

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF GEORGIA  
MACON DIVISION**

|   |   |                        |
|---|---|------------------------|
| In re:                                      | ) |                        |
|   | ) | Chapter 11             |
| OCONEE REGIONAL HEALTH                      | ) |                        |
| SYSTEMS, INC., <i>et al.</i> , <sup>1</sup> | ) | Case No. 17-51005-AEC  |
|   | ) |                        |
| Debtors.                                    | ) | (Jointly Administered) |
| _____                                       | ) |                        |

**NOTICE OF APPOINTMENT  
OF  
COMMITTEE OF UNSECURED CREDITORS**

Pursuant to 11 U.S.C. Section 1102(a), the undersigned hereby appoints the following  
Creditors to serve on the Committee of Unsecured Creditors:

**SEE EXHIBIT "A" ATTACHED**

This 16<sup>th</sup> day of May, 2017.

Respectfully submitted,

GUY G. GEBHARDT  
ACTING UNITED STATES TRUSTEE,  
REGION 21

Office of the U.S. Trustee  
440 Martin Luther King Jr. Blvd, Ste. 302  
Macon, GA 31201  
(478) 752-3545

/s/ Robert G. Fenimore  
Robert G. Fenimore  
Trial Attorney  
GA Bar No. 205202  
[robert.g.fenimore@usdoj.gov](mailto:robert.g.fenimore@usdoj.gov)

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<sup>1</sup> The last four digits of the employer identification number for each of the Debtors follow in parenthesis: (i) Oconee Regional Health Systems, Inc. (9394), (ii) Oconee Regional Medical Center, Inc. (9398), (iii) Oconee Regional Health Services, Inc. (9397), (iv) Oconee Regional Emergency Medical Services, Inc. (3857), (v) Oconee Regional Health Ventures, Inc. (sometimes d/b/a Oconee Neurology Services) (8516), (vi) Oconee Internal Medicine, LLC (1712), (vii) Oconee Orthopedics, LLC (3694), (viii) ORHV Sandersville Family Practice, LLC (1236), and (ix) Oconee Regional Senior Living, Inc. (5613). The Debtors' corporate mailing address is 821 North Cobb Street, Milledgeville, Georgia, 31061.

**EXHIBIT "A"**

Baldwin Physician Services, LLC  
200 Corporate Boulevard  
Lafayette, LA 70508  
(337) 609-1255  
Ryan R. Domengeaux  
[ryan\\_domengeaux@schumacherclinical.com](mailto:ryan_domengeaux@schumacherclinical.com)

EnduraCare AcuteCare  
381 Riverside Drive, Suite 440  
Franklin, TN 37064  
(615) 861-8751  
Art Doloresco  
[adoloresco@enduracareac.com](mailto:adoloresco@enduracareac.com)

Varian Medical Systems  
3290 Northside Pkwy., N.W., Suite 400  
Atlanta, GA 30327  
(678) 255-3859  
James D. DuBrava  
[james.dubrava@varian.com](mailto:james.dubrava@varian.com)

Aramark CTS, LLC  
1101 Market Street, 29<sup>th</sup> Floor  
Philadelphia, PA 19107  
(215) 238-5979  
Charles J. Reitmeyer  
[reitmeyer-charles@aramark.com](mailto:reitmeyer-charles@aramark.com)

Medline Industries, Inc.  
3 Lakes Drive  
Northfield, IL 60093  
(262) 367-7501, ext. 2252  
Shane Reed  
[sreed@medline.com](mailto:sreed@medline.com)

Crown Health Care Laundry Services  
1501 N. Guillemard Street  
Pensacola, FL 32501  
(850) 469-9909 ext 20  
Cliff Haigler  
[chaigler@crownlaundry.com](mailto:chaigler@crownlaundry.com)

Clinical Colleagues, Inc.  
1121 North Bethlehem Pike  
Suite 60-234  
Spring House, PA 19477  
(210) 822-2510, ext. 1  
James P. Robinson, III  
[jim@jamesrobinsonlaw.com](mailto:jim@jamesrobinsonlaw.com)

**CERTIFICATE OF SERVICE**

I hereby certify that I have served the foregoing pleading titled **NOTICE OF APPOINTMENT OF COMMITTEE OF UNSECURED CREDITORS** either through the Court's electronic filing system or by placing a true and correct copy with the United States Postal Service with adequate postage affixed to assure first class delivery and addressed to:

Oconee Regional Health Systems, Inc., et al.  
Attention: Steven M. Johnson, Interim CEO  
and Authorized Signatory  
821 North Cobb Street  
Milledgeville, GA 31061

Ryan R. Domengeaux, J.D.  
Enterprise Chief Risk Officer  
Baldwin Physician Services, LLC  
200 Corporate Boulevard  
Lafayette, LA 70508

Mark I. Duedall  
Leah Fiorenza McNeill  
Attorneys for Debtors  
Bryan Cave LLP  
1201 West Peachtree Street  
14th Floor  
One Atlantic Center  
Atlanta, GA 30309

Shane Reed  
Director-Credit, A/R and Escalations Finance  
Medline Industries, Inc.  
3 Lakes Drive  
Northfield, IL 60093

Cliff Haigler, CFO  
Crown Health Care Laundry Services  
1501 N. Guillemard Street  
Pensacola, FL 32501

Charles J. Reitmeyer  
VP & Assistant General Counsel  
Aramark CTS, LLC  
1101 Market Street, 29<sup>th</sup> Floor  
Philadelphia, PA 19107

Art Doloresco, CEO  
EnduraCare AcuteCare  
381 Riverside Drive, Suite 440  
Franklin, TN 37064

James P. Robinson, III  
Clinical Colleagues, Inc.  
700 N. St. Mary's St., Ste. 400  
San Antonio, TX 78205

James D. DuBrava  
North American Accounts Receivable  
Collections Manager  
Varian Medical Systems 3290 Northside Pkwy.,  
N.W., Suite 400  
Atlanta, GA 30327

Clinical Colleagues, Inc.  
1121 North Bethlehem Pike  
Suite 60-234  
Spring House, PA 19477

And the parties listed on the attached Lists of Creditors Holding 20 Largest Unsecured Claims

This 16<sup>th</sup> day of May, 2017.

/s/Robert G. Fenimore  
Robert G. Fenimore  
Trial Attorney  
GA Bar No. 205202  
[robert.g.fenimore@usdoj.gov](mailto:robert.g.fenimore@usdoj.gov)  
440 Martin Luther King Jr. Blvd.  
Suite 302  
Macon, GA 31201  
(478) 752-3545

## Fill in this information to identify the case:

Debtor name Oconee Regional Health Systems, Inc.  
United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

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

☐ Check if this is an  
amended filing

## Official Form 204

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

12/15

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

| Name of creditor and complete mailing address, including zip code   | Name, telephone number and email address of creditor contact                 | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Alice Loper<br>251 East Riverbend Drive<br>Milledgeville, GA 31061  |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Deborah Block<br>821 North Cobb Street<br>Milledgeville, GA 31061   |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Marshall Ivey, M.D.<br>248 Ivey Drive<br>Milledgeville, GA 31061  |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Michael A. Vaughn<br>821 North Cobb Street<br>Milledgeville, GA 31061   |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Michael Anderson<br>105 Partridge Road<br>Milledgeville, GA 31061   |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Micheal Duke, M.D.<br>247 West Lakeview Drive<br>Milledgeville, GA 31061  |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Monica Ingram<br>c/o The Law Offices of Anthony Hall, LLC<br>G. Anthony Hall, Esq.<br>3355 Lenox Road, Suite 750<br>Atlanta, GA 30326 | G. Anthony Hall, Esq.<br>ahall@thelawofficeofanthonyhall.com<br>404.252.3208 | Alleged claims under ADA and FMLA   | Contingent Unliquidated Disputed                           |  |   | \$51,599.50     |

Debtor Oconee Regional Health Systems, Inc.  
Name

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

| Name of creditor and complete mailing address, including zip code                                    | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201 |  | Subordinate Secured Promissory Note and Settlement Agreement                  |  |  |   | \$161,111.36    |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201 |  | Subordinate Secured Promissory Note and Settlement Agreement                  |  |  |   | \$106,839.04    |
| Phyllis M. Parks-Veal, M.D.<br>151 Arbor Way<br>Milledgeville, GA 31061                              |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Prabhdeep Brar, M.D.<br>157 Northwoods' Drive, NW<br>Milledgeville, GA 31061                         |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Steven M. Johnson<br>821 North Cobb Street<br>Milledgeville, GA 31061                                |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Ted Zarkowsky<br>108 NE Lakeview Circle<br>Milledgeville, GA 31061                                   |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Tyrone Evans<br>Post Office Box 279<br>Hardwick, GA 31034  |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Vanessa Walker<br>821 North Cobb Street<br>Milledgeville, GA 31061                                   |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |

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

Debtor name Oconee Regional Medical Center, Inc.  
 United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

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

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

| Name of creditor and complete mailing address, including zip code  | Name, telephone number and email address of creditor contact                        | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|---|---|--|--|---|-----------------|
|  |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Aramark CTS, LLC<br>Attn: Kenneth Sandifer, CEO & President<br>2300 Warrenville Road<br>Downers Grove, IL 60515              | Anthony Dixon<br><br>dixon-anthony@aramark.com<br>(404) 822-6769                    | Trade Debt  |  |  |   | \$299,098.02    |
| Aristol, Inc.<br>624 28th Street<br>North<br>Birmingham, AL 35203  | Jeremy Collins<br><br>collinsj@aristoer.com<br>(205) 313-5205                       | Trade Debt  |  |  |   | \$51,487.34     |
| Baldwin Physician Services, LLC<br>200 Corporate Boulevard<br>Suite 201<br>Lafayette, LA 70508                               | Racheal St. Romain<br><br>Racheal_StRomain@Schumacherclinical.com<br>(337) 609-2603 | Trade Debt  |  |  |   | \$257,473.94    |
| Blomet Sports Medicine, Inc.<br>56 East Bell Drive<br>Warsaw, IN 46582   | Andrew Swan<br><br>aswan70@hotmail.com<br>(800) 797-8887                            | Trade Debt  |  |  |   | \$75,261.32     |
| Center for Medicare and Medicaid Service<br>Attn: Kristen Dixon<br>Suite 4T20<br>61 Forsyth Street<br>Atlanta, GA 30303-8909 | Kristen Dixon<br><br>(404) 562-7368<br>ROATLFM@cms.hhs.gov                          | Potential Overpayment of Claims   | Contingent<br>Unliquidated<br>Disputed                     |  |   | \$1,489,825.63  |



Debtor Oconee Regional Medical Center, Inc.  
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code  | Name, telephone number and email address of creditor contact                   | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Clinical Colleagues, Inc.<br>1121 North Bethlehem Pike<br>Suite 60-234<br>Spring House, PA 19477                                     | Alex Gorecki<br>agorecki@clinicalcolleagues.com<br>(850) 497-6702              | Trade Debt  |  |  |   | \$193,083.03    |
| Crown Health Care Laundry Services, Inc.<br>1501 North Guillemard Street<br>Pensacola, FL 32501                                      | Sam Anderson<br>sama@crownlaundry.com<br>(850) 207-1771                        | Trade Debt  |  |  |   | \$82,840.43     |
| EnduraCare AcuteCare<br>381 Riverside Drive<br>Suite 440<br>Franklin, TN 37064   | Rhonda Smith<br>rsmith@enduracare.com<br>(615) 861-8757                        | Trade Debt  |  |  |   | \$90,139.10     |
| Georgia Power Company<br>Attn: Paul Bowers, CEO<br>241 Ralph McGill Boulevard<br>Atlanta, GA 30308                                   | Paul Bowers, CEO   | Trade Debt  |  |  |   | \$59,213.83     |
| Healthcare Services Group, Inc.<br>3220 Tillman Drive<br>Suite 300<br>Bensalem, PA 19020   |  | Trade Debt  |  |  |   | \$67,167.33     |
| Medical Information Technology, Inc.<br>Meditech Circle<br>Westwood, MA 02090  | Michael Sierra<br>msierra@meditech.com<br>(781) 774-4394                       | Trade Debt  |  |  |   | \$47,904.00     |
| Medline Industries, Inc.<br>1 Medline Place<br>Mundelein, IL 60060   | Erica Farmer<br>efarmer@medline.com<br>(770) 238-7670                          | Trade Debt  |  |  |   | \$68,221.40     |
| Monica Ingram<br>o/o The Law Office of Anthony Hall, LLC<br>G. Anthony Hall, Esq.<br>3355 Lenox Road, Suite 750<br>Atlanta, GA 30326 | G. Anthony Hall, Esq.<br>ahall@thelawofficeofanthonyhall.com<br>(404) 250-3208 | Alleged claims under ADA and FMLA   | Contingent<br>Unliquidated<br>Disputed                     |  |   | \$51,599.50     |

Debtor Oconee Regional Medical Center, Inc.  
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code   | Name, telephone number and email address of creditor contact            | Nature of claim (for example, trade debts, bank loans, professional services,                                      | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|--|--|--|---|-----------------|
|   |   |  |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201                                    | Kenneth B. Banks<br>banks.ken@navicenthealth.org<br>(478) 633-6980      | Subordinate Secured Promissory Note and Settlement Agreement   |  |  |   | \$161,111.36    |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201                                    | Kenneth B. Banks<br>Banks.Ken@NavicentHealth.org                        | Land Lot 282, Dist. 1, Baldwin County - 6.007 acres; Land Lots 282 and 295, Dist. 1, Baldwin County - 55.689 acres |  | \$106,839.04   | \$0.00                                      | \$106,839.04    |
| Quest Diagnostics Clinical Laboratories<br>1777 Montreal Circle<br>Tucker, GA 30084   | Thomas Fuller<br>thomas.a.fuller@questdiagnostics.com<br>(229) 425-2938 | Trade Debt   |  |  |   | \$72,283.56     |
| Siemens Healthcare Diagnostics, Inc.<br>Glasgow Business Community Building<br>Building 500<br>Post Office Box 6101<br>Newark, DE 19714 |   | Trade Debt   |  |  |   | \$74,653.73     |
| Smith & Nephew Endoscopy<br>150 Minuteman Road<br>Andover, MA 01810   | Cara Bunn<br>cara.bunn@smith-nephew.com<br>(478) 796-4558               | Trade Debt   |  |  |   | \$67,819.61     |
| Stryker Orthopaedics<br>325 Corporate Drive<br>Mahwah, NJ 07430   | Max Dixon<br>max.dixon@crosslinkortho.com<br>(478) 508-8001             | Trade Debt   |  |  |   | \$273,917.90    |
| Varian Oncology Systems<br>3100 Hansen Way<br>Palo Alto, CA 94304   | Dan Spurgeon<br>dan.spurgeon@varian.com<br>(678) 416-9086               | Trade Debt   |  |  |   | \$69,576.05     |

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

Debtor name Oconee Regional Health Services, Inc.  
 United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

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| Name of creditor and complete mailing address, including zip code                                    | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Alan Horton<br>4009 NE Jeffrey Way<br>Milledgeville, GA 31061  |  | Potential Rights of Indemnity   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| David Groseclose<br>128 Myrick Road<br>Milledgeville, GA 31061                                       |  | Potential Rights of Indemnity   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Michael A. Vaughn<br>821 North Cobb Street<br>Milledgeville, GA 31061                                |  | Potential Rights of Indemnity   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201 |  | Subordinate Secured Promissory Note and Settlement Agreement  |  |  |   | \$161,111.36    |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201 |  | Subordinate Secured Promissory Note and Settlement Agreement  |  |  |   | \$106,839.04    |
| Phyllis M. Parks-Veal, M.D.<br>151 Arbor Way<br>Milledgeville, GA 31061                              |  | Potential Rights of Indemnity   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Steven M. Johnson<br>821 North Cobb Street<br>Milledgeville, GA 31061                                |  | Potential Rights of Indemnity   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |

Debtor Oconee Regional Health Services, Inc.  
Name

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

| Name of creditor and complete mailing address, including zip code  | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Ted Zarkowsky<br>108 NE Lakeview Circle<br>Milledgeville, GA 31061 |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |

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

Debtor name Oconee Regional Emergency Medical Services, Inc.  
United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

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

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|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| -NONE-  |  |   |  |  |   |                 |

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

Debtor name Oconee Regional Health Ventures, Inc., dba Oconee Neurology Services  
 United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
 Case number (if known): \_\_\_\_\_

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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**

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| Name of creditor and complete mailing address, including zip code                                    | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Alan Horton<br>4009 NE Jeffrey Way<br>Milledgeville, GA 31061  |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| CompuGroup Medical<br>3300 N. Central Avenue<br>Suite 2100<br>Phoenix, AZ 85012                      |  | Trade Debt  |  |  |   | \$405.49        |
| James A. Wilson, M.D.<br>425 North Cobb Street<br>Milledgeville, GA 31061                            |  | Accrued Bonus and Retirement Income   |  |  |   | \$29,644.90     |
| James Smith, M.D.<br>154 O'Connor Drive<br>Milledgeville, GA 31061                                   |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Michael A. Vaughn<br>821 North Cobb Street<br>Milledgeville, GA 31061                                |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Mickey Couey<br>Post Office Box 807<br>Milledgeville, GA 31059                                       |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201 |  | Subordinate Secured Promissory Note and Settlement Agreement  |  |  |   | \$161,111.36    |

Debtor **Oconee Regional Health Ventures, Inc., dba Oconee Neurology Services**

Case number (if known)

Name

| Name of creditor and complete mailing address, including zip code                                    | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Navicent Health, Inc.<br>Attn: Kenneth B. Banks<br>691 Cherry Street<br>Suite 700<br>Macon, GA 31201 |  | Subordinate Secured Promissory Note and Settlement Agreement                  |  |  |   | \$106,839.04    |
| Prabhdeep Brar, M.D.<br>157 Northwoods' Drive, NW<br>Milledgeville, GA 31061                         |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |
| Steven M. Johnson<br>821 North Cobb Street<br>Milledgeville, GA 31061                                |  | Potential Rights of Indemnity   | Contingent Unliquidated                                    |  |   | \$0.00          |

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

Debtor name Oconee Internal Medicine, LLC  
United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

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

12/15

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

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|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Catherine Roberts, M.D.<br>641 West Thomas Street<br>Milledgeville, GA 31061       | Catherine Roberts, M.D.<br><br>(478) 454-3550                | Accrued Bonus and Retirement Income   |  |  |   | \$38,351.63     |
| McKesson Medical Surgical<br>9954 Maryland Drive<br>Suite 400<br>Henrico, VA 23233 |  | Trade Debt  |  |  |   | \$260.15        |
| Oconee Medical Associates LLC<br>641 West Thomas Street<br>Milledgeville, GA 31061 |  | Trade Debt  |  |  |   | \$278.52        |
| Willis R. Roberts, Jr., M.D.<br>641 West Thomas Street<br>Milledgeville, GA 31061  | Willis R. Roberts, Jr., M.D.<br><br>(478) 454-3550           | Accrued Bonus and Retirement Income   |  |  |   | \$38,754.23     |



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

Debtor name Oconee Orthopedics, LLC  
 United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

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|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Besse Medical Supply<br>1576 Solutions Circle<br>Chicago, IL 60677                     |  | Trade Debt  |  |  |   | \$2,333.97      |
| Chilivis Cochran Larkins & Bever<br>3127 Maple Drive NE<br>Atlanta, GA 30305           |  | Trade Debt  |  |  |   | \$6,872.81      |
| Gerald Grimes Plumbing<br>112 Joyner Road, NE<br>Milledgeville, GA 31061               |  | Trade Debt  |  |  |   | \$212.79        |
| Heathcare Management Services<br>6501 Peake Road Suite 700<br>Macon, GA 31210          |  | Trade Debt  |  |  |   | \$8,027.92      |
| James H. Extline, DO<br>1201 Columbia Drive<br>Milledgeville, GA 31061                 | James H. Extline, D.O.                                       | Accrued Bonus and Retirement Income   |  |  |   | \$99,986.94     |
| McKesson Medical-Surgical, Inc.<br>9954 Maryland Drive Suite 4000<br>Sudbury, MA 23233 |  | Trade Debt  |  |  |   | \$2,300.49      |
| Ricoh USA, Inc.<br>5 Dedrick Place<br>Caldwell, NJ 07006                               |  | Trade Debt  |  |  |   | \$164.52        |

Debtor Oconee Orthopedics, LLC  
Name

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

| Name of creditor and complete mailing address, including zip code                                     | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
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| Staples Advantage<br>Attn: Ron Sargent,<br>CEO<br>125 Mushroom<br>Boulevard<br>Rochester, NY<br>14623 |  | Trade Debt  |  |  |   | \$215.73        |
| Steven Paul<br>Niergarth, D.O.<br>1201 Columbia Drive<br>Milledgeville, GA<br>31061                   | snlergarth@gmail.com   | Accrued Bonus and Retirement Income   |  |  |   | \$43,577.57     |

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

Debtor name ORHV Sandersville Family Practice, LLC  
United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
Case number (if known): \_\_\_\_\_

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amended filing

**Official Form 204**

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12/15

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|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| -NONE-  |  |   |  |  |   |                 |

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

Debtor name Oconee Regional Senior Living, Inc.  
United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

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

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| -NONE-  |  |   |  |  |   |                 |