia, PA 19114

JRN Office Machines
10607 Brrown Bridge Ct.
Sugarland, TX 77578

JRN Office Machines
6014 Fairdale
Houston, TX 77057

Just Energy
P.O. Box 460008
Houston, TX 77056

Merck
4990 Aircenter Circle
Reno, NV 89502

Millenium Practice Solutions
2000 S Dairy Ashford
Suite 145
Houston, TX 77077

Nathan Cardiology
11914 Astoria Blvd.
Suite 100
Houston, TX 77589

Office Depot
1301 W Bay Area Blvd.
Webster, TX 77059

Physician's First Msgs. Inc.
P.O. Box 140087
Staten Island, NY 10314

Quest Diagnostics
5850 Rogerdale Rd.
Houston, TX 77072

Sam's Club
155 W El Dorado Blvd.
Friendswood, TX 77546

Sanofi Pasteur
12458 Collections Center Dr.
Chicago, IL 60693

Sloan & Keucker
1234 Bay Area Blvd.
Houston, TX 77548

T-Mobile
PO Box 790047
St. Louis, MO 63179-0047

Texas Workforce Commission
101 E. 15 St.
Austin, TX 78778-0091

The Egerton Clinic PA
347 E. Parkwood Ave
Friendswood, TX 77546

Ultra Diagnostics
2935 Bassingham Dr.
Kingwood, TX 77339

US Post Master
US Post Office
Friendswood, TX 77546

USA Mobility
P.O. Box 941565
Plano, TX 75094

USSI Doctors
1311-A West Street
Annapolis, MD 21401

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION**

IN RE:
The Egerton Clinic PA

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
Shahnaz Khan 1907 Ray Shell Court Seabrook, TX 77586			100%

**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: 10/21/2009

Signature: */s/ Shanaz Khan*
Shanaz Khan
President