B1 (Official)	Form 1)(4/1	10)										
			United S Eas		s Bankr District of						Volunta	ry Petition
Name of Debtor (if individual, enter Last, First, Middle): Access Home Care, Inc.				Name	of Joint De	ebtor (Spouse)	(Last, First	, Middle):				
All Other Na (include mar			or in the last 8 e names):	years					used by the J maiden, and		in the last 8 years):	
Last four dig (if more than one 20-1567	e, state all)	Sec. or Indi	ividual-Taxpa	yer I.D. (ITIN) No./Co	omplete EI	N Last for	our digits of than one, state	f Soc. Sec. or	· Individual-	Гахрауег I.D. (ITIN	N) No./Complete EIN
Street Addre	ess of Debto chmond h	*	Street, City, a	nd State):	:	ZIP Code	Street	Address of	Joint Debtor	(No. and St	reet, City, and State	z): ZIP Code
					2	2306	\dashv L					Zii Code
Fairfax			cipal Place of		s:					•	ace of Business:	
Mailing Add	iress of Deb	tor (if diffe	erent from stre	et addres	s):		Mailin	g Address	of Joint Debte	or (if differe	nt from street addre	ess):
					_	ZIP Code						ZIP Code
I coation of	Principal A	- acts of Rus	siness Debtor									
(if different	from street a	address abo	ve):									
	• •	f Debtor				f Business one box)					otcy Code Under Viled (Check one box	
See Exhi	(Form of Organization) (Check one box) ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership			 Health Care Business Single Asset Real Estate as defin 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank 		defined	☐ Chapte ☐ Chapte ☐ Chapte ☐ Chapte ☐ Chapte	er 7 er 9 er 11 er 12	Control Control Control	hapter 15 Petition fo a Foreign Main Pr hapter 15 Petition fo a Foreign Nonmain	for Recognition roceeding for Recognition	
	s box and state			☐ Other Tax-Exempt Entity (Check box, if applicable) ☐ Debtor is a tax-exempt organiza under Title 26 of the United Stat Code (the Internal Revenue Cod		e) anization d States	States "incurred by an individual primarily for					
	Fil	ing Fee (C	heck one box	.)		Check (one box:	<u> </u>	Chap	ter 11 Debt	ors	
■ Full Filing Fee attached □ 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				Debtor is not if: Debtor's aggr	a small busing	ntingent liquida	defined in 11 to	U.S.C. § 101(51D). cluding debts owed to	insiders or affiliates) of three years thereafter).			
Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Acceptances	ng filed with of the plan w		repetition from	one or more classes of	of creditors,			
Debtor e	estimates tha	t funds will it, after any	nation l be available exempt prope for distribution	erty is exc	cluded and a	dministrativ		es paid,		THIS	SPACE IS FOR COU	JRT USE ONLY
Estimated No.	Tumber of Cr	reditors 100- 199	200-	1,000- 5,000	5,001-	10,001-	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated As	\$50,001 to \$100,000	\$100,001 to \$500,000	to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50	\$50,000,001 to \$100	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion			
Estimated Li \$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50	\$50,000,001 to \$100	\$100,000,001 to \$500 million					

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Access Home Care, Inc. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission 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 pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. 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? Yes, and Exhibit C is attached and made a part of this petition. 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.) ☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ 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) 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. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. 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 a 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) 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) 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

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

after the filing of the petition.

B1 (Official Form 1)(4/10) Page 3

Signatures

Voluntary Petition

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

Name of Debtor(s):

Access Home Care, Inc.

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.

 \mathbf{X}

Signature of Debtor

 \mathbf{X}

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Kevin M. O'Donnell

Signature of Attorney for Debtor(s)

Kevin M. O'Donnell VSB #30086

Printed Name of Attorney for Debtor(s)

Henry & O'Donnell, PC

Firm Name

300 N. Washington Street Suite 204 Alexandria, VA 22314

Address

Email: kmo@henrylaw.com

(703)548-2100 Fax: (703)548-2105

Telephone Number

February 4, 2011

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 /s/ Anna Mensah-Nti

Signature of Authorized Individual

Anna Mensah-Nti

Printed Name of Authorized Individual

President

Title of Authorized Individual

February 4, 2011

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 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 Non-Attorney Bankruptcy 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 preparing 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 bankrutpcy 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.)

 \mathbf{X}

Date

Address

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.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court Eastern District of Virginia

In re	Access Home Care, Inc.			
		Debtor(s)	Chapter	11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

			1
Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
American Int. Group AIV Holdings 22427 Network PI. Chicago, IL 60673	Trade debt		20,336.00
Anna Mensah-Nti 15335 Warm Springs Ln. Manassas, VA 20112	Money loaned		65,001.69
Commonwealth of Virginia Dept. of Taxation/Legal Unit P.O. Box 2156 Richmond, VA 23218	Unpaid payroll taxes		62,043.00
Del Ray Glass 6621 Richmond Hwy, Ste. 200 Alexandria, VA 22306	Potential liability due under lease		Unknown
Internal Revenue Service P.O. Box 7346	Unpaid payroll taxes		1,670,212.00
Prince William Hospital c/o Grubb & Ellis Management 8020 Crescent Dr., #200 Vienna, VA 22182	Potential liability due under lease		Unknown
VA Dept. of Medical Assistance 600 E. Broad Street Richmond, VA 23219	Medicaid repayment		1,185,923.00
Wesco Insurance P.O. Box 31330 Cleveland, OH 44131	Trade debt		57,088.00
	mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted American Int. Group AIV Holdings 22427 Network PI. Chicago, IL 60673 Anna Mensah-Nti 15335 Warm Springs Ln. Manassas, VA 20112 Commonwealth of Virginia Dept. of Taxation/Legal Unit P.O. Box 2156 Richmond, VA 23218 Del Ray Glass 6621 Richmond Hwy, Ste. 200 Alexandria, VA 22306 Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Prince William Hospital c/o Grubb & Ellis Management 8020 Crescent Dr., #200 Vienna, VA 22182 VA Dept. of Medical Assistance 600 E. Broad Street Richmond, VA 23219 Wesco Insurance P.O. Box 31330	mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted American Int. Group AIV Holdings 22427 Network PI. Chicago, IL 60673 Anna Mensah-Nti 15335 Warm Springs Ln. Manassas, VA 20112 Commonwealth of Virginia Dept. of Taxation/Legal Unit P.O. Box 2156 Richmond, VA 23218 Del Ray Glass 6621 Richmond Hwy, Ste. 200 Alexandria, VA 22306 Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Prince William Hospital c/o Grubb & Ellis Management 8020 Crescent Dr., #200 Vienna, VA 22182 VA Dept. of Medical Assistance 600 E. Broad Street Richmond, VA 23219 Wesco Insurance P.O. Box 31330 debt, bank loan, government contract, etc.) debt, bank loan, government contract, etc.)	mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted American Int. Group AIV Holdings 22427 Network PI. Chicago, IL 60673 Anna Mensah-Nti 15335 Warm Springs Ln. Manassas, VA 20112 Commonwealth of Virginia Dept. of Taxation/Legal Unit P.O. Box 2156 Richmond, VA 23218 Del Ray Glass 6621 Richmond Hwy, Ste. 200 Alexandria, VA 22306 Internal Revenue Service P.O. Box 7346 Prince William Hospital c/o Grubb & Ellis Management 8020 Crescent Dr., #200 Vienna, VA 22182 VA Dept. of Medical Assistance 600 E. Broad Street Richmond, VA 23219 Wesco Insurance P.O. Box 31330 debt, bank loan, government contract, unliquidated, disputed, or subject to setoff Trade debt Money loaned Unpaid payroll taxes Potential liability due under lease Unpaid payroll taxes Potential liability due under lease Wedicaid repayment Trade debt

B4 (Offic	cial Form 4) (12/07) - Cont.		
In re	Access Home Care, Inc.	Case No.	
	Debtor(s)		

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date	February 4, 2011	Signature	/s/ Anna Mensah-Nti
		-	Anna Mensah-Nti
			President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

American Int. Group AIV Holdings 22427 Network Pl. Chicago, IL 60673

Anna Mensah-Nti 15335 Warm Springs Ln. Manassas, VA 20112

Commonwealth of Virginia Dept. of Taxation/Legal Unit P.O. Box 2156 Richmond, VA 23218

Del Ray Glass 6621 Richmond Hwy, Ste. 200 Alexandria, VA 22306

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

Prince William Hospital c/o Grubb & Ellis Management 8020 Crescent Dr., #200 Vienna, VA 22182

VA Dept. of Medical Assistance 600 E. Broad Street Richmond, VA 23219

Wesco Insurance P.O. Box 31330 Cleveland, OH 44131

United States Bankruptcy Court Eastern District of Virginia

	Editorial District of Virginia		
In re Access Home Care, Inc.		Case No.	
	Debtor(s)	Chapter 11	
STATEMENT REGARD	OING AUTHORITY TO SIG	SN AND FILE PI	ETITION
I, Anna Mensah-Nti, declare under that the following is a true and correct corporation at a special meeting duly c		the Board of Directo	
"Whereas, it is in the best inter Bankruptcy Court pursuant to Chapter	rest of this corporation to file a volu- 11 of Title 11 of the United States	· -	United States
Be It Therefore Resolved, that to execute and deliver all documents n behalf of the corporation; and	Anna Mensah-Nti, President of this C necessary to perfect the filing of a c	1	
Be It Further Resolved, that An appear in all bankruptcy proceedings of deeds and to execute and deliver all ne bankruptcy case, and	*	otherwise do and per	rform all acts and
Be It Further Resolved, that An employ Kevin M. O'Donnell, attorney and bankruptcy case."	nna Mensah-Nti, President of this Corp If the law firm of Henry & O'Donnell, I		

Signed /s/ Anna Mensah-Nti
Anna Mensah-Nti

Date 1/27/2011

Resolution of Board of Directors of Access Home Care, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Anna Mensah-Nti, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Anna Mensah-Nti, President of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Anna Mensah-Nti**, **President** of this Corporation is authorized and directed to employ **Kevin M. O'Donnell**, attorney and the law firm of **Henry & O'Donnell**, **PC** to represent the corporation in such bankruptcy case.

Date 1/27/2011	Signed	/s/ Anna Mensah-Nti	
		Anna Mensah-Nti	
Date	Signed		