

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 Anew You Medical Weight Loss and Spa PLLC

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 7 - 4 2 2 4 6 7 7

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

14602 Huebner Rd #100
Number Street

Number Street

P.O. Box

San Antonio TX 78230
City State ZIP Code

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: _____

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.

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 **Anew You Medical Weight Loss and Spa PLLC**

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 07/28/2017
MM / DD / YYYY

X /s/ Margaret Sheryl Wehner _____ **Margaret Sheryl Wehner** _____
Signature of authorized representative of debtor Printed name

Title **Managing Member** _____

18. Signature of attorney **X /s/ J. Todd Malaise** _____ Date **07/28/2017** _____
Signature of attorney for debtor MM / DD / YYYY

J. Todd Malaise _____
Printed name

Malaise Law Firm _____
Firm name

909 NE Loop 410, STE 300 _____
Number Street
San Antonio TX, 78209 _____

City State ZIP Code

(210) 732-6699 _____
Contact phone Email address

00796984 _____
Bar number State

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

In re **Anew You Medical Weight Loss and Spa PLLC**

Case No. _____

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 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 is as follows:

For legal services, I have agreed to accept.....	<u>\$10,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$10,000.00</u>
Balance Due.....	<u>\$0.00</u>

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

- Debtor
- Other (specify)
Margaret Sheryl Wehner

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

- Debtor
- Other (specify)

- 4. 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 another 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, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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

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.

07/28/2017

Date

/s/ J. Todd Malaise

J. Todd Malaise

Malaise Law Firm

909 NE Loop 410, STE 300

San Antonio TX, 78209

Phone: (210) 732-6699 / Fax: (210) 732-5826

Bar No. 00796984

/s/ Margaret Sheryl Wehner

Margaret Sheryl Wehner
Managing Member

Fill in this information to identify the case:

Debtor name **Anew You Medical Weight Loss and Spa PLLC**
 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 TCP-Alto Olmos Creek, LLC 500 North Akard Street, Sutie 3240 Dallas, TX 75201		Lease				\$967,980.00
2 Frost Bank SA Medical Finaicial Center P.O. Box 1600 San Antonio, TX 78296		Business Debt				\$860,000.00
3 O'Banion Capitol P.O. Box 941489 Plano, TX 75094		Lease				\$216,000.00
4 Ascentium Capital LLC 23970 Hwy 59 N Kingwodd, TX 77339		Business Debt				\$174,245.00
5 Balboa Capital 575 Anton Blvd., 12th Floor Costa Mesa, CA 92626		Business Debt				\$93,171.62

Debtor

Anew You Medical Weight Loss and Spa PLLC

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	Great America Financial Services 625 First Street S.E. # 800 Cedar Rapids, IA 52401		Business Debt				\$71,556.00
7	Clear Channel Outdoor 200 E Basse Rd San Antonio, TX 78209		Business Debt				\$60,000.00
8	Heartland Business Credit 390 Union bBvd, Sutie 600 Lakewood, CO 80228		Business Debt				\$32,661.50
9	Sinclair Broadcast Group 10706 Beaver Damn Rd Hunt Valley, MD 21030		Business Debt				\$32,000.00
10	Partners Capital Group 201 Sandpointe Ave Suite 500 Santa Ana, CA 92707		Business Debt				\$24,449.58
11	Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		Taxes				\$20,300.97
12	Icon Health and Fitness Gym Equipment P.O. Box 99661 Chicago, IL 60693		Business Debt				\$16,281.63
13	Allergan 2500 Michelson Dr, Irvine, CA 92612		Business Debt				\$14,000.00

Debtor

Anew You Medical Weight Loss and Spa PLLC

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	2Ten Marketing 26354 Hackney Lane San Antonio, TX 78260		Business Debt				\$7,000.00
15	McKesson Corporation 4345 Southpoint Blvd. Jacksonville, FL 32216-6166		Business Debt				\$6,000.00
16	Comptroller of Public Accounts PO Box 149355 Austin, TX 78714		Sales Tax				\$2,000.00
17	Offenhauser & Co 518 Pine St. Texarkana, TX 75501		Business Debt				\$1,500.00
18	Pathway Genomics Corp.. 4755 Nexus Center Drive San Diego, CA 92121		Business Debt				\$1,000.00

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

IN RE: **Anew You Medical Weight Loss and Spa PLLC**

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 7/28/2017

Signature */s/ Margaret Sheryl Wehner*
Margaret Sheryl Wehner
Managing Member

Date _____

Signature _____

2Ten Marketing
26354 Hackney Lane
San Antonio, TX 78260

Allergan
2500 Michelson Dr,
Irvine, CA 92612

Ascentium Capital LLC
23970 Hwy 59 N
Kingwood, TX 77339

Balboa Capital
575 Anton Blvd., 12th Floor
Costa Mesa, CA 92626

BHG Inc.
10234 W. State Road 84
Davie Fla 33324

Clear Channel Outdoor
200 E Basse Rd
San Antonio, TX 78209

Comptroller of Public Accounts
PO Box 149355
Austin, TX 78714

Frost Bank
SA Medical Financial Center
P.O. Box 1600
San Antonio, TX 78296

Great America Financial Services
625 First Street S.E. #800
Cedar Rapids, IA 52401

Heartland Business Credit
390 Union bBvd, Sutie 600
Lakewood, CO 80228

Icon Health and Fitness Gym Equipment
P.O. Box 99661
Chicago, IL 60693

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

Leslie Lutrell
100 N.E. Loop 410, Suite 615
San Antonio, TX 78216

Margaret Sheryl Wehner
1004 Wurzbach, #133
San Antonio, TX 78230

McKesson Corporation
4345 Southpoint Blvd.
Jacksonville, FL 32216-6166

O'Banion Capitol
P.O. Box 941489
Plano, TX 75094

Offenhauser & Co
518 Pine St.
Texarkana, TX 75501

Partners Capital Group
201 Sandpointe Ave Suite 500
Santa Ana, CA 92707

Pathway Genomics Corp..
4755 Nexus Center Drive
San Diego, CA 92121

Sinclair Broadcast Group
10706 Beaver Damn Rd
Hunt Valley, MD 21030

TCP-Alto Olmos Creek, LLC
500 North Akard Street, Suite 3240
Dallas, TX 75201