

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

04/16

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 Saldivar Home Health Inc.

2. All other names debtor used in the last 8 years

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

3. Debtor's federal Employer Identification Number (EIN) 4 3 - 1 9 9 3 0 4 0

4. Debtor's address

	Principal place of business	Mailing address, if different from principal place of business
--	------------------------------------	---

9862 Lorene Ste. 101
Number Street

P.O. Box 3531
Number Street

P.O. Box

San Antonio TX 78216
City State ZIP Code

Alice TX 78333
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) www.scstx.us

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Saldivar Home Health Inc.**

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.uscourts.gov/four-digit-national-association-naics-codes>

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 \$2,566,050 (amount subject to adjustment on 4/01/19 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 Saldivar Home Health Inc. 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

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

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

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 Saldivar Home Health Inc. Case number (if known) _____

- | | | | |
|--|--|--|--|
| 14. Estimated number of creditors | <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 | | |
| 15. Estimated assets | <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 |
| 16. Estimated liabilities | <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 |

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 11/08/2016
MM / DD / YYYY

X /s/ Basil P. Casteleyn Jr. Basil P. Casteleyn Jr.
Signature of authorized representative of debtor Printed name

Title COO

18. Signature of attorney **X /s/ Dean W. Greer** Dean W. Greer Date 11/08/2016
Signature of attorney for debtor MM / DD / YYYY

Dean W. Greer
Printed name

Dean W. Greer
Firm name

2929 Mossrock, Suite 117
Number Street

San Antonio TX 78230
City State ZIP Code

(210) 342-7100 dwgreer@sbcglobal.net
Contact phone Email address

08414100 _____
Bar number State

Fill in this information to identify the case:

Debtor name Saldivar Home Health Inc.

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		
					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
1	Palmetto GBA LLC 8300 Springdale Drive Camden South Carolina 29020		Business Debt	Disputed			\$2,964,025.00
2	Internal Revenue Service PO Box 7346 Philadelphia PA 19101- 7346		Taxes				\$300,000.00
3	Walsh Anderson Brown Gallegos & Green PO Box 2156 Austin TX 78768		Business Debt				\$65,169.70
4	Direct Rehab Inc 1635 NE Loop 410 Ste 506 San Antonio TX 78209		Business Debt				\$19,455.00
5	Moreno Physical Therapy 3632 Josefina Dr. Laredo TX 78041		Business Debt				\$16,300.00

Debtor Saldivar Home Health Inc. 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 Alianz Medical Inc. 9858 Gades Road Ste D3-114 Boca Raton FL 33434		Business Debt				\$15,372.26
7 Gulf South Medical Supply PO Box 841968 Dallas TX 75284-1968		Business Debt				\$9,560.79
8 Palmier Comprehensive Physical Therapy 3115 W Alberta Rd. Edinburg TX 78539		Business Debt				\$9,350.00
9 RGV Therapists PC 1617 E Tyler Avenue Ste F Harlingen TX 78550		Business Debt				\$5,319.67
10 Allegro Medical 360 Veterans Pkwy Ste 115 Bolingbrook IL 60440		Business Debt				\$3,487.57
11 Homeline Medical Inc 14906 Collections Center Dr. Chicago IL 60693		Business Debt				\$3,066.52
12 Laredo Sports Medicine Clinic 9652 McPherson Ste 12 Laredo TX 78045		Business Debt				\$1,880.00
13 Elizabeth H Hogur Esq. 107 Guilford Summerville SC 29483		Business Debt				\$1,680.00

Debtor Saldivar Home Health Inc. 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	Homecare Dimensions Inc 12500 Network Blvd. # 210 San Antonio TX 78249-3301		Business Debt				\$1,637.96
15	American Specialty Advertising 899 Skokie Blvd Ste 112 Northbrook IL 60062		Business Debt				\$1,248.57
16	HomeCare Medical Equipment 401 Flournoy Rd Alice TX 78332		Business Debt				\$1,156.90
17	Decision Health PO Box 9405 Gaithersburg MD 20898-9405		Business Debt				\$826.85

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

IN RE: **Saldivar Home Health Inc.**

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 11/8/2016

Signature */s/ Basil P. Casteleyn Jr.*
Basil P. Casteleyn Jr.
COO

Date _____

Signature _____

Alianz Medical Inc.
9858 Gades Road Ste D3-114
Boca Raton FL 33434

Allegro Medical
360 Veterans Pkwy Ste 115
Bolingbrook IL 60440

American Specialty Advertising
899 Skokie Blvd Ste 112
Northbrook IL 60062

Attorney General of the U.S.
10th & Const. Ave. N.W.#5111
Washington, D.C. 20530

Decision Health
PO Box 9405
Gaithersburg MD 20898-9405

Direct Rehab Inc
1635 NE Loop 410 Ste 506
San Antonio TX 78209

Elizabeth H Hogur Esq.
107 Guilford
Summerville SC 29483

Gulf South Medical Supply
PO Box 841968
Dallas TX 75284-1968

Homecare Dimensions Inc
12500 Network Blvd. #210
San Antonio TX 78249-3301

HomeCare Medical Equipment
401 Flournoy Rd
Alice TX 78332

Homeline Medical Inc
14906 Collections Center Dr.
Chicago IL 60693

Internal Revenue Service
PO Box 7346
Philadelphia PA 19101-7346

Internal Revenue Service
P. O. Box 21126
Philadelphia, PA 19114

Laredo Sports Medicine Clinic
9652 McPherson Ste 12
Laredo TX 78045

Moreno Physical Therapy
3632 Josefina Dr.
Laredo TX 78041

Palmetto GBA LLC
8300 Springdale Drive
Camden South Carolina 29020

Palmier Comprehensive Physical Therapy
3115 W Alberta Rd.
Edinburg TX 78539

RGV Therapists PC
1617 E Tyler Avenue Ste F
Harlingen TX 78550

U. S. Attorney/IRS
601 N. W. Loop 410, Suite 600
San Antonio, Texas 78295-1539

U. S. Trustee
615 E. Houston St. Room 533
San Antonio, Texas 78205

Walsh Anderson Brown Gallegos & Green
PO Box 2156
Austin TX 78768