

**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 **D, F, G**
- 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 July 22, 2016

X /s/ Wayne Thompson  
Signature of individual signing on behalf of debtor

Wayne Thompson  
Printed name

CFO  
Position or relationship to debtor

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United States Bankruptcy Court for the:	<b>WESTERN DISTRICT OF LOUISIANA</b>
Case number (if known):	<b>16-50740</b>

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**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
3M Health Information Systems 575 West Murray Boulevard Salt Lake City, UT 84123			Disputed			\$26,807.50
Acadian Ambulance Service, Inc. PO Box 92970 Lafayette, LA 70509-2970		Lawsuit	Disputed			\$15,789.57
Advanced Radiographics, Inc. 1113 Ridge Road Duson, LA 70529		Lawsuit	Disputed			\$72,000.00
AFCO 5600 N. River Road, Suite 400 Des Plaines, IL 60018-5187			Disputed			\$17,302.84
American Arbitration Association Galleria North Tower 2 13727 Noel Road, Suite 700 Dallas, TX 75240-6636			Disputed			\$10,700.00
Apptix, Inc. Dept CH 17826 Palatine, IL 60055-7826		Email Exchange Service	Disputed			\$13,672.52

Debtor **Progressive Acute Care, LLC**  
Name

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Associated Design Group, Inc. 3909 W. Congress, Suite 201 Lafayette, LA 70506		Lawsuit	Disputed			\$13,485.00
BMW Financial Services Customer Service PO Box 3608 Dublin, OH 43016-0306			Disputed			\$19,087.26
Couch, Conville & Blitt, LLC 1450 Poydras Street, Suite 2200 New Orleans, LA 70112			Disputed			\$14,531.77
Crowe Horwath, LLP 225 West Wacker Drive, Suite 2600 Chicago, IL 60606		Audit Services	Disputed			\$48,290.00
Durio, McGoffin, Stagg & Ackerman PO Box 51308 Lafayette, LA 70505		Legal Professional Fees	Disputed			\$18,252.11
LAMMICO Attn: Marie Margot One Galleria Boulevard, Suite 700 Metairie, LA 70001			Disputed			\$14,200.00
LHA Malpractice & General Liability Trust PO Box 40318 Baton Rouge, LA 70835-0318			Disputed			\$28,789.61
LHA Workers' Compensation PO Box 40318 Baton Rouge, LA 70835-0318			Disputed			\$13,564.00
Met Life SBC PO Box 804466 Kansas City, MO 64180-4466			Disputed			\$43,455.76
Parallon Business Solutions, LLC Attn: Leslie Newman, Managing Counsel 6640 Carothers Parkway, Suite 500 Franklin, TN 37067			Disputed Subject to Setoff			\$1,200,000.00

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Name

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>The SSI Group, Inc. PO Box 890987 Charlotte, NC 28289-0987</b>		<b>Electronic medical software provider for hospitals.</b>	<b>Disputed</b>			<b>\$11,394.77</b>
<b>Truven Health Analytics 100 Phoenix Drive Ann Arbor, MI 48108</b>			<b>Disputed</b>			<b>\$43,779.00</b>
<b>UMR PO Box 690450 San Antonio, TX 78269</b>			<b>Disputed</b>			<b>\$15,274.48</b>
<b>Waller, Lansden, Dortch &amp; Davis, LLP 511 Union Street, Suite 2700 Nashville, TN 37219-8966</b>			<b>Disputed</b>			<b>\$24,703.69</b>

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United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) 16-50740

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**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. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>21,805,364.00</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>21,805,364.00</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>13,928,758.18</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>1,192.79</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>2,688,092.32</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>16,618,043.29</u>

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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 <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>2.1 (*)<b>Sheridan Healthcare</b></p> <p><small>Creditor's Name</small>  <b>of Louisiana, Inc.</b>  <b>1613 N. Harrison Parkway,</b>  <b>Suite 200</b>  <b>Sunrise, FL 33323</b></p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><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.</p>	<p><b>Describe debtor's property that is subject to a lien</b>  <b>Sheridan Arbitration Award</b></p> <hr/> <p><b>Describe the lien</b></p> <hr/> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p><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</p>	<p><b>\$760,684.92</b></p>	<p><b>\$0.00</b></p>

<p>2.2 <b>Allen Emergency Group, LLC</b></p> <p><small>Creditor's Name</small>  <b>PO Box 82368</b>  <b>Lafayette, LA 70598-2368</b></p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b>  <b>Schumacher Lawsuit (Judgment 03/03/2016) (Oakdale)</b></p> <hr/> <p><b>Describe the lien</b></p> <hr/> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><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)</p> <hr/> <p><b>As of the petition filing date, the claim is:</b>  Check all that apply</p>	<p><b>\$322,252.04</b></p>	<p><b>\$0.00</b></p>
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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

<b>2.3</b>	<b>Avoyelles Emergency Group, LLC</b> <small>Creditor's Name</small>	<b>Describe debtor's property that is subject to a lien</b> <b>Schumacher Lawsuit (Judgment 03/03/2016) (Avoyelles)</b>	<b>\$214,390.00</b>	<b>\$0.00</b>
	<b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b> <small>Creditor's mailing address</small>	<b>Describe the lien</b>		
	<small>Creditor's email address, if known</small>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	<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>Last 4 digits of account number</b>	<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>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>2.4</b>	<b>Business First Bank</b> <small>Creditor's Name</small>	<b>Describe debtor's property that is subject to a lien</b> <b>Accounts and general intangibles.</b>	<b>\$10,500,000.00</b>	<b>\$0.00</b>
	<b>Attn: Robert Bond</b> <b>8440 Jefferson Hwy</b> <b>Suite 101</b> <b>Baton Rouge, LA 70809</b> <small>Creditor's mailing address</small>	<b>Describe the lien</b>		
	<small>Creditor's email address, if known</small>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	<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>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<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>2.5</b>	<b>Iberia Emergency Group, LLC</b> <small>Creditor's Name</small>	<b>Describe debtor's property that is subject to a lien</b> <b>Schumacher Lawsuit (Judgment 03/03/2016) (Dauterive)</b>	<b>\$268,235.99</b>	<b>\$0.00</b>
	<b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b> <small>Creditor's mailing address</small>	<b>Describe the lien</b>		

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

**Iberia Physicians Services, 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)**

**\$22,928.49**

**\$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

**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



<b>2.8</b>	<b>The Schumacher Group</b>	Describe debtor's property that is subject to a lien <b>Schumacher Lawsuit (Judgment 03/03/2016)</b>	<b>\$1,244,951.27</b>	<b>\$0.00</b>
	Creditor's Name <b>of Louisiana, Inc.</b> <b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b>	Describe the lien		
	Creditor's mailing address	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
	Date debt was incurred	<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
		Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		

<b>2.9</b>	<b>Winn Emergency Group, LLC</b>	Describe debtor's property that is subject to a lien <b>Schumacher Lawsuit (Judgment 03/03/2016) (Winn)</b>	<b>\$417,144.75</b>	<b>\$0.00</b>
	Creditor's Name <b>PO Box 82368</b> <b>Lafayette, LA 70598-2368</b>	Describe the lien		
	Creditor's mailing address	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
	Date debt was incurred	<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
		Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	<b>\$13,928,758.</b>	<b>18</b>
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**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 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 555 Fayetteville Street, Suite 720 Raleigh, NC 27601	Line <u>2.8</u>	

Debtor Progressive Acute Care, LLC  
Name

Case number (if know) 16-50740

**George C. Freeman, III**  
**Barrasso, Usdin, Kupperman,**  
**Freeman & Sarver, LLC**  
**909 Poydras Street, Suite 2400**  
**New Orleans, LA 70112**

Line 2.1

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

Line 2.7

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

Line 2.8

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

Line 2.4

**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>
	Date or dates debt was incurred <b>2015</b>	<b>\$1,084.79</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 (*) PO Box 60081 New Orleans, LA 70160-0081</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>
	Date or dates debt was incurred	<b>\$108.00</b>
	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>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>
3.3	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>
3.4	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>
3.5	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>
3.6	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>
3.7	Nonpriority creditor's name and mailing address <b>American Arbitration Association</b> <b>Galleria North Tower 2</b> <b>13727 Noel Road, Suite 700</b> <b>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>

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3.8	Nonpriority creditor's name and mailing address <b>Amerinet</b> <b>c/o Intalere</b> <b>Two City Place Drive, Suite 400</b> <b>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>
3.9	Nonpriority creditor's name and mailing address <b>Apptix, Inc.</b> <b>Dept CH 17826</b> <b>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>
3.10	Nonpriority creditor's name and mailing address <b>Associated Design Group, Inc.</b> <b>3909 W. Congress, Suite 201</b> <b>Lafayette, LA 70506</b> Date(s) debt was incurred <u>03/21/2016</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: <b>Lawsuit</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,485.00</b>
3.11	Nonpriority creditor's name and mailing address <b>AT&amp;T (*)</b> <b>PO Box 105262</b> <b>Atlanta, GA 30348-5262</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>
3.12	Nonpriority creditor's name and mailing address <b>Avatar International, LLC</b> <b>Orlando Corporate Center</b> <b>1000 Primera Boulevard, Suite 3144</b> <b>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</b> <b>Customer Service</b> <b>PO Box 3608</b> <b>Dublin, OH 43016-0306</b> Date(s) debt was incurred <u>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: __ 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</b> <b>325 Market Street</b> <b>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>

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3.15	Nonpriority creditor's name and mailing address <b>Canon (*)</b> <b>14904 Collections Center Drive</b> <b>Chicago, IL 60693-0149</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: <b>Audit Services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,290.00</b>

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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>\$157,692.23</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>\$25,230.74</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>

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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	<u>\$1,412.50</u>
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	<u>\$112.00</u>
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	<u>\$2,127.58</u>
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	<u>\$3,596.21</u>
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	<u>\$292.63</u>
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	<u>\$6,468.50</u>
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	<u>\$8,983.70</u>



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3.36 Nonpriority creditor's name and mailing address **Hector Lopez (\*)**  
**2210 7th Street, Suite B**  
**Mandeville, LA 70471**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$37,846.28**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** **Deferred Compensation**  
Is the claim subject to offset?  No  Yes

3.37 Nonpriority creditor's name and mailing address **Hunt Telecommunications, LLC**  
**106 Metairie Lawn Drive, Suite 200**  
**Metairie, LA 70001**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$463.60**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** \_\_  
Is the claim subject to offset?  No  Yes

3.38 Nonpriority creditor's name and mailing address **Ishred (\*)**  
**PO Box 4058**  
**Covington, LA 70434**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$120.00**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** \_\_  
Is the claim subject to offset?  No  Yes

3.39 Nonpriority creditor's name and mailing address **Jack Traver, Jr.**  
**c/o Scott J. Spivey**  
**Landry & Spivey**  
**3232 Edenborn Avenue, Suite C**  
**Metairie, LA 70002**  
Date(s) debt was incurred **01/22/2016**  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** **Lawsuit**  
Is the claim subject to offset?  No  Yes

3.40 Nonpriority creditor's name and mailing address **James Case**  
**747 W. Sawgrass Trail**  
**Dakota Dunes, SD 57049**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$5,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** \_\_  
Is the claim subject to offset?  No  Yes

3.41 Nonpriority creditor's name and mailing address **Kentwood (\*)**  
**PO Box 660579**  
**Dallas, TX 75266-0579**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$46.58**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** \_\_  
Is the claim subject to offset?  No  Yes

3.42 Nonpriority creditor's name and mailing address **King, Reinsch, Prosser & Co., LLP**  
**522 Fourth Street, Suite 200**  
**Sioux City, IA 51101-1620**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$2,950.00**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** **Professional Fees**  
Is the claim subject to offset?  No  Yes

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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	<u>\$8,998.78</u>
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	<u>\$304.00</u>
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	<u>\$1,189.00</u>
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	<u>\$1,558.00</u>
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	<u>\$14,200.00</u>
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	<u>\$2,250.00</u>
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	<u>\$235,404.00</u>

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	<u>\$28,789.61</u>
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	<u>\$13,564.00</u>
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	<u>\$362.87</u>
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	<u>\$150.00</u>
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	<u>\$43,455.76</u>
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	<u>\$5,000.00</u>
3.56	Nonpriority creditor's name and mailing address <b>Mike Hurlburt (*)</b> <b>864 E. 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: <u>Deferred Compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$192,708.09</u>

Debtor **Progressive Acute Care, LLC**  
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Case number (if known) **16-50740**

3.57	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: <b>Arbitration</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.58	Nonpriority creditor's name and mailing address <b>Ober, Kale, Grimes &amp; Shiver (*)</b> <b>100 Light Street</b> <b>Baltimore, MD 21202</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>
3.59	Nonpriority creditor's name and mailing address <b>Office Market (*)</b> <b>68486 Hwy 59</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 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>
3.60	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>
3.61	Nonpriority creditor's name and mailing address <b>Pitney Bowes (*)</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</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>
3.62	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>
3.63	Nonpriority creditor's name and mailing address <b>Provident Life &amp; Accident</b> <b>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>

Debtor **Progressive Acute Care, LLC**  
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Case number (if known) **16-50740**

3.64	Nonpriority creditor's name and mailing address <b>Reliapath, LLC</b> <b>1100 Andre Street, Suite 100</b> <b>New Iberia, LA 70563</b> Date(s) debt was incurred <b>October - December 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: _ 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>Reliapath, LLC</b> <b>1100 Andre Street Suite 100</b> <b>New Iberia, LA 70563</b> Date(s) debt was incurred <b>October 2015</b> Last 4 digits of account number <b>00LP</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 Basis for the claim: _ 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>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: <b>Contract for captial placement services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</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 Stolier Knight, LC (*)</b> <b>909 Poydras Street, Suite 2600</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 type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,626.51</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>

Debtor **Progressive Acute Care, LLC**  
Name

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

3.71 Nonpriority creditor's name and mailing address **The SSI Group, Inc.**  
**PO Box 890987**  
**Charlotte, NC 28289-0987**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$11,394.77**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: **Electronic medical software provider for hospitals.**  
Is the claim subject to offset?  No  Yes

3.72 Nonpriority creditor's name and mailing address **Todd & Associates, LLC**  
**530 E. College Street**  
**Lake Charles, LA 70605**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$635.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: **Workers Compensation Insurance**  
Is the claim subject to offset?  No  Yes

3.73 Nonpriority creditor's name and mailing address **Truven Health Analytics**  
**100 Phoenix Drive**  
**Ann Arbor, MI 48108**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$43,779.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_  
Is the claim subject to offset?  No  Yes

3.74 Nonpriority creditor's name and mailing address **UMR**  
**PO Box 690450**  
**San Antonio, TX 78269**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$15,274.48**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_  
Is the claim subject to offset?  No  Yes

3.75 Nonpriority creditor's name and mailing address **VenYu**  
**7127 Florida Boulevard**  
**Baton Rouge, LA 70806**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$6,324.18**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_  
Is the claim subject to offset?  No  Yes

3.76 Nonpriority creditor's name and mailing address **Waller, Lansden, Dortch & Davis, LLP**  
**511 Union Street, Suite 2700**  
**Nashville, TN 37219-8966**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$24,703.69**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_  
Is the claim subject to offset?  No  Yes

3.77 Nonpriority creditor's name and mailing address **Wayne Thompson (\*)**  
**603 Tops L Drive**  
**Mandeville, LA 70448**  
Date(s) debt was incurred \_\_  
Last 4 digits of account number \_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$126,153.72**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: **Deferred Compensation**  
Is the claim subject to offset?  No  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.

Debtor Progressive Acute Care, LLC  
Name

Case number (if known) 16-50740

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 Part 1 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> Chicago Corporate Center 25 E. Washington Street, Suite 600 Chicago, IL 60602	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Eric L. Grenzebach</b> Brown, Hay & Stephens, LLP PO Box 2459 Springfield, IL 62705	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Henry C. Perret, Jr.</b> Jared O. Brinlee Perret Doise, LLC PO Box 53789 Lafayette, LA 70505	Line <u>3.25</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Jordan T. Precht</b> Davidson, Meaux, Sonnier, McElligott, Fontenot, Gideon & Edwards, LLP 810 S. Buchanan Street Lafayette, LA 70501	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Kenneth W. DeJean</b> 417 W. University Avenue Lafayette, LA 70506	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Kenneth W. DeJean</b> 417 W. University Avenue Lafayette, LA 70506	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Kenneth W. DeJean</b> 417 W. University Avenue Lafayette, LA 70506	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Mark P. Seyler</b> Barkley & Thompson, LC 1515 Poydras Street, Suite 2230 New Orleans, LA 70112	Line <u>3.57</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>Sue Tannehill Mann</b> Onebane Law Firm PO Box 3507 Lafayette, LA 70502-3507	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>Sue Tannehill Mann</b> Onebane Law Firm PO Box 3507 Lafayette, LA 70502-3507	Line <u>3.32</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>Terry C. Landry, Jr.</b> 9213 Interline Avenue Baton Rouge, LA 70809	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

Total of claim amounts

Debtor **Progressive Acute Care, LLC**  
Name

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5a. \$ 1,192.79

5b. + \$ 2,688,092.32

5c. \$ 2,689,285.11



**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 Property* (Official Form 206A/B).

**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 Amended Exhibit A.**

**PROGRESSIVE ACUTE CARE, LLC**  
**Schedule G**

**AMENDED 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
(*) Avatar Solutions Attn: Chief Financial Officer 1000 Primera Boulevard, Suite 2144 Lake Mary, FL 32746	Contract dated 11/19/2013		
(*) CPSI 6600 Wall Street Mobile, AL 36695	Contract dated 08/24/2009	License and support agreement for Avoyelles, Oakdale and Winn	
(*) eSolutions, Inc. 401 West Frontier Lane, Suite 101 Olathe, KS 66061-7221	Contract dated 08/01/2012		
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 30374-0441	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 30374-0441	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
(*) GE Capital Corporation PO Box 740441 Atlanta, GA 30374-0441	Lease Agreement No. 7808494-001	Office Equipment: Copiers located at Avoyelles Hospital	
(*) HealthStream, Inc. 209 10th Avenue South, Suite 450 Nashville, TN 37203	Contract dated December 2013		

(*) The SSI Group, Inc. 4721 Morrison Drive Mobile, AL 36609	Master Service Agreement dated January 2014 Initial Term: 36 months	ClickON Net Billing software program issued to Avoyelles/Oakdale/Winn Hospitals	
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**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)

**\$365,016,311.00**

**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 (\*)**

**\$2,051,260.00**

**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
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**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
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**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
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**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
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

**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.     <b>SOLIC Advisors 1603 Orrington Avenue, Suite 1600 Evanston, IL 60201</b>		<b>\$374,150.29 fees paid between 12/29/15 - 5/31/16; retainer at filing: \$75,174.50 for wind-down/ restructurin g services.</b>	<b>\$449,324.79</b>

Email or website address

Who made the payment, if not debtor?

11.2. <b>Steffes, Vingiello &amp; McKenzie, LLC 13702 Coursey Boulevard Building 3 Baton Rouge, LA 70817</b>	<b>Attorney Fees/Expenses Incurred and Retainer</b>	<b>02/09/2016 - 05/31/2016</b>	<b>\$184,383.20</b>
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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
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**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
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**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
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**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 Attn: Robert Bond 8440 Jefferson Hwy Suite 101 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 Attn: Robert Bond 8440 Jefferson Hwy Suite 101 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 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
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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
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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
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**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 <small>Do not include Social Security number or ITIN.</small>	Dates business existed
25.1. Progressive Acute Care Avoyelles, LLC 2210 7th Street, Suite B Mandeville, LA 70471	Hospital	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 <small>Do not include Social Security number or ITIN.</small>
25.5. <b>Progressive Acute Care Physician Services, LLC 2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Inactive</b>	<b>Dates business existed</b> EIN: <b>From-To 2008-Present</b>
25.6. <b>Progressive Acute Care Physician Services Dauterive, LLC 2210 7th Street, Suite B Mandeville, LA 70471</b>	<b>Physician billing</b>	EIN: <b>From-To 2008-Present</b>

**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. <b>Wayne Thompson 17 Heron lane Mandeville, LA 70471</b>	
26a.2. <b>Shannon Herring 2210 7th Street Mandeville, LA 70471</b>	
26a.3. <b>Doug Lahasky</b>	
26a.4. <b>Suzette Fatula 130 N. Hospital Drive Oakdale, LA 71463</b>	<b>thru 01/31/2016</b>
26a.5. <b>Mona Rabalais 4321 LA Hwy 1192 Marksville, LA 71351</b>	<b>thru 08/21/2015</b>
26a.6. <b>Katie Stansbury</b>	
26a.7. <b>Jackie Bedia</b>	

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. <b>Ericksen Krental LaPorte 4227 Canal Street New Orleans, LA 70119</b>	<b>2014 Audit</b>
26b.2. <b>Crowe Horwath, LLP 225 West Wacker Drive, Suite 2600 Chicago, IL 60606</b>	<b>2015 Audit (in progress)</b>

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	See List of Equity Security Holders
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	See List of Equity Security Holders

Name	Address	Position and nature of any interest	% of interest, if any See List of Equity Security Holders
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	\$5,000	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	\$5,000	June 2015 - November 2015	Board Compensation
	Relationship to debtor Board Member			
30.5	Michael Genoff (*) 55 Ideal Drive Sandpoint, ID 83864	\$5,000	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	Employer Identification number of the parent corporation
<b>Progressive Acute Care, LLC</b>	EIN: <b>26-2491719</b>

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
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**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 July 22, 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

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF LOUISIANA  
Lafayette Division**

**IN RE:**

**PROGRESSIVE ACUTE CARE, LLC, ET AL.**

**CASE NO. 16-50740**

**DEBTORS**

**CHAPTER 11**

**FIRST AMENDED MAILING LIST  
Verification**

Penalties for making a false statement or for concealing property are a fine up to \$500,000.00 or imprisonment for up to five (5) years or both). (18 U.S.C. §§ 152 and 3571).

**DECLARATION**

I declare under penalty of perjury that the foregoing mail list, comprising 4 pages, is true and correct. Signed on July 22, 2016.

Progressive Acute Care, LLC, Debtor

Signed: /s/ Wayne Thompson  
Wayne Thompson, Authorized Representative

Signed: /s/ Barbara B. Parsons  
WILLIAM E. STEFFES (LA Bar No. 12426)  
BARBARA B. PARSONS (LA Bar No. 28714)  
Steffes, Vingiello & McKenzie, LLC  
13702 Coursey Blvd., Building 3  
Baton Rouge, Louisiana 70817  
Telephone: (225) 751-1751  
Facsimile: (225) 751-1998  
E-mail: bparsons@steffeslaw.com

*Attorneys for Debtors*

**PROGRESSOVE ACUTE CARE, LLC**  
**CASE NO. 16-50740**

**CREDITORS TO BE ADDED**

Reliath, LLC  
1100 Andre Street, Suite 100  
New Iberia, LA 70563

St. Tammany Parish Tax Collector  
PO Box 608  
Covington, LA 70434-0608

The SSI Group, Inc.  
Attn: Cheryl Ramsey  
4721 Morrison Drive  
Mobile, AL 36609

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

AT&T  
PO Box 105262  
Atlanta, GA 30348-5262

Canon  
14904 Collections Center Drive  
Chicago, IL 60693-0149

Ishred  
PO Box 4058  
Covington, LA 70434

Kentwood  
PO Box 660579  
Dallas, TX 75266-0579

Langlinais, Broussard & Kohlenberg, CPAs  
PO Box 1123  
Abbeville, LA 70511-1123

Ober, Kale, Grimes & Shiver  
100 Light Street  
Baltimore, MD 21202

Office Market  
68486 Hwy 59  
Mandeville, LA 70471

Pitney Bowes  
PO Box 371874  
Pittsburgh, PA 15250-7874

State of Louisiana  
PO Box 60081  
New Orleans, LA 70160-0081

Sullivan Stoler Knight, LC  
909 Poydras Street, Suite 2600  
New Orleans, LA 70112

Avatar Solutions  
Attn: Chief Financial Officer  
1000 Primera Boulevard, Suite 2144  
Lake Mary, FL 32746

CPSI  
6600 Wall Street  
Mobile, AL 36695

HealthStream, Inc.  
209 10th Avenue South, Suite 450  
Nashville, TN 37203

eSolutions, Inc.  
401 West Frontier Lane, Suite 101  
Olathe, KS 66061-7221

**CREDITORS/INTERESTED PARTIES TO BE UPDATED**

Richard (Dick) Hylland  
3500 S. Phillips Avenue  
Sioux Falls, SD 57105



Barry D. Alexander  
Polsinelli, PC  
555 Fayetteville Street, Suite 720  
Raleigh, NC 27601

**CREDITORS TO BE DELETED**

Air Liquid America Corporation  
PO Box 301046  
Dallas, TX 75303-1046

Business First Bank VISA  
Card Service Center  
PO Box 84070  
Columbus, GA 31908-4070

GE Capital Corporation  
PO Box 740441  
Atlanta, GA 30374-0441

GE Capital Corporation  
PO Box 740423  
Atlanta, GA 30374-0423

Klean Krewe Housekeeping, LLC  
1070-B W. Causeway Approach  
Mandeville, LA 70471

Klean Krewe Housekeeping, LLC  
3900 North Causeway Boulevard, #1200  
Metairie, LA 70002

Optum  
PO Box 88050  
Chicago, IL 60680-1050

SOLIC Capital Advisors, LLC  
3455 Peachtree Street, Suite 600  
Atlanta, GA 30326

Southeast Business Systems, Inc.  
202 Market Street  
Hammond, LA 70401

TASC  
TASC Client Invoices  
PO Box 88278  
Milwaukee, WI 53288-0001

WebTPA  
8500 Freeport Parkway South, Suite 400  
Irving, TX 75063

WestLaw  
PO Box 6292  
Carol Stream, IL 60197-6292