

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**WESTERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

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

1. Debtor's name Acquire Healthcare, LLC

2. All other names debtor used in the last 8 years dba Premier Home Health Care; dba Premier Hospice

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 2 0 - 4 5 1 4 2 1 3

4. Debtor's address **Principal place of business** **Mailing address, if different from principal place of business**

7400 Louis Pasteur, Suite 101  
Number Street

9331 Bartlett Falls  
Number Street

P.O. Box

San Antonio TX 78229  
City State ZIP Code

San Antonio TX 78250  
City State ZIP Code

Bexar  
County

**Location of principal assets, if different from principal place of business**

Number Street

City State ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor  
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor **Acquire Healthcare, LLC**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

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

B. Check all that apply:

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>

\_\_\_\_\_

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

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

- No
- Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor **Acquire Healthcare, LLC**

Case number (if known) \_\_\_\_\_

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

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

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

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

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

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

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

- No
- Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor Acquire Healthcare, LLC Case number (if known) \_\_\_\_\_

- |  |   |  |  |
|--|---|--|--|
| <b>14. Estimated number of creditors</b> | <input checked="" type="checkbox"/> 1-49                  | <input type="checkbox"/> 1,000-5,000                 | <input type="checkbox"/> 25,001-50,000                 |
|  | <input type="checkbox"/> 50-99                            | <input type="checkbox"/> 5,001-10,000                | <input type="checkbox"/> 50,001-100,000                |
|  | <input type="checkbox"/> 100-199                          | <input type="checkbox"/> 10,001-25,000               | <input type="checkbox"/> More than 100,000             |
|  | <input type="checkbox"/> 200-999                          |  |  |
| <b>15. Estimated assets</b>              | <input checked="" type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
|  | <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
|  | <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
|  | <input type="checkbox"/> \$500,001-\$1 million            | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
| <b>16. Estimated liabilities</b>         | <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
|  | <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
|  | <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
|  | <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part X: Request for Relief, Declaration, and Signatures**

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

**17. Declaration and signature of authorized representative of debtor**      The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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

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

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

Executed on 01/13/2016  
MM / DD / YYYY

**X /s/ Mariles Miralles** \_\_\_\_\_ **Mariles Miralles** \_\_\_\_\_  
Signature of authorized representative of debtor      Printed name  
Title **President** \_\_\_\_\_

**18. Signature of attorney**      **X /s/ David T. Cain** \_\_\_\_\_ Date 01/13/2016  
Signature of Attorney for Debtor      MM / DD / YYYY

**David T. Cain** \_\_\_\_\_  
Printed name  
**Law Office of David T. Cain** \_\_\_\_\_  
Firm Name  
**8610 N New Braunfels, Suite 309** \_\_\_\_\_  
Number      Street

**San Antonio** \_\_\_\_\_ **TX** \_\_\_\_\_ **78217** \_\_\_\_\_  
City      State      ZIP Code

Contact phone (210) 308-0388      Email address caindt@swbell.net

**03598800** \_\_\_\_\_ **TX** \_\_\_\_\_  
Bar number      State

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
SAN ANTONIO DIVISION**

IN RE: **Acquire Healthcare, 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 1/13/2016

Signature */s/ Mariles Miralles*  
*Mariles Miralles*  
*President*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Ability Network, Inc.  
Dept. CH 16577  
Palatine, IL 60055

Carvajal Pharmacy  
119 Huizar, Rear  
San Antonio, TX 78214

Centers for Medicare & Medicaid Svcs  
c/o Palmetto GBA, LLC  
P.O. Box 100277  
Columbia, SC 29202

Dealers First Financial, LLC  
P.O. Box 218649  
Houston, TX 77218

Fazzi Associates, Inc.  
11 Village Hill Rd., Ste. 101  
Northampton, MA 01060

Health Care Service Corporation  
P.O. Box 731428  
Dallas, TX 75373

HealthCare ConsultLink  
P.O. Box 164729  
Ft. Worth, TX 76161

Healthcarefirst  
c/o Wells Fargo  
P.O. Box 202975  
Dallas, TX 75320

HEALTHCAREfirst  
1343 E. Kingsley St., Ste. A  
Springfield, MO 65804

Interface  
3773 Corporate Center Dr.  
Earth City, MO 63045

Internal Revenue Service  
Special Procedures-Insolvency  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
Attn.: Special Procedures  
300 E. 8th St., STOP5022AUS  
Austin, TX 78701

JAB Communications Exchange  
900 N.E. Loop 410, Ste. 429-D  
San Antonio, TX 78209

Kingville Home Rehab Services, Inc.  
100 E. Kleberg Ave.  
Kingsville, TX 78363

Kinnser Software  
Attn.: Accounting  
2600 Via Fortune Dr., Ste. 150  
Austin, TX 78746

Northeast Rehabilitation  
603 Corinne Dr.  
San Antonio, TX 78218

Oakdell Office Center  
7400 Louis Pasteur  
San Antonio, TX 78229

Silverline Services, Inc.  
1334 Peninsula Blvd., Ste. 160  
Hewlett, NY 11557

Stericycle, Inc.  
P.O. Box 6575  
Carol Stream, IL 60197

The Business Backer  
10101 Alliance Rd., Ste. 140  
Cincinnati, OH 45242

The MPS Group  
12020 Warfield St.  
San Antonio, TX 78216

The StateServ Companies, LLC  
2130 East University  
Tempe, AZ 85281