

**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) 20 - 45 1 4 2 1 3

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>7400 Louis Pasteur, Suite 101</u> Number Street	<u>9331 Bartlett Falls</u> Number Street
		P.O. Box
	<u>San Antonio TX 78229</u> City State ZIP Code	<u>San Antonio TX 78250</u> City State ZIP Code

<u>Bexar</u> 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

No

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

- Yes. District **Western District of Texas** When **01/13/2016** Case number **16-50113**  
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?  No  Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
Case number, if known \_\_\_\_\_ MM / DD / YYYY

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

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 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 checked="" 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 checked="" 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        |

**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 09/21/2016  
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 09/21/2016  
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

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

Debtor name Acquire Healthcare, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

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

Check if this is an amended filing

Official Form 204

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Centers for Medicare & Medicaid Svcs c/o Palmetto GBA, LLC P.O. Box 100277 Columbia, SC 29202		Medicare Overpayment	Disputed			\$800,000.00
2	Internal Revenue Service Special Procedures- Insolvency P.O. Box 7346 Philadelphia, PA 19101- 7346		Taxes				\$289,000.00
3	The Business Backer 10101 Alliance Rd., Ste. 140 Cincinnati, OH 45242		Vendor				\$106,708.15
4	Silverline Services, Inc. 1334 Peninsula Blvd., Ste. 160 Hewlett, NY 11557		Loan				\$60,000.00
5	The StateServ Companies, LLC 2130 East University Tempe, AZ 85281		Vendor				\$52,346.88

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

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6 Kabbage 925B Peach Tree N.E., # 1688 Atlanta, GA 30309		SBA Loan				\$14,190.00
7 Allscripts 8529 Six Forks Raleigh, NC 27615		Services				\$12,919.83
8 Medical Wholesale, Inc. 1211 Arion Pkwy, #118 San Antonio, TX 78216		Services				\$11,471.00
9 Kingville Home Rehab Services, Inc. 100 E. Kleberg Ave. Kingsville, TX 78363		Vendor				\$9,000.00
10 Northeast Rehabilitation 603 Corine Dr San Antonio, Texas 78218		Services				\$7,054.00
11 Law Office of David T. Cain 8610 N New Braunfels, Suite 309 San Antonio, Texas 78217		Attorney Fees				\$5,000.00
12 Carvajal Pharmacy 119 Huizar, Rear San Antonio, TX 78214		Vendor				\$4,421.96
13 Mark Kennedy 12222 Merit Dr. Ste 1750 San Antonio, Texas 75251		Services				\$3,600.00

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

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14 National HME 7451 Airport Freeway Richland Hill, TX 76118		Services				\$2,905.00
15 Healthcare First c/o Wells Fargo P.O. Box 202975 Dallas, TX 75320		Vendor				\$2,760.94
16 Northeast Rehabilitation 603 Corinne Dr. San Antonio, TX 78218		Vendor				\$2,750.72
17 Kinnser Software Attn.: Accounting 2600 Via Fortune Dr., Ste. 150 Austin, TX 78746		Vendor				\$2,591.46
18 Metro Ambulance 129 Commercial Pl. Schertz, TX 78154		Services				\$1,740.00
19 Aflac 1932 Wynnton Rd. Columbus, GA 31999		Vendor				\$1,200.00
20 Texas Dept. of Aging and Disability PO Box 149030 Austin, Texas 78714		Overpayment				\$1,197.00

**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 9/21/2016

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

Date \_\_\_\_\_

Signature \_\_\_\_\_



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

Aflac  
1932 Wynnton Rd.  
Columbus, GA 31999

Allscripts  
8529 Six Forks  
Raleigh, NC 27615

Ann Skowronski  
Texas Dept. of Aging & D  
Mail Code W-615  
701 W 51st Street  
Austin, TX 78751

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

Healthcare First  
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

Kabbage  
925B Peach Tree N.E., #1688  
Atlanta, GA 30309

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

Law Office of David T. Cain  
8610 N New Braunfels, Suite 309  
San Antonio, Texas 78217

Mark Kennedy  
12222 Merit Dr. Ste 1750  
San Antonio, Texas 75251

Medical Wholesale, Inc.  
1211 Arion Pkwy, #118  
San Antonio, TX 78216

Metro Ambulance  
129 Commercial Pl.  
Schertz, TX 78154

National HME  
7451 Airport Freeway  
Richland Hill, TX 76118

Northeast Rehabilitation  
603 Corine Dr  
San Antonio, Texas 78218

Northeast Rehabilitation  
603 Corinne Dr.  
San Antonio, TX 78218

Oakdell Office Center  
7400 Louis Pasteur  
San Antonio, TX 78229

Optum360  
P.O. Box 88050  
Chicago, IL 60680

Palmetto GBA  
2300 Spring Dr.  
Camden, SC 29020

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

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

Texas Dept. of Aging and Disability  
PO Box 149030  
Austin, Texas 78714

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