

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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 case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name American Dental Associates 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) 20-1430645

4. Debtor's address Principal place of business Mailing address, if different from principal place of business
7500 Iron Bar Lane, Suite 201 Gainesville, VA 20155
Prince William County
Location of principal assets, if different from principal place of business

5. Debtor's website (URL) www.AmericanDental-VA.com

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

Debtor American Dental Associates PLLC  
Name

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>.

6212

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.

If more than 2 cases, attach a separate list.

|                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

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

- No
- Yes.

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

|                |  |
|----------------|--|
| Debtor _____   | Relationship _____                     |
| District _____ | When _____ Case number, if known _____ |

Debtor American Dental Associates PLLC Case number (if known) \_\_\_\_\_  
 Name

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 to unsecured creditors.

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"/> 5001-10,000   | <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 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          |

16. Estimated liabilities

|   |  |  |
|---|--|--|
| <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          |

Debtor American Dental Associates PLLC  
Name

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

**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 June 22, 2017  
MM / DD / YYYY

/s/ Steve Pleickhardt, DDS  
Signature of authorized representative of debtor  
  
Title Principal/Owner

Steve Pleickhardt, DDS  
Printed name

**18. Signature of attorney**

/s/ Christopher S. Moffitt  
Signature of attorney for debtor

Date June 22, 2017  
MM / DD / YYYY

Christopher S. Moffitt  
Printed name

Law Offices of Christopher S. Moffitt  
Firm name

218 North Lee Street, 3rd Floor  
Alexandria, VA 22314  
Number, Street, City, State & ZIP Code

Contact phone 703-683-0075 Email address moffittlawoffices@gmail.com

18195  
Bar number and State

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

Debtor name American Dental Associates PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

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 claim 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 claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>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 |
| Can Capital<br>2015 Vaughn Road,<br>Suite 500<br>Kennesaw, GA<br>30144   |  |   |  |  |   | \$49,000.00     |
| DC Dental<br>1133 Greenwood<br>Road<br>Pikesville, MD 21208  |  |   |  |  |   | \$4,500.00      |
| Gelman Rosenberg<br>and Freedman<br>4550 Montgomery<br>Ave, # 650 N<br>Bethesda, MD 20814                        |  |   |  |  |   | \$6,000.00      |
| Internal Revenue<br>Service<br>Central Insolvency<br>Operations<br>PO Box 7346<br>Philadelphia, PA<br>19101-7346 |  |   |  | \$100,000.00   | Unknown                                     | Unknown         |
| Kundra &<br>Associates<br>110 North<br>Washington Street<br>Suite 406<br>Rockville, MD 20850                     |  |   |  |  |   | \$25,489.00     |
| Patterson Dental<br>Supplies<br>8751 Freestate<br>Drive, # 300<br>Laurel, MD 20723                               |  |   |  |  |   | \$12,000.00     |
| Patterson<br>Equipment Lease<br>1031 Mendota<br>Heights Road<br>Saint Paul, MN<br>55120                          |  |   |  | \$10,000.00  | \$5,000.00                                  | \$5,000.00      |

Debtor **American Dental Associates PLLC**  
Name \_\_\_\_\_

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

| Name of creditor and complete mailing address, including zip code                                | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>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 |
| Penn Credit Corp<br>PO Box 988<br>Harrisburg, PA<br>17108-0988                                   |  |   |  |  |   | \$4,000.00      |
| Peterson Companies<br>Attn: Jennifer Mack<br>12500 Fair Lakes Circle, # 400<br>Fairfax, VA 22033 |  |   |  |  |   | \$50,000.00     |
| Ramsey & Associates PC CPA<br>12150 Annapolis Rd<br>Suite 216<br>Glenn Dale, MD<br>20769         |  |   |  |  |   | \$2,600.00      |
| Team Placement<br>1414 Prince Street<br>Alexandria, VA<br>22314                                  |  |   |  |  |   | \$1,986.50      |
| Virginia Department of Taxatio<br>PO Box 27407<br>Richmond, VA<br>23261-7407                     |  |   |  | \$8,000.00   | Unknown                                     | Unknown         |

Andrew Schulwolf, Esq  
2273 Research Blvd  
Rockville, MD 20850

Bank of America NA  
Attn: P. Block  
135 S Labelle St. STE 1125,  
Chicago, IL 60603

Can Capital  
2015 Vaughn Road, Suite 500  
Kennesaw, GA 30144

DC Dental  
1133 Greenwood Road  
Pikesville, MD 21208

Gelman Rosenberg and Freedman  
4550 Montgomery Ave, # 650 N  
Bethesda, MD 20814

Internal Revenue Service  
Central Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Kundra & Associates  
110 North Washington Street  
Suite 406  
Rockville, MD 20850

Marlin Business Bank  
2795 Cottonwood Parkway  
Salt Lake City, UT 84121

Patterson Dental Supplies  
8751 Freestate Drive, # 300  
Laurel, MD 20723

Patterson Equipment Lease  
1031 Mendota Heights Road  
Saint Paul, MN 55120

Penn Credit Corp  
PO Box 988  
Harrisburg, PA 17108-0988

Peterson Companies  
Attn: Jennifer Mack  
12500 Fair Lakes Circle, # 400  
Fairfax, VA 22033

Ramsey & Associates PC CPA  
12150 Annapolis Rd  
Suite 216  
Glenn Dale, MD 20769

Team Placement  
1414 Prince Street  
Alexandria, VA 22314

Virginia Department of Taxatio  
PO Box 27407  
Richmond, VA 23261-7407



**United States Bankruptcy Court  
Eastern District of Virginia**

In re **American Dental Associates PLLC**

Debtor(s)

Case No.

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **American Dental Associates PLLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

June 22, 2017

Date

/s/ Christopher S. Moffitt

**Christopher S. Moffitt 18195**

Signature of Attorney or Litigant

Counsel for **American Dental Associates PLLC**

**Law Offices of Christopher S. Moffitt**

**218 North Lee Street, 3rd Floor**

**Alexandria, VA 22314**

**703-683-0075 Fax:703-997-8430**

**moffittlawoffices@gmail.com**

**United States Bankruptcy Court  
Eastern District of Virginia**

In re American Dental Associates PLLC

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Steve Pleickhardt, DDS**, declare under penalty of perjury that I am the **Principal/Owner** of **American Dental Associates PLLC**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the \_\_ day of \_\_, 20\_\_.

"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 **Steve Pleickhardt, DDS, Principal/Owner** 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 **Steve Pleickhardt, DDS, Principal/Owner** 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 **Steve Pleickhardt, DDS, Principal/Owner** of this Corporation is authorized and directed to employ **Christopher S. Moffitt 18195**, attorney and the law firm of **Law Offices of Christopher S. Moffitt** to represent the corporation in such bankruptcy case."

Date June 22, 2017

Signed /s/ Steve Pleickhardt, DDS  
Steve Pleickhardt, DDS

Resolution of Member  
of  
**American Dental Associates PLLC**

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

Be It Therefore Resolved, that **Steve Pleickhardt, DDS, Principal/Owner** of this Company, 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

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Be It Further Resolved, that **Steve Pleickhardt, DDS, Principal/Owner** of this Company is authorized and directed to employ **Christopher S. Moffitt 18195**, attorney and the law firm of **Law Offices of Christopher S. Moffitt** to represent the company in such bankruptcy case.

Date June 22, 2017

Signed /s/Steve Pleickhardt

Date June 22, 2017

Signed \_\_\_\_\_