

**United States Bankruptcy Court
 Western District of Texas El Paso Division**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Jose J. Silva, M.D., P.A.	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): None	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): EIN: 74-2648333	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State) 125 W. Hague #170 El Paso, TX	Street Address of Joint Debtor (No. and Street, City, and State)
ZIPCODE 79902	ZIPCODE
County of Residence or of the Principal Place of Business: El Paso	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above): ZIPCODE

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.	Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business 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).
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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	

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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Jose J. Silva, M.D., P.A.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	NONE	Case Number:	Date Filed:
Location Where Filed:	N.A.	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	NONE	Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A		Exhibit B	
(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) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		(To be completed if debtor is an individual whose debts are primarily consumer debts) 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 delivered to the debtor the notice required by 11 U.S.C. § 342(b). X _____ Signature of Attorney for Debtor(s) Date	
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 federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following)			

(Name of landlord that obtained judgment)			

(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

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B1 (Official Form 1) (04/13)

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Jose J. Silva, M.D., P.A.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.


Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney*

X 
Signature of Attorney for Debtor(s)

E P BUD KIRK
Printed Name of Attorney for Debtor(s)

Firm Name

Terrace Gardens
Address

600 Sunland Park Dr., #4-400 El Paso, TX 79912

(915) 584-3773
Telephone Number

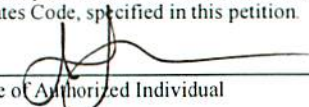
January 8, 2014
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X 
Signature of Authorized Individual

JOSE J. SILVA, M.D.
Printed Name of Authorized Individual

President
Title of Authorized Individual

1/8/2014
Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

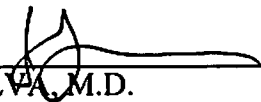
**UNANIMOUS CONSENT
OF THE SHAREHOLDERS AND DIRECTORS OF
JOSE J. SILVA, M.D., P.A.**

The undersigned being all of the sole shareholders and all of the directors of **JOSE J. SILVA, M.D., P.A.**, a Professional Association, acting without a meeting pursuant to the Business Corporation Act of the State of Texas, do hereby unanimously adopt the following resolutions with the same force and effect as if they had been adopted at duly called regular meetings of the directors and shareholders of **JOSE J. SILVA, M.D., P.A.**

RESOLVED, That in view of the adverse financial condition of this corporation, this corporation file a proceeding under Chapter 11 of the Bankruptcy Code.

FURTHER RESOLVED, That Jose J. Silva, M.D., as President of this corporation is authorized to sign the bankruptcy documents and to do all things necessary and proper in the course of the bankruptcy proceedings to effectuate either reorganization of the corporation or an orderly plan of liquidation.

EXECUTED as of the 8 day of January, 2014.

/s/ 


JOSE J. SILVA, M.D.

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
EL PASO DIVISION

STATEMENT

Petitioners are qualified to file this Petition and are entitled to the benefits of Title 11, United States Code as voluntary debtors, having not been debtors in a case pending under this Title at any time in the preceding 180 days in which the case was dismissed by the Court for willful failure to abide by orders of the Court, or to appear before the Court in the proper prosecution of the case, or in a case where the voluntary dismissal of a case was requested and obtained following the filing of a request for relief from the automatic stay provided by Section 362 of Title 11, United States Code.

JOSE J. SILVA, M.D., P.A.

By: /s/ 
JOSE J. SILVA, M.D.
Its: President

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
EL PASO DIVISION

In re
JOSE J. SILVA, M.D., P.A.
Debtor.

§
§
§ No.
§
§

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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

For legal services, I have agreed to accept	\$300.00/hr.
Prior to the filing of this statement I have received	\$1,995.00
Balance Due	Hourly as earned.
Amount of filing fee remaining to be paid	\$0.00

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

X Debtor _____ Other (Specify)

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

_____ Debtor _____ Other (Specify)

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

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

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing (if any), and any adjourned hearings thereof;
- d. Representation of the debtor in contested bankruptcy matters as those are defined under the Bankruptcy Rules.
- e. [Other provisions as needed] Not applicable.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Any adversary proceedings (if applicable) to accomplish a turnover, avoid a transfer, or litigate dischargeability or discharge. Also, the fees do not cover any services necessary to cure post-petition defaults to secured creditors.

AGREED TO BY THE DEBTOR(S):

Date: 1/8/2014

JOSE J. SILVA, M.D., P.A.

By: /s/ [Signature]

JOSE J. SILVA, M.D.

Its: President

CERTIFICATION

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

1-8-14
Date

[Signature]

E.P. BUD KIRK
Texas State Bar No. 11508650
6006 N. Mesa, Suite 806
El Paso, Texas 79912
(915) 584-3773
(915) 581-3452 facsimile
Attorney for the Debtor

UNITED STATES BANKRUPTCY COURT
Western District of Texas

In re

JOSE J. SILVA, M.D., P.A.
Debtor.

Case No.

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 from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	# OF SHEETS	ASSETS	LIABILITIES	OTHER
A. Real Property					
B. Personal Property					
C. Property Claimed as Exempt			This is an emergency filing. Schedules and a Statement of Affairs will be filed within 14 days of filing of the Emergency Voluntary Petition.		
D. Creditors Holding Secured Claims					
E. Creditors Holding Unsecured Priority Claims					
F. Creditors Holding Unsecured Non-Priority Claims					
G. Executory Contracts and Unexpired Leases					
H. Codebtors					
I. Current Income of Individual Debtor(s)					
J. Current Expenditures of Individual Debtor(s)					
Total Number of Sheets in ALL Schedules ▶					
			Total Assets ▶ \$		
			Total Liabilities ▶ \$		

Altera Providence, LLC
P.O. Box 678572
Dallas, TX 75267-8572

Attorney General of the U.S. Department
of Justice
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Washington, DC 20530

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c/o Bank of North America
P.O. Box 78066
Phoenix, AZ 85062-8066

Commercial Records Center
205 Ange
El Paso, TX 79901

Dr. Roger Belbel
7430 Remcon
El Paso, TX 79912

Guadalupe Silva
125 Colina Alta
El Paso, TX 79912

Internal Revenue Service
Special Procedures Branch
300 E. 8th Street
Austin, TX 78701

Joe Santos
5400 Alameda
El Paso, TX 79905

Medical Arts Press
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Philadelphia, PA 19101-0607

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El Paso, TX 79905

Pitney-Bowes
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Rafael Aguirre
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101 E. 15 Street
Austin, TX 78701

U.S. Attorney
601 N.W. Loop 410, Ste. 600
San Antonio, TX 78216

Waste Management
P.O. Box 660345
Dallas, TX 75266

West Texas Medical Specialties, Inc.
P.O. Box 9978
El Paso, TX 79990-9978

**UNITED STATES BANKRUPTCY COURT
Western District of Texas El Paso Division**

In re Jose J. Silva, M.D., P.A.
Debtor

Case No. _____

Chapter 11

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 2 pages, is true, correct and complete to the best of my knowledge.

Date 1/8/2014

Signature /s/
JOSE J. SILVA, M.D., P.A.
President