

B1 (Official Form 1) (04/13)

United States Bankruptcy Court SOUTHERN DISTRICT OF TEXAS MCALLEN DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Heavenly Health Care, LLC		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 30-0345009		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): 101 Buena Vista Street Suite A Penitas, TX		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE 78576		ZIP CODE
County of Residence or of the Principal Place of Business: Hidalgo		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): 101 Buena Vista Street Suite A Penitas, TX		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE 78576		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	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <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 type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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		

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Heavenly Health Care, LLC	
All Prior Bankruptcy Cases 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:	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 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 <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Heavenly Health Care, LLC
---	---

Signatures

<p style="text-align: center;">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 _____</p> <p>X _____</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">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 style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ EDUARDO V. RODRIGUEZ</u> EDUARDO V. RODRIGUEZ Bar No. 00795621</p> <p>Malaise Law Firm 1265 N. Expressway 83 Brownsville, TX 78520</p> <p>Phone No. (956) 547-9638 Fax No. (956) 547-9630</p> <p><u>6/3/2013</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 style="text-align: center;">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 style="text-align: center;">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>Heavenly Health Care, LLC</p> <p>X <u>/s/ Valente Alaniz, Jr.</u> Signature of Authorized Individual</p> <p><u>Valente Alaniz, Jr.</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>6/3/2013</u> Date</p>	<p>Address</p> <p>X _____</p> <p><u> </u> 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
MCALLEN DIVISION**

IN RE: **Heavenly Health Care, LLC**

CASE NO

CHAPTER 11

EXHIBIT "A" TO VOLUNTARY PETITION

1. Debtor's employer identification number is <u>30-0345009</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 <u>6/3/2013</u> .		
a. Total Assets	\$56,055.97	
b. Total Liabilities	\$253,480.15	
Secured debt	Amounts	Approximate number of holders
Fixed, liquidated secured debt	\$2,040.49	5
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	\$251,439.66	23
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: <i>Home Health Care and Provider Services</i>		

Heavenly Health Care LLC
Statement of Assets, Liabilities & Equity--Income Tax Basis
As of March 31, 2013

	Mar 31, 13
ASSETS	
Current Assets	
Other Current Assets	
Due From Shareholders	81,636.43
Employee Advances	1,140.00
Total Other Current Assets	82,776.43
Total Current Assets	82,776.43
Fixed Assets	
Accumulated Depreciation	(75,660.45)
Computers	4,260.25
Equipment	7,813.95
Furniture and Fixtures	7,717.40
Software	2,183.00
Vehicles	73,806.13
Total Fixed Assets	20,120.28
TOTAL ASSETS	102,896.71
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
American Express	11,753.29
Bank Of America	4,464.06
Total Credit Cards	16,217.35
Other Current Liabilities	
Bank Overdraft	7,711.46
Child Support	29.50
Payroll Liabilities	33,284.17
Total Other Current Liabilities	41,025.13
Total Current Liabilities	57,242.48
Long Term Liabilities	
Note Payable - La Joya Vehicles	45,654.23
Total Long Term Liabilities	45,654.23
Total Liabilities	102,896.71
Equity	
Capital Stock	1,000.00
Retained Earnings	51,738.54
Shareholder Contribution-Eva	47,598.25
Shareholder Draws - Ana	(35,493.99)
Shareholder Draws - Eva	(5,723.00)
Shareholder Draws - Magaly	(25,701.30)
Shareholder Draws - Valinda	(35,493.99)
Shareholder Draws - Velma	(25,701.30)
Shareholders Draws - Valente Jr	(56,239.52)
Net Income	84,016.31
Total Equity	0.00
TOTAL LIABILITIES & EQUITY	102,896.71

Heavenly Health Care LLC
Statement of Revenues & Expenses--Income Tax Basis
For The Three Months and The Year Ended March 31, 2013

	<u>Jan - Mar 13</u>
Ordinary Income/Expense	
Income	
Service Revenue	398,419.55
Total Income	398,419.55
Gross Profit	398,419.55
Expense	
Automobile Expense	6,174.78
Bank Service Charges	110.00
Computer Expense	108.25
Contract Labor	20,377.00
Depreciation Expense	2,070.68
Insurance	4,109.99
Interest Expense	923.55
Lease	934.09
Licenses	1,700.00
Meals and Entertainment	170.59
Office Expense	2,278.74
Office Supplies	3,469.57
Postage and Delivery	598.50
Professional Fees	8,616.89
Rent	2,750.00
Repairs and Maintenance	315.94
Salaries and Wages	227,512.79
Salary - Officers	4,166.68
Security	48.71
Seminars	395.00
Supplies - Medical	975.00
Taxes	21,683.79
Telephone	3,074.69
Utilities	1,838.01
Total Expense	314,403.24
Net Ordinary Income	84,016.31
Net Income	84,016.31

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

2012

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2012 or tax year beginning

, 2012, ending , 20

A Selection effective date
06-19-2006

B Business activity code number (see instructions)
621610

C Check if Sch. M-3 attached

TYPE OR PRINT	Name HEAVENLY HEALTH CARE LLC
	Number, street, and room or suite no. If a P.O. box, see instructions. 101 BUENA VISTA ST STE A
	City or town, state, and ZIP code Penitas TX 78576

D Employer identification number
30-0345009

E Date incorporated
06-19-2006

F Total assets (see instructions)

\$ 273,609

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **6**

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income		1a	1b	1c
1 a	Gross receipts or sales	1,869,473	383,565	
b	Returns and allowances			
c	Balance. Subtract line 1b from line 1a			1,485,908
2	Cost of goods sold (attach Form 1125-A)			
3	Gross profit. Subtract line 2 from line 1c			1,485,908
4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			
5	Other income (loss) (see instructions - attach statement)			
6	Total income (loss). Add lines 3 through 5			1,485,908
Deductions (see instructions for limitations)				
7	Compensation of officers			67,709
8	Salaries and wages (less employment credits)			933,218
9	Repairs and maintenance			1,117
10	Bad debts			
11	Rents			
12	Taxes and licenses			24,972
13	Interest		ATT_STL	101,386
14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			1,555
15	Depletion (Do not deduct oil and gas depletion.)			13,631
16	Advertising			
17	Pension, profit-sharing, etc., plans			3,297
18	Employee benefit programs			
19	Other deductions (attach statement)		Statement #2	
20	Total deductions. Add lines 7 through 19			287,336
21	Ordinary business income (loss). Subtract line 20 from line 6			1,434,221
Tax and Payments				
22 a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
b	Tax from Schedule D (Form 1120S)	22b		
c	Add lines 22a and 22b (see instructions for additional taxes)			22c
23 a	2012 estimated tax payments and 2011 overpayment credited to 2012	23a		
b	Tax deposited with Form 7004	23b		
c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
d	Add lines 23a through 23c			23d
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24
25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
27	Enter amount from line 26 Credited to 2013 estimated tax ▶ Refunded ▶			27

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here

VALENTE ALANIZ JR

Signature of officer

Date

OFFICER

Title

Paid Preparer Use Only

Print/Type preparer's name

REYNALDO HINOJOSA CPAREYNALDO HINOJOSA CP02-27-2013

Preparer's signature

Date

Check if PTIN self-employed

P00637299

Firm's name ▶ **REYNALDO HINOJOSA CPA**

Firm's address ▶ **5417 N MCCOLL RD**

MCALLEN TX 78504

Firm's EIN ▶ **74-2989393**

Phone no.

(956) 994-8119

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120S (2012)

Schedule B Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the: a Business activity ▶ <u>HEALTH CARE</u> b Product or service ▶ <u>HEALTH CARE</u>		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person?		X
4	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock ▶ _____ (ii) Total shares of non-restricted stock ▶ _____	Yes	No
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ _____ (ii) Total shares of stock outstanding if all instruments were executed ▶ _____		X
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.		X
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____		X
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13 a Did the corporation make any payments in 2012 that would require it to file Form(s) 1099?	X	
b If "Yes," did the corporation file or will it file all required Forms 1099?	X	

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	51,687
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transaction	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
k Other (attach statement)	14k		
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	1,677
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties-gross income	15d	
	e Oil, gas, and geothermal properties-deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other information	17 a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	51,687

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
Assets							
1	Cash						
2 a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)	Statement #19	85,711	Statement #19		84,751	
7	Loans to shareholders		35,000			166,668	
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10 a	Buildings and other depreciable assets	95,781		95,781			
b	Less accumulated depreciation	(59,960)	35,821	(73,591)		22,190	
11 a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13 a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		156,532			273,609	
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year		7,624			0	
18	Other current liabilities (attach statement)	Statement #22	69,059	Statement #22		155,306	
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more		79,798			65,565	
21	Other liabilities (attach statement)						
22	Capital stock		0			1,000	
23	Additional paid-in capital						
24	Retained earnings		51			51,738	
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock		()			()	
27	Total liabilities and shareholders' equity		156,532			273,609	

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1 Net income (loss) per books	51,687	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ _____		7 Add lines 5 and 6	
4 Add lines 1 through 3	51,687	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	51,687

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	51		
2 Ordinary income from page 1, line 21	51,687		
3 Other additions			
4 Loss from page 1, line 21	()		
5 Other reductions	()	()	
6 Combine lines 1 through 5	51,738		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	51,738		

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HEAVENLY HEALTH CARE LLC

FORM 1120S

30-0345009

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	13,631
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life		
b	12-year		12 yrs.
c	40-year		40 yrs.

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	13,631
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

HEAVENLY HEALTH CARE LLC

FEIN

30-0345009

Form 1120S Line 19

Statement #2

<u>Description</u>	<u>Amount</u>
Automobile and Truck Expense	23,303
Bank Charges	3,018
Computer	10,378
Dues and Subscriptions	2,098
Equipment Rental/lease	4,396
Insurance	52,650
Legal and Professional	18,343
Meetings	400
Office Expense	26,379
Outside Services/Sub Contractors	113,985
Postage/Shipping	393
Printing	1,134
Security	195
Supplies	7,123
Telephone	16,802
Utilities	6,739
	<hr/>
Total	<u><u>287,336</u></u>

Form 1120S, Schedule L, Line 6

PG01
STM19

Other Current Assets

<u>Description</u>	<u>Beq Of Year</u>	<u>End Of Year</u>
EMPLOYEE ADVANCE	1,000	40
N/R - ACE MEDICAL	<u>84,711</u>	<u>84,711</u>
	<hr/>	<hr/>
Total	<u><u>85,711</u></u>	<u><u>84,751</u></u>

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

FEIN

HEAVENLY HEALTH CARE LLC

30-0345009

Form 1120S, Schedule L, Line 18

STM22

Other Current Liabilities

<u>Description</u>	<u>Beq Of Year</u>	<u>End Of Year</u>
BANK OVERDRAFT	20,941	27,692
CREDIT CARDS	14,017	17,262
P/R LIABILITIES	34,101	110,352
Total	69,059	155,306

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

IN RE: **Heavenly Health Care, LLC**

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:

Ana Alaniz 22.5%

Valinda A. Estrada 22.5%

Magaly Alaniz 22.5%; Velma A. Alaniz 22.5%

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, **Valente Alaniz, Jr.**, 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: **6/3/2013**

Signature: *Is/ Valente Alaniz, Jr.*
Valente Alaniz, Jr.
President

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

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

In re **Heavenly Health Care, LLC**

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	5	\$56,055.97			
C - Property Claimed as Exempt	No					
D - Creditors Holding Secured Claims	Yes	2			\$2,040.49	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			\$106,060.33	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4			\$145,379.33	
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	16	\$56,055.97	\$253,480.15		

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

In re **Heavenly Health Care, LLC**

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 **Heavenly Health Care, LLC**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.		Cash on Hand	\$5,000.00
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.		Business checking account # xx 3674 at Inter National Bank, styled: Heavenly Health Care, LLC	\$5,113.08
		Business checking account # xx 6282 at Inter National Bank, styled: Heavenly Health Care, LLC	(\$15.00)
		Business checking account # xx 6290 at Inter National Bank, styled: Heavenly Health Care, LLC	(\$15.00)
3. Security deposits with public utilities, telephone companies, landlords, and others.	X		
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		

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

In re **Heavenly Health Care, LLC**

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
10. Annuities. Itemize and name each issuer.	X		
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.	X		
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 **Heavenly Health Care, LLC**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.		Texas Department of Aging and Disability Services (DADS License) # xx 0551	\$0.00
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.		2011 Nissan Versa, Vin # xx3270 Debtor holds equitable title in vehicle. Legal Title in the name of I. Garcia, Jr.	\$0.00

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

In re **Heavenly Health Care, LLC**

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
		Lien on vehicle is owed to La Joya Area Federal Credit Union and being paid by Debtor. Value: \$11,050.00 Lien: \$12,187.69 Debtor's Equitable Interest: \$-0- 2011 Nissan Versa, Vin # xx4768 Debtor holds equitable title in vehicle. Legal Title in the name of I. Garcia, Jr. Lien on vehicle is owed to La Joya Area Federal Credit Union and being paid by Debtor. Value: \$10,550.00 Lien: \$8,737.11 Debtor's Equitable Interest: \$1,812.89	\$1,812.89
		2011 Nissan Versa, Vin # xx3178 Debtor holds equitable title in vehicle. Legal Title in the name of I. Garcia, Jr. Lien on vehicle is owed to La Joya Area Federal Credit Union and being paid by Debtor. Value: \$11,050.0 Lien: \$11,976.69 Debtor's Equitable Interest: \$-0-	\$0.00
		2011 Nissan Versa, Vin # xx7946 Debtor holds equitable title in vehicle. Legal Title in the name of I. Garcia, Jr. Lien on vehicle is owed to La Joya Area Federal Credit Union and being paid by Debtor. Value: \$11,650.00 Lien: \$12,150.99 Debtor's Equitable Interest: \$-0-	\$0.00
		2011 Nissan Versa, Vin # xx7377 Debtor holds equitable title in vehicle. Legal Title in the name of I. Garcia, Jr. Lien on vehicle is owed to La Joya Area Federal Credit Union and being paid by Debtor.	\$0.00

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

In re **Heavenly Health Care, LLC**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Value: \$11,325.00 Lien: \$11,686.44 Debtor's Equitable Interest: \$-0-	
26. Boats, motors, and accessories.	X		
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.		Furniture, Fixtures and Equipment described on attached Exhibit "A"	\$44,160.00
29. Machinery, fixtures, equipment, and supplies used in business.	X		
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		

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

4 continuation sheets attached

Total >

\$56,055.97

Heavenly Health Care, L.L.C.

"Comforting you with a touch of Heaven"

BUSINESS ASSETS:

<u>ASSETS:</u>	<u>VALUE:</u>	<u>AMOUNT OWED:</u>
1. Computers:	\$10,800.00	\$ 0.00
2. Furniture/Fixtures	\$ 19,500.00	\$ 0.00
3. Vehicles	\$ 48,000.00	\$ 44,160.00
4. Equipment	\$ 7,500.00	\$ 0.00
5. Office Supplies	\$ 2,000.00	\$ 0.00
6. Medical/Nurse's Supplies	\$ 3,500.00	\$ 0.00
<hr/>		
TOTAL	\$ 91,300.00	\$ 44,160.00



101 Buena Vista St., Ste. A / Penitas, TX 78576
Phone: (956) 585-0059 / Fax: (956) 585-0089

B6C (Official Form 6C) (4/13)

In re **Heavenly Health Care, LLC**

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675.*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Not Applicable			
		\$0.00	\$0.00

* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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

In re **Heavenly Health Care, LLC**

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
ACCT #: xxxxx xxxx xxx0 100 City of Penitas Hidalgo County Tax Office P.O. Box 178 Edinburg, TX 78540		DATE INCURRED: 2011-12 NATURE OF LIEN: Statutory Tax Lien COLLATERAL: Furniture, Fixtures & Equipment REMARKS: VALUE: \$181.26				\$181.26	
ACCT #: x xxxx xxxx xxx0 100 Hidalgo County & Hidalgo Drainage Dist P.O. Box 178 Edinburg, TX 78540		DATE INCURRED: 2011-12 NATURE OF LIEN: Statutory Tax Lien COLLATERAL: Furniture, Fixtures & Equipment REMARKS: VALUE: \$522.14				\$522.14	
ACCT #: x xxxx xxxx xxx0 100 La Joya I.S.D. Tax Office c/o Hidalgo County Tax Office P.O. Box 178 Edinburg, TX 78540		DATE INCURRED: 2011-12 NATURE OF LIEN: Statutory Tax Lien COLLATERAL: Furniture, Fixtures & Equipment REMARKS: VALUE: \$1,160.19				\$1,160.19	
ACCT #: x xxxx xxxx xxx0 100 South Texas College Hidalgo County Tax Assessor-Collector P.O. Box 178 Edinburg, TX 78540		DATE INCURRED: 2011-12 NATURE OF LIEN: Statutory Tax Lien COLLATERAL: Furniture, Fixtures & Equipment REMARKS: VALUE: \$133.36				\$133.36	
Subtotal (Total of this Page) >						\$1,996.95	\$0.00
Total (Use only on last page) >							

1 continuation sheets attached

(Report also on Summary of Schedules.)

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

B6D (Official Form 6D) (12/07) - Cont.

In re **Heavenly Health Care, LLC**

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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
ACCT #: x xxxx xxxx xxx0 100 South Texas I.S.D. Hidalgo County Tax Assessor-Collector P.O. Box 178 Edinburg, TX 78540		DATE INCURRED: 2011-12 NATURE OF LIEN: Statutory Tax Lien COLLATERAL: Furniture, Fixtures & Equipment REMARKS: VALUE: \$43.54				\$43.54	

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal (Total of this Page) >	\$43.54	\$0.00
Total (Use only on last page) >	\$2,040.49	\$0.00

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

B6E (Official Form 6E) (04/13)

In re **Heavenly Health Care, LLC**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 \$12,475* 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 \$6,150* 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 \$2,775* 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 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **Heavenly Health Care, LLC**

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCT #: Internal Revenue Service Special Procedures 300 East 8th St., STOP 5026AUS Austin, TX 78701		DATE INCURRED: 09; 12 CONSIDERATION: Federal Tax Lien REMARKS:				\$77,745.44	\$0.00	\$77,745.44	
ACCT #: Internal Revenue Service Special Procedures 300 East 8th St., STOP 5026AUS Austin, TX 78701		DATE INCURRED: Apr / May '13 CONSIDERATION: 941 Taxes - 2nd Qtr 2013 REMARKS:				\$25,000.00	\$25,000.00	\$0.00	
ACCT #: xx-xxx811-6 TEXAS WORKFORCE COMMISSION ATTN: CASHIER P.O. BOX 149080 AUSTIN, TX 78714-9080		DATE INCURRED: 3/2013 CONSIDERATION: Employment Taxes - 1st Qtr 2013 REMARKS:				\$3,314.89	\$3,314.89	\$0.00	
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						Subtotals (Totals of this page) >	\$106,060.33	\$28,314.89	\$77,745.44
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$106,060.33			
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$28,314.89	\$77,745.44	

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

In re **Heavenly Health Care, LLC**

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 #: x-x3008 American Express P.O. Box 650448 Dallas, TX 75265-0448	X	DATE INCURRED: 2012 CONSIDERATION: Credit Card REMARKS:				\$11,636.52
ACCT #: Ana N. Alaniz 406 Bazan Court Palmview, TX 78574		DATE INCURRED: CONSIDERATION: Insider Loan REMARKS: *Loan owing to La Joya Credit Union and Paid by Debtor*				\$6,897.37
ACCT #: xx9430 Bank of America P.O. Box 982238 El Paso, TX 79998-2238		DATE INCURRED: 2012 CONSIDERATION: Credit Card REMARKS:				\$3,896.12
ACCT #: Dr. Carlos R. Villalta 204 N. Palmview Dr., Ste. A Mission, TX 78572		DATE INCURRED: 2012 CONSIDERATION: Unpaid rent REMARKS:				\$15,000.00
Representing: Dr. Carlos R. Villalta		Jose M. Martinez, P.C. Attorney-Mediator 3235 N. McColi Road McAllen, TX 78501				Notice Only
ACCT #: Eva Noyola Alaniz 1415 Encantado Cir. Palmview, TX 78572		DATE INCURRED: 1/15/13 CONSIDERATION: Insider Loan REMARKS: Payment made by Mrs. Alaniz to IRS				\$23,950.00
Subtotal >						\$61,380.01
Total >						

3 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 **Heavenly Health Care, LLC**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 #: Eva Noyola Alaniz 1415 Encantado Cir. Palmview, TX 78572		DATE INCURRED: 1/16/13 CONSIDERATION: Insider Loan REMARKS: Payment by Mrs. Alaniz to IRS.				\$34,645.15
ACCT #: Fortress Financial Services, Inc. 937 NW Newport Ave., Suite 210 Bend, OR 97701		DATE INCURRED: 2013 CONSIDERATION: Financial Consulting Services REMARKS:				\$3,000.00
ACCT #: James Jackson 1015 McKee Dr. Edinburg, TX 78539		DATE INCURRED: 2012 CONSIDERATION: Services Rendered REMARKS:				\$2,340.00
ACCT #: xxx0955 National Research Corporation 1245 Q Street Lincoln, NE 68508		DATE INCURRED: 2011-12 CONSIDERATION: Services Rendered REMARKS:				\$2,299.75
ACCT #: Performance Therapeutics 500 Lindberg Avenue McAllen, TX 78501		DATE INCURRED: 2010-11 CONSIDERATION: Services Rendered REMARKS:				\$6,704.50
Representing: Performance Therapeutics		Wyly & Cook, LLP 4101 Washington Ave., 2nd Floor Houston, TX 77007				Notice Only
Subtotal >						\$48,989.40
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. 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.
 In re **Heavenly Health Care, LLC**

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 #: Premier Comprehensive Physical Therapy Center, Inc. 3115 W. Alberta Rd. Edinburg, TX 78539		DATE INCURRED: 2013 CONSIDERATION: Services Rendered REMARKS: *Critical Vendor*				\$2,760.00
ACCT #: Rehab 208 Lindberg Ave. McAllen, TX 78501		DATE INCURRED: 2011 CONSIDERATION: Services Rendered REMARKS:				\$670.00
ACCT #: RGV Therapists, P.C. 1010 E. Tyler Harlingen, TX 78550		DATE INCURRED: 2013 CONSIDERATION: Services Rendered REMARKS: *CRITICAL VENDOR*				\$5,755.00
ACCT #: Therapists That Care, P.L.L.C. 814 Del Oro Ln. Pharr, TX 78577		DATE INCURRED: 2011-12 CONSIDERATION: Services Rendered REMARKS:				\$6,870.00
ACCT #: Therapy at Home 3130 N. 23rd Street McAllen, TX 78501		DATE INCURRED: 11-12 CONSIDERATION: Services Rendered REMARKS:				\$9,865.00
ACCT #: Valente Alaniz, Jr. 1415 Encantado Circle Palmview, TX 78572		DATE INCURRED: CONSIDERATION: Insider Loan REMARKS: *Loan owing to La Joya Credit Union and Paid by Debtor*				\$150.41

Sheet no. 2 of 3 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$26,070.41**

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.)

--

B6F (Official Form 6F) (12/07) - Cont.
 In re **Heavenly Health Care, LLC**

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 #: Velma Alaniz Garcia 1413 Encantado Circle Palmview, TX 78572		DATE INCURRED: CONSIDERATION: Insider Loan REMARKS: *Loan owing to La Joya Credit Union and Paid by Debtor*				\$7,700.31
ACCT #: Vital Therapy Solutions, Inc. 909 N. Jackson Rd. McAllen, TX 78501		DATE INCURRED: 2012 CONSIDERATION: Services Rendered REMARKS:				\$1,239.20
Subtotal >						\$8,939.51
Total >						\$145,379.33

Sheet no. 3 of 3 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.)

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

In re **Heavenly Health Care, LLC**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.
Broadway Premium 1747-22 Veterans Memorial Hwy Islandia, NY 11749	Commercial Insurance Premium Finance Agreement/ Commercial Finance Agreement. Debtor to Assume. Contract to be ASSUMED
CIT Attn: Customer Service P.O. Box 550599 Jacksonville, FL 32255-0599	Copier Lease. Debtor to Assume. Contract to be ASSUMED
Fortress Financial Services, Inc. 937 NW Newport Ave. Suite 210 Bend, OR 97701	Tax Resolution Services Debtor to Reject Contract to be REJECTED
Valente Alaniz, Jr. and Eva N. Alaniz 1415 Encantado Cir Pamview, TX 78572	Commercial Lease Agreement for real property located at 101 Buena Vista Street, Penitas, TX 78576. Debtor to Assume. Contract to be ASSUMED

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

In re **Heavenly Health Care, LLC**

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
<p>Valente Alaniz, Jr. 1415 Encantado Cir Palmview, TX 78572</p>	<p>American Express P.O. Box 650448 Dallas, TX 75265-0448</p>

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

In re **Heavenly Health Care, LLC**

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
_____ **18** _____ 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 **6/3/2013** _____

Signature **/s/ Valente Alaniz, Jr.** _____
Valente Alaniz, Jr.
President

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

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$548,844.63	2013 Year to date Gross Receipts
\$1,869,473.00	2012 Gross Receipts per 1120S Tax Return
\$1,746,716.00	2011 Gross Receipts per 1120S Tax Return

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Internal Revenue Service Austin, Texas	April 24, 2013	\$18,287.02	\$102,745.44

None c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Internal Revenue Service	April 19, 2013	Unknown

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Malaise Law Firm 1265 North Expressway 83 Brownsville, TX 78520	May 17, 2013	\$4,491.25 towards pre bkr filing fees and expenses \$508.75 towards chapter 11 retainer \$5,000.00 TOTAL PAID
Fortress Financial Services, Inc. 937 NW Newport Ave., Suite 210 Bend, OR 97701	April 23, 2013	\$1,250.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

15. Prior address of debtor

None If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None 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 EIGHT YEARS 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.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

**NAME, ADDRESS, AND LAST FOUR DIGITS OF
SOCIAL-SECURITY OR OTHER INDIVIDUAL
TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

NATURE OF BUSINESS**BEGINNING AND ENDING
DATES**

**Heavenly Health Care, LLC
101 Buena Vista Street, Suite A
Penitas, TX 78576-2247
EIN # 30-0345009**

**Home health care and provider
services**

**LLC formed
September 1, 2005
thru present date**

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS**DATES SERVICES RENDERED**

**Reynaldo Hinojosa, CPA
5417 N. McColl Rd.
McAllen, TX 78504**

2012 to present date

**Pete D. Morales
Capital Tax Services
1618 Pecan Blvd.
McAllen, TX 78501**

2005 thru 2011

None b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
Ana N. Alaniz 406 Bazan Court Palmview, TX 78574	Member	22.5%
Eva N. Alaniz 1415 Encantado Circle Palmview, TX 78572	Member	5%
Magaly Alaniz 1415 Encantado Circle Palmview, TX 78572	Member	22.5%
Valente Alaniz, Jr. 1415 Encantado Circle Palmview, TX 78572	Member	5%
Valinda E. Alaniz 1503 Mockingbird Lane Palmview, TX 78572	Member	22.5%
Velma Alaniz Garcia 1413 Encantado Circle Palmview, TX 78572	Director / Member	22.5%

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

B7 (Official Form 7) (04/13)

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

In re: **Heavenly Health Care, LLC**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 6

None b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date 6/3/2013

Signature /s/ Valente Alaniz, Jr.
Valente Alaniz, Jr.
President

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

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

B 8 (Official Form 8) (12/08)

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

IN RE: **Heavenly Health Care, LLC**

CASE NO

CHAPTER **11**

CHAPTER 11 STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: None	Describe Property Securing Debt:
<p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):</p>	
<p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Broadway Premium 1747-22 Veterans Memorial Hwy Islandia, NY 11749	Describe Leased Property: Commercial Insurance Premium Finance Agreement/ Commercial Finance Agreement. Debtor to Assume.	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Property No. 2	Lessor's Name: CIT Attn: Customer Service P.O. Box 550599 Jacksonville, FL 32255-0599	Describe Leased Property: Copier Lease. Debtor to Assume.
		Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

B 8 (Official Form 8) (12/08)

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

IN RE: **Heavenly Health Care, LLC**

CASE NO

CHAPTER **11**

CHAPTER 11 STATEMENT OF INTENTION

Continuation Sheet No. 1

Property No. 3		
Lessor's Name: Fortress Financial Services, Inc. 937 NW Newport Ave. Suite 210 Bend, OR 97701	Describe Leased Property: Tax Resolution Services Debtor to Reject	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Property No. 4		
Lessor's Name: Valente Alaniz, Jr. and Eva N. Alaniz 1415 Encantado Cir Pamview, TX 78572	Describe Leased Property: Commercial Lease Agreement for real property located at 101 Buena Vista Street, Penitas, TX 78576. Debtor to Assume.	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 6/3/2013

Signature /s/ Valente Alaniz, Jr.
Valente Alaniz, Jr.
President

Date _____

Signature _____

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

IN RE: **Heavenly Health Care, LLC**

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 6/3/2013

Signature /s/ Valente Alaniz, Jr.
Valente Alaniz, Jr.
President

Date _____

Signature _____

American Express
P.O. Box 650448
Dallas, TX 75265-0448

Ana N. Alaniz
406 Bazan Court
Palmview, TX 78574

Bank of America
P.O. Box 982238
El Paso, TX 79998-2238

Broadway Premium
1747-22 Veterans Memorial Hwy
Islandia, NY 11749

CIT
Attn: Customer Service
P.O. Box 550599
Jacksonville, FL 32255-0599

City of Penitas
Hidalgo County Tax Office
P.O. Box 178
Edinburg, TX 78540

Dr. Carlos R. Villalta
204 N. Palmview Dr., Ste. A
Mission, TX 78572

Eva Noyola Alaniz
1415 Encantado Cir.
Palmview, TX 78572

Eva Noyola Alaniz
1415 Encantado Cir.
Palmview, TX 78572

Fortress Financial Services, Inc.
937 NW Newport Ave., Suite 210
Bend, OR 97701

Fortress Financial Services, Inc.
937 NW Newport Ave.
Suite 210
Bend, OR 97701

Hidalgo County & Hidalgo Drainage Dist#1
P.O. Box 178
Edinburg, TX 78540

Internal Revenue Service
Special Procedures
300 East 8th St., STOP 5026AUS
Austin, TX 78701

James Jackson
1015 McKee Dr.
Edinburg, TX 78539

Jose M. Martinez, P.C.
Attorney-Mediator
3235 N. McColl Road
McAllen, TX 78501

La Joya I.S.D. Tax Office
c/o Hidalgo County Tax Office
P.O. Box 178
Edinburg, TX 78540

National Research Corporation
1245 Q Street
Lincoln, NE 68508

Performance Therapeutics
500 Lindberg Avenue
McAllen, TX 78501

Premier Comprehensive Physical
Therapy Center, Inc.
3115 W. Alberta Rd.
Edinburg, TX 78539

Rehab
208 Lindberg Ave.
McAllen, TX 78501

RGV Therapists, P.C.
1010 E. Tyler
Harlingen, TX 78550

South Texas College
Hidalgo County Tax Assessor-Collector
P.O. Box 178
Edinburg, TX 78540

South Texas I.S.D.
Hidalgo County Tax Assessor-Collector
P.O. Box 178
Edinburg, TX 78540

TEXAS WORKFORCE COMMISSION
ATTN: CASHIER
P.O. BOX 149080
AUSTIN, TX 78714-9080

Therapists That Care, P.L.L.C.
814 Del Oro Ln.
Pharr, TX 78577

Therapy at Home
3130 N. 23rd Street
McAllen, TX 78501

Valente Alaniz, Jr.
1415 Encantado Circle
Palmview, TX 78572

Valente Alaniz, Jr.
1415 Encantado Cir
Palmview, TX 78572

Valente Alaniz, Jr. and Eva N. Alaniz
1415 Encantado Cir
Pamview, TX 78572

Velma Alaniz Garcia
1413 Encantado Circle
Palmview, TX 78572

Vital Therapy Solutions, Inc.
909 N. Jackson Rd.
McAllen, TX 78501

Wyly & Cook, LLP
4101 Washington Ave., 2nd Floor
Houston, TX 77007