

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 Cardiac Connections: Home Health Care Nursing Services Corp.

2. All other names debtor used in the last 8 years DBA The Cardiac Connection Home Health Care DBA The Cardiac Connection

3. Debtor's federal Employer Identification Number (EIN) 80-0668452

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 10109 Krause Road, Suite 203 Chesterfield, VA 23832 Chesterfield

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 **Cardiac Connections: Home Health Care Nursing Services Corp.** Case number (if known)

Name

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.

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 **Cardiac Connections: Home Health Care Nursing Services Corp.**

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 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 |

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 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 |

Debtor **Cardiac Connections: Home Health Care Nursing Services Corp.**

Case number (if known)

Name

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 October 16, 2017
MM / DD / YYYY

X /s/ Zainab Mariam Dumbuya
Signature of authorized representative of debtor

Title President / CEO

Zainab Mariam Dumbuya
Printed name

18. Signature of attorney **X /s/ Robert S. Westermann**
Signature of attorney for debtor

Date October 16, 2017
MM / DD / YYYY

Robert S. Westermann
Printed name

Hirschler Fleischer, P.C.
Firm name

The Edgeworth Building
P.O. Box 500
Richmond, VA 23218-0500
Number, Street, City, State & ZIP Code

Contact phone 804-771-9500 Email address rmcburney@hf-law.com

43294
Bar number and State

Fill in this information to identify the case:

Debtor name **Cardiac Connections: Home Health Care Nursing Services Corp.**

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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service Centralized Insolvency Operations Post Office Box 21126 Philadelphia, PA 19114-0326						\$162,723.34
Internal Revenue Service Centralized Insolvency Operations Post Office Box 21126 Philadelphia, PA 19114-0326						\$124,825.44
Dedra Goodman P.O. Box 38-4292 Waikoloa, HI 96738						\$100,000.00
Trust Fund Recovery Penalty IRS Collections 400 N. Eighth Street Richmond, VA 23219						\$77,298.01
Anthony Markel 568 Ice Pond Cove Manakin Sabot, VA 23103						\$50,000.00
Trust Fund Recovery Penalty IRS Collections 400 N. Eighth Street Richmond, VA 23219						\$44,086.75

Debtor **Cardiac Connections: Home Health Care Nursing Services Corp.**

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 claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Virginia Employment Commission P.O. Box 1358 Richmond, VA 23218-1358						\$33,000.00
Virginia Dept of Taxation c/o Craig Burns, Commissioner 1957 Westmoreland Street Richmond, VA 23230						\$32,603.27
Brightree LLC 1735 North Broan Road #500 Lawrenceville, GA 30043		Software				\$22,812.75
Esther McClatchie 3613 Echoway Road Richmond, VA 23234						\$20,000.00
Virginia Dept of Taxation c/o Craig Burns, Commissioner 1957 Westmoreland Street Richmond, VA 23230						\$19,497.60
Therapy Resources, Inc. c/o Debra Powell 9130 Stephans Manor Drive Mechanicsville, VA 23116						\$18,000.00
Accucare Health Strategies 4000 Legato Road, Suite 1100 Annandale, VA 22003						\$16,350.61
Rapid Advance c/o Marlowe Rogers 4500 East West Highway, 6th Floor Bethesda, MD 20814						\$15,000.00

Debtor **Cardiac Connections: Home Health Care Nursing Services Corp.**

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 claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of 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
De Lage Landen Financial c/o McCarthy Burgess and Wo The MB&W Building 2600 Cannon Road Bedford, OH 44146		Printer Lease				\$10,438.56
Global Merchant Cash c/o Mendy Jaffe 64 Beaver Street New York, NY 10004						\$10,000.00
Accident Fund General Payment Center 1138 Elm Street P.O. Box 179 Manchester, NH 03101		Workers Compensation Underpayment Claim				\$8,467.60
James Brown 3120 Woodspring Drive Abingdon, MD 21009						\$7,500.00
McKesson Medical P.O. Box 204786 Dallas, TX 75320-4786		Medical Supplies				\$6,914.08
American Express P.O. Box 1270 Newark, NJ 07101		Platinum Credit Card				\$5,675.67

Accident Fund General
Payment Center
1138 Elm Street
P.O. Box 179
Manchester, NH 03101

Accucare Health Strategies
4000 Legato Road, Suite 1100
Annandale, VA 22003

Accucare Health Strategies
c/o Caitlin K. Lhommedieu, Esq.
Roeder & Cochran PLLC
8280 Greensboro Drive, Suite 601
Mc Lean, VA 22102

American Express
P.O. Box 1270
Newark, NJ 07101-1270

American Express
P.O. Box 1270
Newark, NJ 07101

Anthony Markel
568 Ice Pond Cove
Manakin Sabot, VA 23103

Brightree LLC
1735 North Broan Road #500
Lawrenceville, GA 30043

Candace Mueller

Comcast Cable
P.O. Box 540
Fair Lawn, NJ 07410

Crestline Specialty Inc.
c/o Legum Law PLC
4004 Williamsburg Court
Fairfax, VA 22032

David James CPA LLC
P.O. Box 43053
Nottingham, MD 21236

De Lage Landen Financial
c/o McCarthy Burgess and Wo
The MB&W Building
2600 Cannon Road
Bedford, OH 44146

De Lage Landen Financial
P.O. Box 41602
Philadelphia, PA 19101-1602

De Lage Landen Financial Services
c/o Hutchinson Warren & Associates
122 South Rawles Street, Suite 200
Romeo, MI 48065-5606

Dedra Goodman
P.O. Box 38-4292
Waikoloa, HI 96738

Esther McClatchie
3613 Echoway Road
Richmond, VA 23234

Fleischer, Fleischer & Suglia PLC
Four Greentree Centre
601 Route 73 North, Suite 305
Marlton, NJ 08053

Global Merchant Cash
c/o Mendy Jaffe
64 Beaver Street
New York, NY 10004

HealthStream
P.O. Box 102817
Atlanta, GA 30368-2817

Internal Revenue Service
Centralized Insolvency Operations
Post Office Box 21126
Philadelphia, PA 19114-0326

James Brown
3120 Woodspring Drive
Abingdon, MD 21009

Konica Minolta Premier Finance

Lamont Hanley & Associates
P.O. Box 179
Manchester, NH 03105

McKesson Medical
P.O. Box 204786
Dallas, TX 75320-4786

Medline Industries
P.O. Box 382075
Pittsburgh, PA 15251-8075

Neopost USA Inc.
Dept. 3689
P.O. Box 123689
Dallas, TX 75312

Rapid Advance
c/o Marlowe Rogers
4500 East West Highway, 6th Floor
Bethesda, MD 20814

Rathbun Law Firm PC
10427 North Street, Suite 200
Fairfax, VA 22030

Sams Club
P.O. Box 950016
Orlando, FL 32896-0015

The Pels Law Firm
4845 Rugby Ave, 3rd Floor
Bethesda, MD 20814

Therapy Resources, Inc.
c/o Debra Powell
9130 Stephans Manor Drive
Mechanicsville, VA 23116

Trust Fund Recovery Penalty
IRS Collections
400 N. Eighth Street
Richmond, VA 23219

U.S. Department of the Treasury
Bureau of the Fiscal Service
P.O. Box 1686
Birmingham, AL 35201-1686

US Imaging Systems
15500 Erwin Street, Suite 1113
Van Nuys, CA 91411

Virginia Department of Taxation
600 East Main Street
Richmond, VA 23219

Virginia Dept of Taxation
c/o Craig Burns, Commissioner
1957 Westmoreland Street□□
Richmond, VA 23230

Virginia Employment Commission
P.O. Box 1358
Richmond, VA 23218-1358

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

In re **Cardiac Connections: Home Health Care Nursing Services Corp.**
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 **Cardiac Connections: Home Health Care Nursing Services Corp.** 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*]

October 16, 2017

Date

/s/ Robert S. Westermann

Robert S. Westermann 43294

Signature of Attorney or Litigant

Counsel for **Cardiac Connections: Home Health Care Nursing Services Corp.**

Hirschler Fleischer, P.C.

The Edgeworth Building

P.O. Box 500

Richmond, VA 23218-0500

804-771-9500 Fax:804-644-0957

rmcburney@hf-law.com