

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

Debtor name Progressive Acute Care, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50740

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 27, 2016

**X /s/ Wayne Thompson**

Signature of individual signing on behalf of debtor

**Wayne Thompson**

Printed name

**CFO**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50740**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

**1b. Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **21,805,364.00**

**1c. Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **21,805,364.00**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **13,168,073.26**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1,192.79**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,220,920.13**

**4. Total liabilities** .....  
Lines 2 + 3a + 3b \$ **16,390,186.18**

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50740**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Business First Bank****Reserve Account****6704****\$707,950.00**3.2. **Business First Bank****Operating Account****6701****\$128,709.00**3.3. **Business First Bank****Payroll Account****6702****\$59,814.00**3.4. **Business First Bank****Claims Account****6703****\$8,891.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$905,364.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

Debtor Progressive Acute Care, LLC  
Name

Case number (If known) 16-50740

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.  
☒ Yes Fill in the information below.

			Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:			
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b> Name of entity: % of ownership			
15.1.	<u>Progressive Acute Care Avoyelles, LLC</u>	<u>100</u> %	<u>Appraisal</u>	<u>\$8,500,000.00</u>
15.2.	<u>Progressive Acute Care Oakdale, LLC</u>	<u>100</u> %	<u>Appraisal</u>	<u>\$6,650,000.00</u>
15.3.	<u>Progressive Acute Care Winn, LLC</u>	<u>100</u> %	<u>Appraisal</u>	<u>\$5,750,000.00</u>
15.4.	<u>Progressive Acute Care Physician Services Dauterive, LLC</u>	<u>100</u> %		<u>\$0.00</u>
15.5.	<u>Progressive Acute Care Physician Services, LLC</u>	<u>100</u> %		<u>\$0.00</u>
15.6.	<u>Progressive Acute Care Dauterive, LLC</u>	<u>100</u> %		<u>\$0.00</u>
16.	<b>Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1</b> Describe:			
17.	<b>Total of Part 4.</b> Add lines 14 through 16. Copy the total to line 83.			<div><b>\$20,900,000.00</b></div>

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

Debtor Progressive Acute Care, LLC  
Name

Case number (If known) 16-50740

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2009 Chevrolet VIN: 2G1WU57MO91158174	\$0.00		\$0.00
47.2.	2009 Chevrolet Impala	\$0.00		\$0.00
47.3.	2009 Chevrolet PK VIN 1GCEC19X49Z114997 (Winn)	\$0.00		\$0.00

48. Watercraft, trailers, motors, and related accessories *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

Debtor **Progressive Acute Care, LLC**  
Name

Case number (If known) **16-50740**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor Progressive Acute Care, LLC  
Name

Case number (If known) 16-50740

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$905,364.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$20,900,000.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$21,805,364.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$21,805,364.00</u>

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50740**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Allen Emergency Group, LLC</b> Creditor's Name  <b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Schumacher Lawsuit (Judgment 03/03/2016) (Oakdale)</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$322,252.04</b>  <b>\$0.00</b>

<b>2.2</b>	<b>Avoyelles Emergency Group, LLC</b> Creditor's Name  <b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Schumacher Lawsuit (Judgment 03/03/2016) (Avoyelles)</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$214,390.00</b>  <b>\$0.00</b>
------------	--	--	--



Debtor **Progressive Acute Care, LLC**  
Name

Case number (if know) **16-50740**

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent  
☐ Unliquidated  
☒ Disputed

**2.3 Business First Bank**

Creditor's Name

**Attn: Robert Bond  
8440 Jefferson Hwy  
Suite 101  
Baton Rouge, LA 70809**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien  
Accounts and general intangibles.**

**\$10,500,000.00**

**\$0.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No  
☐ Yes

**Is anyone else liable on this claim?**

☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.4 Iberia Emergency Group,  
LLC**

Creditor's Name

**PO Box 82368  
Lafayette, LA 70598-2368**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien  
Schumacher Lawsuit (Judgment 03/03/2016)  
(Dauterive)**

**\$268,235.99**

**\$0.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No  
☐ Yes

**Is anyone else liable on this claim?**

☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply  
☐ Contingent  
☐ Unliquidated  
☒ Disputed

**2.5 Iberia Physicians Services,  
LLC**

Creditor's Name

**PO Box 82368  
Lafayette, LA 70598-2368**

Creditor's mailing address

**Describe debtor's property that is subject to a lien  
Schumacher Lawsuit (Judgment 03/03/2016)  
(Dauterive)**

**\$22,928.49**

**\$0.00**

**Describe the lien**

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if know) **16-50740**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☒ Disputed

**2.6 IPFS Corporation**

Creditor's Name

**1055 Broadway Boulevard,  
11th Floor  
Kansas City, MO 64105**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**Insurance Policies**

**\$178,170.72**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.7 The Schumacher Group**

Creditor's Name

**of Louisiana, Inc.  
PO Box 82368  
Lafayette, LA 70598-2368**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**Schumacher Lawsuit (Judgment 03/03/2016)**

**\$1,244,951.27**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☒ Disputed

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if know) **16-50740**

**2.8** **Winn Emergency Group, LLC**

Creditor's Name

**PO Box 82368  
Lafayette, LA 70598-2368**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Schumacher Lawsuit (Judgment 03/03/2016) (Winn)**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

**\$417,144.75**

**\$0.00**

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$13,168,073.  
26**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Barry D. Alexander  
Polsinelli, PC  
421 Fayetteville Street, Suite 1100  
Raleigh, NC 27601**

Line **2.7**

**Lisa R. Chandler  
Litigation & Bankruptcy Recovery Manager  
IPFS Corp./Imperial PFS  
30 Montgomery Street, Suite 1000  
Jersey City, NJ 07302**

Line **2.6**

**Michael P. Corry, Sr.  
Patrick J. Briney  
Briney, Foret, Corry, LLP  
PO Drawer 51367  
Lafayette, LA 70505-1367**

Line **2.7**

**Sharon S. Whitlow  
Long Law Firm  
One United Plaza, Suite 500  
4041 Essen Lane  
Baton Rouge, LA 70809**

Line **2.3**

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50740**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>St. Tammany Parish Tax Collector PO Box 608 Covington, LA 70434-0608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$1,084.79</b>	<b>\$1,084.79</b>
	Date or dates debt was incurred <b>2015</b>	Basis for the claim: <b>Property Tax</b>		
	Last 4 digits of account number <b>3604</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>State of Louisiana</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$108.00</b>	<b>\$108.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.1	Nonpriority creditor's name and mailing address <b>3M Health Information Systems</b> <b>575 West Murray Boulevard</b> <b>Salt Lake City, UT 84123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,807.50</b>
3.2	Nonpriority creditor's name and mailing address <b>A&amp;T</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$570.40</b>
3.3	Nonpriority creditor's name and mailing address <b>Acadian Ambulance Service, Inc.</b> <b>PO Box 92970</b> <b>Lafayette, LA 70509-2970</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,789.57</b>
3.4	Nonpriority creditor's name and mailing address <b>Acadiana Bottling Company, Inc.</b> <b>PO Box 80008</b> <b>Lafayette, LA 70598-0008</b> Date(s) debt was incurred <u>01/19/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,600.00</b>
3.5	Nonpriority creditor's name and mailing address <b>Acadiana Media Ventures, LLC</b> <b>d/b/a/ Acadiana Lifestyle, Inc.</b> <b>551 Jefferson Street</b> <b>Lafayette, LA 70501</b> Date(s) debt was incurred <u>05/01/2015 - 09/03/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,009.00</b>
3.6	Nonpriority creditor's name and mailing address <b>Advanced Radiographics, Inc.</b> <b>1113 Ridge Road</b> <b>Duson, LA 70529</b> Date(s) debt was incurred <u>09/30/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,000.00</b>
3.7	Nonpriority creditor's name and mailing address <b>AFCO</b> <b>5600 N. River Road, Suite 400</b> <b>Des Plaines, IL 60018-5187</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,302.84</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.8	Nonpriority creditor's name and mailing address <b>American Arbitration Association Galleria North Tower 2 13727 Noel Road, Suite 700 Dallas, TX 75240-6636</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,700.00</b>
3.9	Nonpriority creditor's name and mailing address <b>Amerinet c/o Intalere Two City Place Drive, Suite 400 Saint Louis, MO 63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,250.00</b>
3.10	Nonpriority creditor's name and mailing address <b>Apptix, Inc. Dept CH 17826 Palatine, IL 60055-7826</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Email Exchange Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,672.52</b>
3.11	Nonpriority creditor's name and mailing address <b>Associated Design Group, Inc. 3909 W. Congress, Suite 201 Lafayette, LA 70506</b> Date(s) debt was incurred <b>03/21/2016</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Lawsuit</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,485.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Avatar International, LLC Orlando Corporate Center 1000 Primera Boulevard, Suite 3144 Lake Mary, FL 32746</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,666.72</b>
3.13	Nonpriority creditor's name and mailing address <b>BMW Financial Services Customer Service PO Box 3608 Dublin, OH 43016-0306</b> Date(s) debt was incurred <b>2016</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,087.26</b>
3.14	Nonpriority creditor's name and mailing address <b>BrickStreet Creative 325 Market Street Alton, IL 62002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$238.00</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.15	Nonpriority creditor's name and mailing address <b>Canon</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.80</b>
3.16	Nonpriority creditor's name and mailing address <b>Carr, Riggs &amp; Ingram, CPAs</b> <b>3501 North Causeway Boulevard, Suite 810</b> <b>Metairie, LA 70002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,500.00</b>
3.17	Nonpriority creditor's name and mailing address <b>Christus Cabrini Surgery Center</b> <b>3436 Masonic Drive</b> <b>Alexandria, LA 71301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,586.60</b>
3.18	Nonpriority creditor's name and mailing address <b>CNOS, PC Mike Hurlburt</b> <b>575 Sioux Point Road</b> <b>Dakota Dunes, SD 57049</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,279.83</b>
3.19	Nonpriority creditor's name and mailing address <b>Couch, Conville &amp; Blitt, LLC</b> <b>1450 Poydras Street, Suite 2200</b> <b>New Orleans, LA 70112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,531.77</b>
3.20	Nonpriority creditor's name and mailing address <b>Crothall Services Group</b> <b>13028 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,106.84</b>
3.21	Nonpriority creditor's name and mailing address <b>Crowe Horwath, LLP</b> <b>225 West Wacker Drive, Suite 2600</b> <b>Chicago, IL 60606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Audit Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,290.00</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.22	Nonpriority creditor's name and mailing address <b>Dan Newell</b> <b>101 North Main Avenue, Suite 325</b> <b>Sioux Falls, SD 57104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.23	Nonpriority creditor's name and mailing address <b>Dan Rissing</b> <b>20 Sweetgrass Lane</b> <b>Kiawah Island, SC 29455</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Deferred Compensation</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$142,908.59</b>
3.24	Nonpriority creditor's name and mailing address <b>Datafile, Inc.</b> <b>1121 Ridge Road</b> <b>Duson, LA 70529</b> Date(s) debt was incurred <b>09/30/2015</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Lawsuit</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,006.66</b>
3.25	Nonpriority creditor's name and mailing address <b>DHP Iberia Rehab, LLC</b> <b>PO Drawer 51782</b> <b>Lafayette, LA 70505</b> Date(s) debt was incurred <b>05/23/2015</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Lawsuit</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111,000.00</b>
3.26	Nonpriority creditor's name and mailing address <b>Donna Varnado</b> <b>2210 7th Street, Suite B</b> <b>Mandeville, LA 70471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Deferred Compensation</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,865.36</b>
3.27	Nonpriority creditor's name and mailing address <b>Durio, McGoffin, Stagg &amp; Ackerman</b> <b>PO Box 51308</b> <b>Lafayette, LA 70505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Legal Professional Fees</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,252.11</b>
3.28	Nonpriority creditor's name and mailing address <b>eSolutions, Inc.</b> <b>8215 W. 108th Terrace</b> <b>Overland Park, KS 66210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,025.00</b>



Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.29	Nonpriority creditor's name and mailing address <b>Findley Davies, Inc.</b> <b>6000 Fairview Road, Suite 1200</b> <b>PMB: 113706</b> <b>Charlotte, NC 28210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,412.50</b>
3.30	Nonpriority creditor's name and mailing address <b>Fisher &amp; Phillips, LLP</b> <b>1075 Peachtree Street NE</b> <b>Suite 3500</b> <b>Atlanta, GA 30309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112.00</b>
3.31	Nonpriority creditor's name and mailing address <b>Fisher Scientific Co., LLC</b> <b>Attn: 469909</b> <b>PO Box 404705</b> <b>Atlanta, GA 30384-4705</b> Date(s) debt was incurred <u>April 2016</u> Last 4 digits of account number <u>9909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services rendered Oct. - Dec. 2015</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,127.58</b>
3.32	Nonpriority creditor's name and mailing address <b>Genasses, LLC</b> <b>d/b/a JR Davis Creative</b> <b>111 Edinburgh Circle</b> <b>Lafayette, LA 70508</b> Date(s) debt was incurred <u>05/01/2015 - 09/03/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,596.21</b>
3.33	Nonpriority creditor's name and mailing address <b>Global Link Communications, Inc.</b> <b>535 Worcester Road</b> <b>Framingham, MA 01701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$292.63</b>
3.34	Nonpriority creditor's name and mailing address <b>Harmony Healthcare</b> <b>2909 W. Bay to Bay Boulevard, Suite 500</b> <b>Tampa, FL 33629</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,468.50</b>
3.35	Nonpriority creditor's name and mailing address <b>HealthStream</b> <b>209 10th Avenue South, Suite 450</b> <b>Nashville, TN 37203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,983.70</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.36	Nonpriority creditor's name and mailing address <b>Hector Lopez</b> <b>2210 7th Street, Suite B</b> <b>Mandeville, LA 70471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Deferred Compensation</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,298.19</b>
3.37	Nonpriority creditor's name and mailing address <b>Hunt Telecommunications, LLC</b> <b>106 Metairie Lawn Drive, Suite 200</b> <b>Metairie, LA 70001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$463.60</b>
3.38	Nonpriority creditor's name and mailing address <b>Ishred</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
3.39	Nonpriority creditor's name and mailing address <b>Jack Traver, Jr.</b> <b>c/o Scott J. Spivey</b> <b>Landry &amp; Spivey</b> <b>3232 Edenborn Avenue, Suite C</b> <b>Metairie, LA 70002</b> Date(s) debt was incurred <b>01/22/2016</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Lawsuit</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.40	Nonpriority creditor's name and mailing address <b>James Case</b> <b>747 W. Sawgrass Trail</b> <b>Dakota Dunes, SD 57049</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.41	Nonpriority creditor's name and mailing address <b>Kentwood</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.58</b>
3.42	Nonpriority creditor's name and mailing address <b>King, Reinsch, Prosser &amp; Co., LLP</b> <b>522 Fourth Street, Suite 200</b> <b>Sioux City, IA 51101-1620</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Professional Fees</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,950.00</b>

3.43	Nonpriority creditor's name and mailing address <b>Koley Jessen PC, LLC</b> <b>One Pacific Place, Suite 800</b> <b>1125 South 103rd Street</b> <b>Omaha, NE 68124</b> Date(s) debt was incurred <u>March 2014 - June 2015</u> Last 4 digits of account number <u>8302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Independent Contractor Dispute</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,998.78</b>
3.44	Nonpriority creditor's name and mailing address <b>Koley Jessen PC, LLC</b> <b>One Pacific Place, Suite 800</b> <b>1125 South 103rd Street</b> <b>Omaha, NE 68124</b> Date(s) debt was incurred <u>April 8, 2015</u> Last 4 digits of account number <u>0302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Private Placement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$304.00</b>
3.45	Nonpriority creditor's name and mailing address <b>Koley Jessen PC, LLC</b> <b>One Pacific Place, Suite 800</b> <b>1125 South 103rd Street</b> <b>Omaha, NE 68124</b> Date(s) debt was incurred <u>May - July 2015</u> Last 4 digits of account number <u>9302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Audit Letters</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,189.00</b>
3.46	Nonpriority creditor's name and mailing address <b>Koley Jessen PC, LLC</b> <b>One Pacific Place, Suite 800</b> <b>1125 South 103rd Street</b> <b>Omaha, NE 68124</b> Date(s) debt was incurred <u>May-June 2015</u> Last 4 digits of account number <u>5302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Miscellaneous/General Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,558.00</b>
3.47	Nonpriority creditor's name and mailing address <b>LAMMICO</b> <b>Attn: Marie Margot</b> <b>One Galleria Boulevard, Suite 700</b> <b>Metairie, LA 70001</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,200.00</b>
3.48	Nonpriority creditor's name and mailing address <b>Langlinais, Broussard &amp; Kohlenberg, CPAs</b> <b>PO Box 1123</b> <b>Abbeville, LA 70511-1123</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Preparation of Medicare/Medicaid Cost Reports.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,250.00</b>
3.49	Nonpriority creditor's name and mailing address <b>Leasing Associates of Barrington</b> <b>33 West Higgins Road, Suite 1030</b> <b>Barrington, IL 60010</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease/Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235,404.00</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.50	Nonpriority creditor's name and mailing address <b>LHA Malpractice &amp; General Liability Trust</b> <b>PO Box 40318</b> <b>Baton Rouge, LA 70835-0318</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,789.61</b>
3.51	Nonpriority creditor's name and mailing address <b>LHA Workers' Compensation</b> <b>PO Box 40318</b> <b>Baton Rouge, LA 70835-0318</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,564.00</b>
3.52	Nonpriority creditor's name and mailing address <b>Lincoln Life/Time Financial Services</b> <b>21550 Oxnard Street, Suite 500</b> <b>Woodland Hills, CA 91367</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$362.87</b>
3.53	Nonpriority creditor's name and mailing address <b>Louisiana Hospital Association</b> <b>9521 Brookline Avenue</b> <b>Baton Rouge, LA 70809-1431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.54	Nonpriority creditor's name and mailing address <b>Met Life SBC</b> <b>PO Box 804466</b> <b>Kansas City, MO 64180-4466</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Emnployee/Life/AD&amp;D/Dental Insurance Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,455.76</b>
3.55	Nonpriority creditor's name and mailing address <b>Michael Genoff</b> <b>55 Ideal Drive</b> <b>Sandpoint, ID 83864</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.56	Nonpriority creditor's name and mailing address <b>NES Louisiana, Inc.</b> <b>PO Box 277001</b> <b>Atlanta, GA 30384-7001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Arbitration</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.57	Nonpriority creditor's name and mailing address <b>Ober, Kale, Grimes &amp; Shiver</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$977.50</b>
3.58	Nonpriority creditor's name and mailing address <b>Office Market</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221.30</b>
3.59	Nonpriority creditor's name and mailing address <b>Parallon Business Solutions, LLC</b> <b>Attn: Leslie Newman, Managing Counsel</b> <b>6640 Carothers Parkway, Suite 500</b> <b>Franklin, TN 37067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$1,200,000.00</b>
3.60	Nonpriority creditor's name and mailing address <b>Pitney Bowes</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$546.05</b>
3.61	Nonpriority creditor's name and mailing address <b>Prestige Leasing &amp; Management</b> <b>564 N. Eastern Boulevard</b> <b>Montgomery, AL 36117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$855.00</b>
3.62	Nonpriority creditor's name and mailing address <b>Provident Life &amp; Accident Insurance Company</b> <b>1 Fountain Square, Suite 1</b> <b>Chattanooga, TN 37402-1303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$708.04</b>
3.63	Nonpriority creditor's name and mailing address <b>Reliaphath, LLC</b> <b>1100 Andre Street, Suite 100</b> <b>New Iberia, LA 70563</b>  Date(s) debt was incurred <u>October - December 2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

3.64	Nonpriority creditor's name and mailing address <b>Reliapath, LLC</b> <b>1100 Andre Streetm Suite 100</b> <b>New Iberia, LA 70563</b> Date(s) debt was incurred <u>October 2015</u> Last 4 digits of account number <u>00LP</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.65	Nonpriority creditor's name and mailing address <b>Richard Hylland</b> <b>PO Box 887058</b> <b>Sioux Falls, SD 57103</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract for captial placement services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.66	Nonpriority creditor's name and mailing address <b>Sheridan Healthcare</b> <b>of Louisiana. Inc.</b> <b>1613 N. Harrison Parkway, Suite 200</b> <b>Sunrise, FL 33323</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Sheridan Arbitration Award</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$760,684.92</b>
3.67	Nonpriority creditor's name and mailing address <b>Southeast Business Systems, Inc.</b> <b>202 Market Street</b> <b>Hammond, LA 70401</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.68	Nonpriority creditor's name and mailing address <b>St. Tammany West Chamber of Commerce</b> <b>610 Hollycrest Boulevard</b> <b>Covington, LA 70433</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
3.69	Nonpriority creditor's name and mailing address <b>Sullivan Stollier</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,001.51</b>
3.70	Nonpriority creditor's name and mailing address <b>The Physicians Trust</b> <b>LHA Trust Funds</b> <b>4646 Sherwood Common Boulevard</b> <b>Baton Rouge, LA 70816</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,158.00</b>

3.71	Nonpriority creditor's name and mailing address <b>The SSI Group, Inc.</b> <b>PO Box 890987</b> <b>Charlotte, NC 28289-0987</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$11,394.77</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Electronic medical software provider for hospitals.</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address <b>Todd &amp; Associates, LLC</b> <b>530 E. College Street</b> <b>Lake Charles, LA 70605</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$635.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Workers Compensation Insurance</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address <b>Truven Health Analytics</b> <b>100 Phoenix Drive</b> <b>Ann Arbor, MI 48108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$43,779.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address <b>UMR</b> <b>PO Box 690450</b> <b>San Antonio, TX 78269</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$15,274.48</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address <b>VenYu</b> <b>7127 Florida Boulevard</b> <b>Baton Rouge, LA 70806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$6,324.18</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address <b>Waller, Lansden, Dortch &amp; Davis, LLP</b> <b>511 Union Street, Suite 2700</b> <b>Nashville, TN 37219-8966</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$24,703.69</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address <b>Wayne Thompson</b> <b>603 Tops L Drive</b> <b>Mandeville, LA 70448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$114,326.81</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Deferred Compensation</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Avatar International, LLC</b> <b>Chicago Corporate Center</b> <b>25 E. Washington Street, Suite 600</b> <b>Chicago, IL 60602</b>	Line <b><u>3.12</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Eric L. Grenzebach</b> <b>Brown, Hay &amp; Stephens, LLP</b> <b>PO Box 2459</b> <b>Springfield, IL 62705</b>	Line <b><u>3.49</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>George C. Freeman, III</b> <b>Barrasso, Usdin, Kupperman,</b> <b>Freeman &amp; Sarver, LLC</b> <b>909 Poydras Street, Suite 2400</b> <b>New Orleans, LA 70112</b>	Line <b><u>3.66</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Henry C. Perret, Jr.</b> <b>Jared O. Brinlee</b> <b>Perret Doise, LLC</b> <b>PO Box 53789</b> <b>Lafayette, LA 70505</b>	Line <b><u>3.25</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Jordan T. Precht</b> <b>Davidson, Meaux, Sonnier, McElligott,</b> <b>Fontenot, Gideon &amp; Edwards, LLP</b> <b>810 S. Buchanan Street</b> <b>Lafayette, LA 70501</b>	Line <b><u>3.4</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Kenneth W. DeJean</b> <b>417 W. University Avenue</b> <b>Lafayette, LA 70506</b>	Line <b><u>3.24</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Kenneth W. DeJean</b> <b>417 W. University Avenue</b> <b>Lafayette, LA 70506</b>	Line <b><u>3.6</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Kenneth W. DeJean</b> <b>417 W. University Avenue</b> <b>Lafayette, LA 70506</b>	Line <b><u>3.11</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>Mark P. Seyler</b> <b>Barkley &amp; Thompson, LC</b> <b>1515 Poydras Street, Suite 2350</b> <b>New Orleans, LA 70112</b>	Line <b><u>3.56</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>Sue Tannehill Mann</b> <b>Onebane Law Firm</b> <b>PO Box 3507</b> <b>Lafayette, LA 70502-3507</b>	Line <b><u>3.5</u></b> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>Sue Tannehill Mann</b> <b>Onebane Law Firm</b> <b>PO Box 3507</b> <b>Lafayette, LA 70502-3507</b>	Line <b><u>3.32</u></b> <input type="checkbox"/> Not listed. Explain _____	—



Debtor **Progressive Acute Care, LLC**  
Name

Case number (if known) **16-50740**

Name and mailing address

On which line in Part1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

4.12 **Terry C. Landry, Jr.**  
**9213 Interline Avenue**  
**Baton Rouge, LA 70809**

Line **3.3**

☐ Not listed. Explain \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

**Total of claim amounts**

5a. \$ **1,192.79**

5b. + \$ **3,220,920.13**

5c. \$ **3,222,112.92**

Fill in this information to identify the case:

Debtor name Progressive Acute Care, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50740

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Please see Exhibit A.

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

Debtor name **Progressive Acute Care, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**

Case number (if known) **16-50740**

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **Progressive Acute Care Avoyelles, LLC**

**2210 7th Street, Suite B  
Mandeville, LA 70471**

**Avoyelles Emergency Group, LLC**

☒ D **2.2**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Progressive Acute Care Avoyelles, LLC**

**2210 7th Street, Suite B  
Mandeville, LA 70471**

**NES Louisiana, Inc.**

☐ D \_\_\_\_\_  
☒ E/F **3.56**  
☐ G \_\_\_\_\_

2.3 **Progressive Acute Care Avoyelles, LLC**

**2210 7th Street, Suite B  
Mandeville, LA 70471**

**Business First Bank**

☒ D **2.3**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 **Progressive Acute Care Avoyelles, LLC**

**2210 7th Street, Suite B  
Mandeville, LA 70471**

**The Schumacher Group**

☒ D **2.7**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.5 **Progressive Acute Care Avoyelles, LLC**

**2210 7th Street, Suite B  
Mandeville, LA 70471**

**American Arbitration Association**

☐ D \_\_\_\_\_  
☒ E/F **3.8**  
☐ G \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>The Schumacher Group</b>	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Iberia Physicians Services, LLC</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Iberia Emergency Group, LLC</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Acadiana Bottling Company, Inc.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.10	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Datafile, Inc.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
2.11	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Advanced Radiographics, Inc.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.12	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>DHP Iberia Rehab, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
2.13	<b>Progressive Acute Care Dauterive, LLC</b>	<b>2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Associated Design Group, Inc.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- |       |  |  |  |  |
|-------|--|--|--|--|
| 2.14  | <b>Progressive<br/>Acute Care<br/>Dauterive, LLC</b> | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>Acadian Ambulance<br/>Service, Inc.</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.3</u><br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.15  | <b>Progressive<br/>Acute Care<br/>Dauterive, LLC</b> | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>Business First Bank</b>                 | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.16  | <b>Progressive<br/>Acute Care<br/>Oakdale, LLC</b>   | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>Allen Emergency<br/>Group, LLC</b>      | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.17  | <b>Progressive<br/>Acute Care<br/>Oakdale, LLC</b>   | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>Business First Bank</b>                 | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.18  | <b>Progressive<br/>Acute Care<br/>Oakdale, LLC</b>   | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>The Schumacher<br/>Group</b>            | <input checked="" type="checkbox"/> D <u>2.7</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.19  | <b>Progressive<br/>Acute Care Winn,<br/>LLC</b>      | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>Winn Emergency<br/>Group, LLC</b>       | <input checked="" type="checkbox"/> D <u>2.8</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.20  | <b>Progressive<br/>Acute Care Winn,<br/>LLC</b>      | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>Business First Bank</b>                 | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |
| 2.21  | <b>Progressive<br/>Acute Care Winn,<br/>LLC</b>      | <b>2210 7th Street, Suite B<br/>Mandeville, LA 70471</b> | <b>The Schumacher<br/>Group</b>            | <input checked="" type="checkbox"/> D <u>2.7</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |  |  |  |  |

**PROGRESSIVE ACUTE CARE, LLC**

**Schedule G**

**EXHIBIT A**

<b>Party to Executory Contract/Lease</b>	<b>Contract/Lease Description</b>	<b>Description</b>	<b>Term Remaining</b>
Air Liquid America Corporation PO Box 301046 Dallas, TX 75303-1046	Bulk Product Agreement dated 12/10/2010 Term: 120 months (automatically renewed annually)	Medical Equipment: Liquid Oxygen USP issued to Avoyelles/Oakdale/Winn Hospitals	56 months
GE Capital Corporation PO Box 740423 Atlanta, GA 30374-0423	Master Security Agreement dated 03/13/2015 Term: 60 months	Medical Equipment: medDispense Medication Management System issued to Avoyelles/Oakdale/Winn Hospitals	47 months
GE Capital Corporation PO Box 740441 Atlanta, GA 303740441	Equipment Lease Agreement dated 03/27/2015 Term: 60 months	Office Equipment: (6) Savin MPC 5503 SPF Color Copiers, including accessories, and (3) Savin MP 301 SPF Black/White Copiers, including accessories, issued to Oakdale Hospital	47 months
GE Capital Corporation PO Box 740441 Atlanta, GA 303740441	Equipment Lease Agreement dated 06/24/2015 Term: 60 months	Office Equipment: (6) Savin MPC 5503 Multifunctional Color Copiers, including accessories, and (4) Savin MP 301 Multifunctional Copiers, including accessories, issued to Winn Hospital	50 months

**Fill in this information to identify the case:**Debtor name **Progressive Acute Care, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF LOUISIANA**Case number (if known) **16-50740**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. 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).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**From **1/01/2015** to **12/31/2015****Sources of revenue**  
Check all that apply☒ Operating a business☒ Other **Patient revenue before deductions****Gross revenue**  
(before deductions and exclusions)**\$472,154,721.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**For prior year:**From **1/01/2015** to **12/31/2015****Other operating income****\$2,166,192.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*3.1. **See attached Exhibit A.****\$0.00**☐ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☐ Other\_\_

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Please see Exhibit B.			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**



■ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

## 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	SOLIC Advisors 1603 Orrington Avenue, Suite 1600 Evanston, IL 60201		\$374,150.29 fees paid between 12/29/15 - 5/31/16; retainer at filing: \$75,174.50 for wind-down/restructuring services.	\$449,324.79
	Email or website address			
	Who made the payment, if not debtor?			

11.2. **Steffes, Vingiello & McKenzie,  
LLC  
13702 Coursey Boulevard  
Building 3  
Baton Rouge, LA 70817**

Attorney Fees/Expenses Incurred and Retainer	02/09/2016 - 05/31/2016	\$184,383.20
--	-------------------------	--------------

Email or website address

**Who made the payment, if not debtor?**

## 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---	---------------------------	--------------------------

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: **26-2491719**

Has the plan been terminated?

☒ No

☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>Business First Bank</b> <b>Attn: Robert Bond</b> <b>8440 Jefferson Hwy</b> <b>Suite 101</b> <b>Baton Rouge, LA 70809</b>	<b>XXXX-2801</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u><b>Escrow</b></u>		<b>\$17.57</b>
18.2.	<b>Business First Bank</b> <b>Attn: Robert Bond</b> <b>8440 Jefferson Hwy</b> <b>Suite 101</b> <b>Baton Rouge, LA 70809</b>	<b>XXXX-6705</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u><b>Money</b></u> <u><b>Market</b></u>		<b>\$901.28</b>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Progressive Acute Care Avoyelles, LLC 2210 7th Street, Suite B Mandeville, LA 70471	Hospital	Dates business existed EIN: 26-3147245 From-To 2008-Present
25.2. Progressive Acute Care Dauterive, LLC 2210 7th Street, Suite B Mandeville, LA 70471	Former hospital	EIN: 36-4756243 From-To 2012-2015
25.3. Progressive Acute Care Oakdale, LLC 2210 7th Street, Suite B Mandeville, LA 70471	Hospital	EIN: 26-3147332 From-To 2008-Present
25.4. Progressive Acute Care Winn, LLC 2210 7th Street, Suite B Mandeville, LA 70471	Hospital	EIN: 26-3147149 From-To 2008-Present

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****EIN:****From-To 2008-Present**

25.5. **Progressive Acute Care  
Physician Services, LLC  
2210 7th Street, Suite B  
Mandeville, LA 70471**

**Inactive**

25.6. **Progressive Acute Care  
Physician Services  
Dauterive, LLC  
2210 7th Street, Suite B  
Mandeville, LA 70471**

**Physician billing****EIN:****From-To 2008-Present****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **Wayne Thompson  
17 Heron lane  
Mandeville, LA 70471**

26a.2. **Shannon Herring  
2210 7th Street  
Mandeville, LA 70471**

26a.3. **Doug Lahasky**

26a.4. **Suzette Fatula  
130 N. Hospital Drive  
Oakdale, LA 71463**

**thru 01/31/2016**

26a.5. **Mona Rabalais  
4321 LA Hwy 1192  
Marksville, LA 71351**

**thru 08/21/2015**

26a.6. **Katie Stansbury**

26a.7. **Jackie Bedia**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26b.1. **Ericksen Krental LaPorte  
4227 Canal Street  
New Orleans, LA 70119**

**2014 Audit****Name and address****Date of service****From-To**

26b.2. **Crowe Horwath, LLP  
225 West Wacker Drive, Suite 2600  
Chicago, IL 60606**

**2015 Audit (in  
progress)**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Business First Bank  
Attn: Robert Bond  
8440 Jefferson Hwy  
Suite 101  
Baton Rouge, LA 70809**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Dan Newell	101 North Main Avenue, Suite 325 Sioux Falls, SD 57104	Board Member	
Dan Rissing	20 Sweetgrass Lane Kiawah Island, SC 29455	CEO	
Daniel Rissing, II	3069 Williams Creek Cincinnati, OH 45244	Vendor Relations Manager	
James Case	747 W. Sawgrass Trail Dakota Dunes, SD 57049	Board Member	
Michael Genoff	55 Ideal Drive Sandpoint, ID 83864	Board Member	
Mike Hurlburt	864 E. Sawgrass Trail Dakota Dunes, SD 57049	COO and Chairman of the Board	

Name	Address	Position and nature of any interest	% of interest, if any
Wayne Thompson	603 Tops L Drive Mandeville, LA 70448	CFO	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Dan Newell 101 North Main Avenue, Suite 325 Sioux Falls, SD 57104	\$30,000	June 2015 - November 2015	Board Compensation
	Relationship to debtor Board Member			
30.2	Dan Rissing 20 Sweetgrass Lane Kiawah Island, SC 29455	\$294,341.33	June 2015 - June 2016	Salary
	Relationship to debtor CEO			
30.3	Daniel Rissing, II 3069 Williams Creek Cincinnati, OH 45244	\$55,000	June 2015 - June 2016	Salary
	Relationship to debtor Board Member			
30.4	James Case 747 W. Sawgrass Trail Dakota Dunes, SD 57049	\$30,000	June 2015 - November 2015	Board Compensation
	Relationship to debtor Board Member			
30.5	Michael Genoff 55 Ideal Drive Sandpoint, ID 83864	\$30,000	June 2015 - November 2015	Board Compensation
	Relationship to debtor Board Member			

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.6	<b>Mike Hurlburt</b> 864 E. Sawgrass Trail Dakota Dunes, SD 57049	\$148,381.44	June 2015 - June 2016	Salary
	Relationship to debtor COO and Chairman of the Board			
30.7	<b>Wayne Thompson</b> 603 Tops L Drive Mandeville, LA 70448	\$317,941.92	June 2015 - June 2016	Salary
	Relationship to debtor CFO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation  
**Progressive Acute Care, LLC**

Employer Identification number of the parent corporation  
EIN: **26-2491719**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 27, 2016**

**/s/ Wayne Thompson**

Signature of individual signing on behalf of the debtor

**Wayne Thompson**

Printed name

Position or relationship to debtor **CFO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes



PAC, LLC

**100018 Cash:Business First Operating Account**

Date	Ref No.	Payee	Payment	Account	Reason
05/02/2016	6099	Apptix Inc	7,331.02	Accounts	Email Exchange Svc
04/30/2016	6082	Apptix Inc	7,339.36	Accounts	Email Exchange Svc
03/23/2016	6048	Apptix Inc	7,785.32	Accounts	Email Exchange Svc
05/23/2016	6112	AT&T	4,074.40	Accounts	Phone
04/30/2016	6083	AT&T	2,399.61	Accounts	Phone
04/12/2016	6075	AT&T	3,488.51	Accounts	Phone
03/31/2016	6068	AT&T	1,784.68	Accounts	Phone
03/23/2016	6049	AT&T	2,902.28	Accounts	Phone
03/08/2016	6038	AT&T	2,439.70	Accounts	Phone
05/23/2016	6115	Blue Cross and Blue Shield	25,466.76	Accounts	Medical Insurance Premium
04/07/2016	6074	Blue Cross and Blue Shield	203,308.99	Accounts	Medical Insurance Premium
05/18/2016	ach	Business First Bank Visa	5,684.04	Accounts	Visa Card
03/08/2016	6040	Business First Bank Visa	2,000.00	Accounts	Visa Card
05/02/2016	6101	Crowe Horwath LLP	23,899.00	Accounts	Audit SVC
05/11/2016	6106	Durio McGoffin Stagg & Ackermann	14,912.41	Accounts	Legal Professional Fees
04/06/2016	6072	Durio McGoffin Stagg & Ackermann	13,716.40	Accounts	Legal Professional Fees
03/23/2016	6046	Durio McGoffin Stagg & Ackermann	23,302.31	Accounts	Legal Professional Fees
03/17/2016	6044	Durio McGoffin Stagg & Ackermann	5,019.84	Accounts	Legal Professional Fees
05/25/2016	wire	Garden City Group, LLC	15,000.00	Prepaid	Bankruptcy Fee
05/16/2016	ACH Debit	GE Capital	8,256.69		Equipment lease
04/15/2016		GE VFS/DBY	8,256.69		Equipment lease
03/15/2016		GE VFS/DBY	8,256.69		Equipment lease
05/03/2016	6104	IPFS Corporation	51,934.31	Accounts	D&O Ins
05/03/2016	6103	IPFS Corporation	31,187.56	Accounts	Wcomp Ins
03/29/2016	6052	IPFS Corporation	69,990.03	Accounts	D&O Ins
03/29/2016	4800	King, Reinsch, Prosser & Co, LLP	29,750.00	Accounts	Professional fees
05/25/2016	6116	Langlinais Broussard & Kohlenberg	25,000.00		Professional fees
05/23/2016	wire	Met Life SBC	35,042.93	Accounts	Employee life, AD&D, Dental Ins Premium
05/09/2016	wire	Met Life SBC	34,657.60	Accounts	Employee life, AD&D, Dental Ins Premium
04/27/2016	wire	Met Life SBC	26,552.94	Accounts	Employee life, AD&D, Dental Ins Premium
04/20/2016	6080	Met Life SBC	50,000.00	Accounts	Employee life, AD&D, Dental Ins Premium
03/08/2016	6043	Met Life SBC	35,120.44	Accounts	Employee life, AD&D, Dental Ins Premium
04/06/2016	6073	Rees Company, LLC	1,906.00	Accounts	Building lease
03/17/2016	6045	Rees Company, LLC	5,000.00	Accounts	Building lease
05/26/2016	6118	SOLIC Capital Advisors	75,000.00	Prepaid	Bankruptcy Fee
05/25/2016	wire	SOLIC Capital Advisors	25,000.00	Prepaid	Bankruptcy Fee
05/18/2016	wire	SOLIC Capital Advisors	21,360.00	Accounts	Professional fees
05/12/2016	wire	SOLIC Capital Advisors	13,146.50	Accounts	Professional fees
04/28/2016	wire	SOLIC Capital Advisors	8,149.37	Accounts	Professional fees
04/18/2016	wire	SOLIC Capital Advisors	9,459.52	Accounts	Professional fees
03/23/2016	6047	SOLIC Capital Advisors	52,794.75	Accounts	Professional fees
05/26/2016	wire	Steffes, Vingiello & McKenzie	50,000.00	Prepaid	Bankruptcy Fee
05/23/2016	wire	Steffes, Vingiello & McKenzie	50,000.00	Prepaid	Bankruptcy Fee
04/26/2016		Steffes, Vingiello & McKenzie	42,020.31	Prepaid	Legal Professional Fees
03/29/2016	6053	Steffes, Vingiello & McKenzie	30,000.00	Accounts	Legal Professional Fees
05/18/2016	6111	The SSI Group	5,671.31	Accounts	Billing Software
04/30/2016	6096	The SSI Group	5,671.31	Accounts	Billing Software
04/12/2016	6077	Todd & Associates, LLC	23,150.00	Accounts	Wcomp ins
04/05/2016	6071	Todd & Associates, LLC	24,125.00	Accounts	Wcomp Ins

## PROGRESSIVE ACUTE CARE, LLC

### EXHIBIT B

PAC = Progressive Acute Care, LLC

PAC-D = Progressive Acute Care Dauterive, LLC

PAC-A = Progressive Acute Care Avoyelles, LLC

PAC-O = Progressive Acute Care Oakdale, LLC

PAC-W = Progressive Acute Care Winn, LLC

Title	Case Number	Court Name	Status
Acadian Ambulance Service, Inc. v. PAC and PAC-D	127,791, Div. C	16 <sup>th</sup> JDC, Parish of Iberia, State of Louisiana	-Petition filed 02/16/2016 -Order granting Preliminary Default entered 03/29/2016
Acadiana Bottling v. PAC and PAC-D	127,604, Div. G	16 <sup>th</sup> JDC, Parish of Iberia, State of Louisiana	Petition filed 1/19/2016
Acadiana Media Ventures, LLC v. PAC	2016,2476, Div. G	15 <sup>th</sup> JDC, Parish of Lafayette, State of Louisiana	Petition filed 05/13/2016
Advanced Radiographs v. PAC and PAC-D	127,053, Div. F	16 <sup>th</sup> JDC, Parish of Iberia, State of Louisiana	Petition filed 9/30/2015
Associated Design Group, Inc. v. PAC and PAC-D	128,021, Div. A	16 <sup>th</sup> JDC, Parish of Iberia, State of Louisiana	Petition filed 3/21/2016
DataFile v. PAC and PAC-D	127,054, Div. G	16 <sup>th</sup> JDC, Parish of Iberia, State of Louisiana	Petition filed 9/30/2015
DHP Iberia Rehab, LLC v. PAC and PAC-D	2015-1411, Div. E	15 <sup>th</sup> JDC, Parish of Lafayette, State of Louisiana	Petition filed 5/23/2015
Genasses, LLC d/b/a JR Davis Creative v. PAC	2016-2528, Div. I	15 <sup>th</sup> JDC, Parish of Lafayette, State of Louisiana	Petition filed 5/12/2016
Jack Traver, Jr. v. PAC	16-cv-00103-SMH-CBW	U.S. District Court, Western District of Louisiana (Lafayette)	Complaint filed 1/22/2016
Leasing Associates of Barrington, Inc. v. PAC	2016L-00084	Circuit Court for the Seventh Judicial Circuit, Sangamon County, State of Illinois	Complaint filed 04/06/2016
NES Louisiana, Inc. v. PAC and PAC-A	Arbitration No. 01-15-0004-8422	American Arbitration Association	Claim filed 08/31/2015
NES Louisiana, Inc. v. PAC, PAC-D, PAC-A, PAC-O, PAC-W	2016-11642, Div. I	22 <sup>nd</sup> JDC, Parish of St. Tammany, State of Louisiana	Petition filed 4/19/2016
The Schumacher Group of Louisiana, Inc., Iberia Physician Services, LLC, Iberia Emergency Group, LLC, Avoyelles Emergency Group, LLC,	2014-5874, Div. J	15 <sup>th</sup> JDC, Parish of Lafayette, State of Louisiana	Petition filed Nov. 2014 Judgment against PAC in the amount of \$1.25M (dated 03/03/2016)

Allen Emergency Group, LLC and Winn Emergency Group, LLC v. PAC, PAC- D, PAC-A, PAC-O and PAC-W			
Sheridan Healthcare of Louisiana, Inc. v. PAC and PAC-D	Arbitration No. 3243	American Health Lawyers Association	1 <sup>st</sup> Interim Award Dated 12/24/2015 - 2 <sup>nd</sup> Interim Award Dated 2/5/2016 -Final Award Dated 4/6/2016 (\$760,684.92)
Sheridan Healthcare of Louisiana, Inc. v. PAC	15-02509	U.S. District Court, Western District of Louisiana	Complaint filed 10/12/2015