

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	Chapter 11
)	
GULF COAST HEALTH CARE, LLC, <i>et al.</i> , ¹)	Case No. 21-11336 (KBO)
)	
Debtors.)	Jointly Administered
)	

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY,
AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS
AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

INTRODUCTION

Gulf Coast Health Care, LLC (“**Gulf Coast**”) and its debtor affiliates, as debtors and debtors-in-possession in the above-captioned cases (collectively, the “**Debtors**”), are filing their respective Schedules of Assets and Liabilities (each, a “**Schedule**” and, collectively, the “**Schedules**”) and Statements of Financial Affairs (each, a “**Statement**” or “**SOFA**” and, collectively, the “**Statements**” or “**SOFAs**”) with the United States Bankruptcy Court for District of Delaware (the “**Bankruptcy Court**”) pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These global notes and statement of limitations, methodology, and disclaimers regarding the Debtors' Schedules and Statements (collectively, the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of all of the Schedules and Statements. The Global Notes are in addition to the specific notes set forth below with respect to particular Schedules and Statements (the “**Specific Notes**” and, together with the Global Notes, the “**Notes**”). These Global Notes should be referred to, and referenced in connection with, any review of the Schedules and Statements.

The Debtors' management team prepared the Schedules and Statements with the assistance of their advisors and professionals and have relied upon the efforts, statements, advice, and representations of personnel of the Debtors and the Debtors' advisors and professionals. Given the scale of the Debtors' businesses, the Debtors' management, including the Debtors' Chief Restructuring Officer (who has executed the Schedules and Statements of each of the Debtors) has not (and practically could not have) personally verified the accuracy of each

1 The last four digits of Gulf Coast Health Care, LLC's federal tax identification number are 9281. There are 62 Debtors in these Chapter 11 Cases, which cases are being jointly administered for procedural purposes only. A complete list of the Debtors and the last four digits of their federal tax identification numbers are not provided herein. A complete list of such information may be obtained on the website of the Debtors' claims and noticing agent at <https://dm.epiq11.com/GulfCoastHealthCare>. The location of Gulf Coast Health Care, LLC's corporate headquarters and the Debtors' service address is 9511 Holsberry Lane, Suite B11, Pensacola, FL 32534.

statement and representation in the Schedules and Statements, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation. The Debtors' management team and advisors have made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances; however, the receipt or discovery of subsequent information may result in material changes to the Schedules and Statements, and inadvertent errors, omissions, or inaccuracies may exist in the Schedules and Statements.

The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Schedules and Statements as to amount, liability, classification, identity of Debtor or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated." Furthermore, nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of any of the Debtors' rights or an admission with respect to the Chapter 11 Cases, including, but not limited to, liability for any claims, any issues involving objections to claims, substantive consolidation, equitable subordination, defenses, characterization or re-characterization of contracts and leases, assumption or rejection of contracts and leases under the provisions of chapter 3 of the Bankruptcy Code, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, or any other relevant applicable laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements except as may be required by applicable law.

The Schedules, Statements, and Notes should not be relied upon by any persons for information relating to current or future financial conditions, events, or performance of any of the Debtors or their affiliates.

1. **Description of the Chapter 11 Cases.** On October 14, 2021 (the "**Petition Date**"), each of the Debtors commenced a voluntary case under chapter 11 of the Bankruptcy Code (collectively, the "**Chapter 11 Cases**"). The Debtors are authorized to operate their businesses and manage their properties as debtors-in-possession pursuant to Bankruptcy Code sections 1107(a) and 1108. On October 15, 2021, the Bankruptcy Court entered an order authorizing the joint administration of the cases pursuant to Bankruptcy Rule 1015(b). *See* Docket No. 43. On October 25, 2021, the Office of the United States Trustee for the District of Delaware (the "**U.S. Trustee**") appointed an official committee of unsecured creditors pursuant to Bankruptcy Code section 1102(a)(1) (the "**Committee**"). *See* Docket No. 111.

2. **Basis of Presentation.** For financial reporting purposes, the Debtors historically have prepared consolidated financial statements, which include financial information for the Debtors and certain non-debtor affiliates. The Schedules and Statements are unaudited and reflect the Debtors' reasonable efforts to report certain financial information of each Debtor on a stand-alone, unconsolidated basis. These Schedules and Statements neither purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles ("GAAP") in the United States, nor are they intended to be fully reconciled with the financial statements of each Debtor.

The Debtors attempted to attribute the assets and liabilities, certain required financial information, and various cash disbursements to the applicable Debtor entity. However, because the Debtors' accounting systems, policies, and practices were developed for consolidated reporting purposes, rather than reporting by individual legal entity, it is possible that not all assets, liabilities, or amounts of cash disbursements have been recorded with the correct legal entity on the Schedules and Statements. Accordingly, the Debtors reserve all rights to supplement and/or amend the Schedules and Statements in this regard.

Given, among other things, the uncertainty surrounding the valuation of certain assets and the valuation and nature of certain liabilities, a Debtor may report more assets than liabilities. Such report shall not constitute an admission that such Debtor was solvent on the Petition Date or at any time before or after the Petition Date. Likewise, a Debtor reporting more liabilities than assets shall not constitute an admission that such Debtor was insolvent on the Petition Date or any time prior to or after the Petition Date.

3. **Reporting Date.** The reported asset values in Schedules A and B, with the exception of estimated cash balances, reflect the Debtors' asset values as of September 30, 2021 (the "**Reporting Date**"). Estimated cash balances presented in Schedule A reflect bank balances as of the close of business on October 14, 2021. Liability values presented in Schedules D, E, and F are as of the Petition Date, adjusted for authorized payments under the First Day Orders (as defined below).
4. **Current Values.** Other than estimated bank cash balances, and unless otherwise noted, the assets and liabilities of each Debtor are listed on the basis of the book value of the asset or liability in the respective Debtor's accounting books and records.

Under the guidance of the Debtors' auditors, the carrying value of property, plant, and equipment was adjusted to net realizable value under ASC 360 for the reporting period ended September 30, 2021.

5. **Confidentiality.** Schedule E/F includes certain unsecured employee claims against the Debtors including, without limitation, certain claims of former

employees for 2020 performance bonus awards as well as certain unsecured claims of current and/or former residents. Due to confidentiality concerns, and as authorized by certain orders entered by the Bankruptcy Court, the Debtors have removed the addresses of the employee claimants and the names and addresses of the resident claimants listed on Schedule E/F.

6. **Consolidated Entity Accounts Payable and Disbursement Systems.** As described in the Cash Management Motion,² the Debtors utilize an integrated, centralized cash management system in the ordinary course of business to collect, concentrate, and disburse funds generated by their operations. The Debtors concentrate cash assets into a central account to more effectively manage their businesses and coordinate the payment of outstanding obligations.

In the ordinary course of business, the Debtors engage in intercompany transactions (the “**Intercompany Transactions**”) with one another, which result in intercompany receivables and payables (the “**Intercompany Claims**”). While the majority of Intercompany Transactions are settled by book entry, certain transactions are settled by the actual transfer of cash. The Debtors track all Intercompany Transactions in their accounting system, which may be traced and accounted for as needed. Since the Petition Date, the Debtors continue to settle Intercompany Claims in accordance with the procedures outlined in the Cash Management Motion.

7. **Accuracy.** Although the Debtors have made good faith reasonable efforts to file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. The financial information disclosed herein was not prepared in accordance with federal or state securities laws or other applicable non-bankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against or equity interests in the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertake no responsibility to indicate variations from securities laws or for any evaluations of the Debtors based on this financial information or any other information. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements as is necessary or appropriate.
8. **Net Book Value of Assets.** In many instances, current market valuations are not maintained by or readily available to the Debtors. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate resources for the Debtors to obtain current market valuations for all assets. As such, wherever

² The “**Cash Management Motion**” means the *Motion of Debtors for Entry of Interim and Final Orders (I) Authorizing the Debtors to (A) Continue to Operate Their Existing Cash Management System, (B) Maintain Existing Bank Accounts and Business Forms and Honor Certain Prepetition Obligations Related to the Use Thereof, (C) Maintain Purchasing Card Program and Honor Prepetition Obligations Related Thereto, and (D) Continue to Perform Intercompany Transactions; (II) Extending the Time for The Debtors to Comply with 11 U.S.C. § 345(B) Deposit and Investment Requirements; and (III) Granting Related Relief* [Docket No. 8].

possible, unless otherwise indicated, net book values are presented as of the Reporting Date. When necessary, the Debtors have indicated that the value of certain assets is “Unknown” or “Undetermined.” Amounts ultimately realized may vary materially from net book value (or other value so ascribed). Accordingly, the Debtors reserve all rights to amend, supplement, and adjust the asset values set forth in the Schedules and Statements.

9. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars.
10. **Payment of Prepetition Claims Pursuant to First Day Orders.** Following the Petition Date, the Bankruptcy Court entered various orders (the “**First Day Orders**”) authorizing, but not directing, the Debtors to, among other things, pay certain prepetition: (i) service fees and charges assessed by the Debtors’ banks; (ii) insurance obligations; (iii) refund program obligations; (iv) employee wages, salaries, and related items (including, employee benefit programs, staffing agency payments, and independent contractor obligations); and (v) taxes and assessments. Where the Schedules and Statements list creditors and set forth the Debtors’ scheduled amounts attributable to such claims, such scheduled amounts reflect balances owed as of the Petition Date. To the extent any adjustments are necessary for payments made on account of such claims following the Petition Date pursuant to the First Day Orders, such adjustments have been included in the Schedules and Statements unless otherwise noted on the applicable Schedule or Statement. The Debtors reserve the right to update the Schedules and Statements to reflect payments made pursuant to the First Day Orders that may not be represented in the attached Schedules and Statements.
11. **Other Paid Claims.** To the extent the Debtors reach any postpetition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Schedules and Statements, and shall be enforceable by all parties, subject to Bankruptcy Court approval if necessary. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.
12. **Setoffs.** The Debtors routinely incur setoffs from payors and suppliers in the ordinary course of business. Such ordinary course setoffs can arise from various items including, but not limited to, billing discrepancies, refund programs, returns, promotional funding, warranties, refunds, certain intercompany transactions, and other disputes between the Debtors and their payors and/or suppliers. These routine setoffs are consistent with ordinary course practice in the Debtors’ industry, and, therefore, can be particularly voluminous, unduly burdensome, and costly for the Debtors to regularly document. Therefore, although such setoffs and other similar rights may have been accounted for when

scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and, as such, are excluded from the Schedules and Statements.

13. **Accounts Receivable.** The accounts receivable information listed on the Schedules includes receivables from the Debtors' residents and third-party payors and is calculated net of any amounts that, as of the Petition Date, may be owed to such residents and third-party payors in the form of offsets or other adjustments pursuant to the Debtors' refund program policies and day-to-day operating policies and any applicable Bankruptcy Court order.
14. **Inventory.** Inventories are reported based on the net book value on the Debtors' balance sheet as of the Reporting Date.
15. **Excluded Assets and Liabilities.** Certain liabilities resulting from accruals, liabilities recognized in accordance with GAAP, and/or estimates of long-term liabilities either are not payable at this time or have not yet been reported. Therefore, they do not represent specific claims as of the Petition Date and are not otherwise set forth in the Schedules. Additionally, certain deferred assets, charges, accounts, or reserves recorded for GAAP reporting purposes only, and certain assets with a net book value of zero, are not included in the Schedules. Excluded categories of assets and liabilities include, but are not limited to, deferred tax assets and liabilities, deferred income, deferred charges, self-insurance reserves, favorable lease rights, and unfavorable lease liabilities. Other immaterial assets and liabilities may have been excluded.
16. **Reservation of Rights.** Nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of rights with respect to the Chapter 11 Cases, including, but not limited to, the following:
 - a. Any failure to designate a claim listed on the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such amount is not "disputed," "contingent," or "unliquidated." The Debtors reserve the right to dispute and to assert setoff rights, counterclaims, and defenses to any claim reflected on their Schedules as to amount, liability, and classification, and to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated."
 - b. Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate.

- c. The description of an amount as “unknown” or “undetermined” is not intended to reflect upon the materiality of such amount.
- d. The listing of a claim does not constitute an admission of liability by the Debtors, and the Debtors reserve the right to amend the Schedules accordingly.
- e. The listing of a claim on Schedule D as “secured” or on Schedule E/F as “priority unsecured,” or the listing a contract or lease on Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors’ rights to recharacterize or reclassify such claim or contract pursuant to a schedule amendment, claim objection, or otherwise. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors’ assets in which such creditors may have a security interest has been undertaken. Except as provided in any order by the Bankruptcy Court that is or becomes final, the Debtors reserve all rights to dispute and challenge the secured nature or amount of any such creditor’s claims or the characterization of the structure of any transaction, or any document or instrument related to such creditor’s claim.
- f. In the ordinary course of their business, the Debtors lease property and equipment from certain third-party lessors for use in the daily operation of their business. Any such leases are set forth on Schedule G, and any current amounts due under such leases that were outstanding as of the Petition Date are listed on Schedule E/F. Nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect to any of such issues, including, the recharacterization thereof.
- g. The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors’ books and records and may not reflect credits, allowances, or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights with regard to such credits, allowances, and other adjustments, including but not limited to, the right to assert claims objections and/or setoffs with respect to the same.
- h. The Debtors’ businesses are part of a complex enterprise. Although the Debtors have exercised their reasonable efforts to ensure the accuracy of their Schedules and Statements, they nevertheless may contain errors and omissions. The Debtors hereby reserve all of their rights to dispute the validity, status, and enforceability of any contracts, agreements, and leases

set forth on the Schedules and Statements, and to amend and supplement the Schedules and Statements as necessary.

- i. The Debtors further reserve all of their rights, claims, and causes of action with respect to the contracts and leases listed on the Schedules and Statements, including, but not limited to, the right to dispute and challenge the characterization or the structure of any transaction, document, and instrument related to a creditor's claim.
- j. The Debtors exercised reasonable efforts to locate and identify guarantees and other secondary liability claims (the "**Guarantees**") in their secured financings, debt instruments, and other agreements. However, a review of these agreements, specifically the Debtors' unexpired leases and executory contracts, is ongoing. Where such Guarantees have been identified, they are included in the relevant Schedules and Statements. Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements inadvertently may have been omitted. The Debtors have reflected the obligations under the Guarantees for both the primary obligor and the guarantors with respect to their secured financings and debt instruments on Schedule H. Guarantees with respect to the Debtors' executory contracts and unexpired leases are not included on Schedule H and the Debtors believe that certain Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financing, debt instruments, and similar agreements may exist and, to the extent they do, will be identified upon further review. Thus, the Debtors reserve their rights to amend and supplement the Schedules and Statements to the extent that additional Guarantees are identified. In addition, the Debtors reserve the right to amend the Schedules and Statements to re-characterize and reclassify any such contract or claim.
- k. Listing a contract or lease on the Schedules and Statements shall not be deemed an admission that such contract is an executory contract, such lease is an unexpired lease, or that either necessarily is a binding, valid, and enforceable contract. The Debtors hereby expressly reserve the right to assert that any contract listed on the Schedules and Statements does not constitute an executory contract within the meaning of Bankruptcy Code section 365, as well as the right to assert that any lease so listed does not constitute an unexpired lease within the meaning of Bankruptcy Code section 365.
- l. Exclusion of certain intellectual property should not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated or otherwise expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property should

not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction.

17. **Totals.** All totals that are included in the Schedules and Statements represent totals of all the known amounts included in the Schedules and Statements and exclude items identified as “unknown” or “undetermined.” If there are unknown or undetermined amounts, the actual totals may be materially different from the listed totals. Where a claim or other amount is marked as “unliquidated,” but the Debtors also report a dollar value, such dollar value may indicate only the known or determined amount of such claim or amount, the balance of which is unliquidated.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SCHEDULES

Schedules A/B

Part 1. As set forth more fully in the Cash Management Motion, the Company uses an integrated cash management system to pay its financial obligations, centrally control and monitor available cash and record accurate financial data. The Debtors’ cash management system comprises more than 150 bank accounts (the “**Bank Accounts**”), which are largely concentrated in three main categories: (a) cash collection and concentration accounts relating to the Debtors’ businesses; (b) cash disbursements; and (c) accounts held on behalf of residents. Further details with respect to the cash management system are provided in the Cash Management Motion.

Part 2. The Debtors maintain certain deposits in the conduct of their business operations. These deposits are included in the Schedules for the appropriate legal entity. Types of deposits include, among other things, lease deposits, utility deposits, and a certificate of deposit related to the Debtors’ Purchasing Card Program as described in the Cash Management Motion. Certain prepaid or amortized assets are listed in Part 2 in accordance with the Debtors’ books and records. The amounts listed in Part 2 do not necessarily reflect assets that the Debtors will be able to collect or realize. These amounts listed in Part 2 include, among other things, prepaid licenses, prepaid insurance, prepaid fees including bank fees, prepaid utilities, prepaid postage and supplies, and other prepaid services.

Part 3. The Debtors’ accounts receivable information includes receivables from the Debtors’ residents or third-party payors, which are calculated net of any amounts that, as of the Petition Date, may be owed to such parties in the form of offsets or other adjustments pursuant to the Debtors’ refund programs and day-to-day operations or may, in the Debtors’ opinion, be difficult to collect from such parties due to the passage of time or other circumstances.

Certain Debtors that do not currently operate facilities reflect total accounts receivable balances that are negative. These negative account balances relate to amounts owed to Medicaid that do not have offsets in accounts receivable. The Debtors do not include negative accounts receivable balances in response to Part 3 but list these balances as amounts due to Medicaid in response to Part 2 of Schedule E/F.

The accounts receivable balances in this section exclude intercompany related receivables. Intercompany related receivables are instead shown in the response to Part 11, Question 77.

Part 4. Other than inter-company ownership, the Debtors do not hold any investments.

Part 5. Amounts presented include primarily food, medical, and maintenance supplies. Total balances are as of September 30, 2021. However, amounts presented as inventory receipts within 20 days of the Petition Date are derived from the Debtors' actual records of inventory received. The amounts listed in Part 5 should not be interpreted as an estimate of outstanding section 503(b)(9) balances.

Part 7. Although the Debtors reflect furniture, fixtures, and equipment in their books and records, any such items within the operating facilities are property of the Debtors' respective landlords.

Part 9. The Debtors have listed leasehold improvements in response to Part 7.

Part 12. The accounts receivable balances in this section exclude intercompany related receivables. Intercompany balances are instead reflected in Part 11.

Schedule D. The claims listed on Schedule D, as well as the guarantees of those claims listed on Schedule H, arose and were incurred on various dates. A determination of the date on which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. To the best of the Debtors' knowledge, all claims listed on Schedule D arose or were incurred before the Petition Date.

Reference to the applicable loan agreements and related documents or other instrument creating the purported lien is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D.

New Ark Capital, LLC ("**New Ark**") and certain affiliates and subsidiaries of Omega Healthcare Investors, Inc. (collectively, the "**Omega Landlords**"), secured creditors included on Schedule D, have an interest in certain of the same property. Other secured lenders listed in Schedule D may have an interest in specific assets.

Schedules E/F. The claims listed on Schedules E/F arose and were incurred on various dates. A determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, no such dates are included for each claim listed on Schedules E/F. To the best of the Debtors' knowledge, all claims listed on Schedules E/F arose or were incurred before the Petition Date.

Part 1. Claims owing to various taxing authorities to which the Debtors potentially may be liable, and which the Debtors have received notice of liability from such taxing authorities, are reported on Part 1. Certain of such claims, however, may be subject to ongoing audits and/or the claims will be satisfied in the ordinary course during the Chapter 11 Cases pursuant to authority

granted to the Debtors in the relevant First Day Orders. Therefore, the Debtors have listed all such claims as “contingent,” “unliquidated,” and “disputed,” pending final resolution of ongoing audits or other outstanding issues.

Part 2. The Debtors have exercised their reasonable efforts to list all liabilities on Part 2 of each applicable Debtor’s Schedule. As a result of the Debtors’ consolidated operations, however, Part 2 for each Debtor should be reviewed for a complete understanding of the unsecured claims against the Debtors.

The Debtors reserve their right to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be perfected by a creditor listed on Schedule E/F of any Debtor. In addition, the Debtors reserve their right to dispute or challenge any priority asserted with respect to any liabilities listed on Schedule E/F. The Debtors have made reasonable efforts to include all unsecured creditors on Part 2 including, but not limited to, trade creditors, landlords, utility companies, consultants, and other service providers. The Debtors, however, believe that there are instances where creditors have yet to provide proper invoices for prepetition goods or services.

Part 2 contains information regarding pending litigation involving the Debtors. To the extent that litigation involving a particular Debtor has been identified, such information is included on that Debtor’s Schedule E/F. Unknown amounts for potential claims are listed as “undetermined” and marked as contingent, unliquidated, and disputed in the Schedules.

Part 2 does not include certain balances including deferred liabilities, accruals, or reserves. Such amounts are, however, reflected on the Debtors’ books and records as required in accordance with GAAP. Such accruals primarily represent estimates of liabilities and do not represent specific claims as of the Petition Date.

The claims of individual creditors may not reflect credits and/or allowances due from creditors to the applicable Debtor. The Debtors reserve all of their rights with respect to any such credits and/or allowances, including the right to assert objections and/or setoffs or recoupments with respect to same.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain unsecured claims pursuant to the First Day Orders. To the extent practicable, each Debtor’s Schedule E/F is intended to reflect the balance as of the Petition Date, adjusted for postpetition payments made under the First Day Orders. Each Debtor’s Schedule E/F will reflect some of such Debtor’s payment of certain claims pursuant to the First Day Orders, and, to the extent an unsecured claim has been paid or may be paid, it is possible such claim is not included on Schedule E/F. Certain Debtors may pay additional claims listed on Schedule E/F during the Chapter 11 Cases pursuant to the First Day Orders and other orders of the Bankruptcy Court and the Debtors reserve all of their rights to update Schedule E/F to reflect such payments or to modify the claims register to account for the satisfaction of such claims. Additionally, Schedule E/F does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that have been, or may be, rejected.

Schedule G. Although reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases (collectively, the “**Agreements**”), the Debtors’ review process of the Agreements is ongoing and inadvertent errors, omissions, or over-inclusion may have occurred. The Debtors may have entered into various other types of Agreements in the ordinary course of their businesses, such as indemnity agreements, supplemental agreements, amendments/letter agreements, and confidentiality agreements which may not be set forth in Schedule G. Schedule G may be amended at any time to add any omitted Agreements. Likewise, the listing of an Agreement on Schedule G does not constitute an admission that such Agreement is an executory contract or unexpired lease or that such Agreement was in effect on the Petition Date or is valid or enforceable. The Agreements listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, and other documents, instruments, and agreements which may not be listed on Schedule G.

Executory contracts for short-term service orders that are oral in nature have not been included in Schedule G.

Any and all of the Debtors’ rights, claims, and causes of action with respect to the Agreements listed on Schedule G are hereby reserved and preserved, and as such, the Debtors hereby reserve all of their rights to (i) dispute the validity, status, or enforceability of any Agreements set forth on Schedule G, (ii) dispute or challenge the characterization of the structure of any transaction, or any document or instrument related to a creditor’s claim, including, but not limited to, the Agreements listed on Schedule G, and (iii) amend or supplement such Schedule as necessary.

Certain of the Agreements listed on Schedule G may have been entered into by or on behalf of more than one of the Debtors. Additionally, the specific Debtor obligor(s) to certain of the Agreements could not be specifically ascertained in every circumstance. In such cases, the Debtors have made reasonable efforts to identify the correct Debtor’s Schedule G on which to list the Agreement.

Schedule H. The Debtors are party to various debt agreements which were executed by multiple Debtors. The guaranty obligations under prepetition secured credit agreements are noted on Schedule H for each individual Debtor. In the ordinary course of their businesses, the Debtors are involved in pending or threatened litigation and claims arising out of the conduct of their businesses. Some of these matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counter-claims against other parties. To the extent such claims are listed elsewhere in the Schedules of each applicable Debtor, they have not been set forth individually on Schedule H. Furthermore, the Debtors may not have identified on Schedule H certain guarantees that are embedded in the Debtors’ executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. No claim set forth on the Schedules and Statements of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other Debtors or non-Debtors. Due to their voluminous nature, and to avoid unnecessary duplication, the Debtors have not included on Schedule H debts for which more than one Debtor may be liable if such debts were already reflected on Schedule E/F or Schedule G for the respective Debtors subject to such debt. To the extent these Notes include notes specific to Schedules D-G, such Notes also apply to the co-Debtors listed in

Schedule H. The Debtors reserve all of their rights to amend the Schedules to the extent that additional guarantees are identified or such guarantees are discovered to have expired or be unenforceable.

Specific Disclosures with Respect to the Statements

Statement 1. Gross revenue reflects revenue achieved by each Debtor over the relevant periods and does not take into account eliminations or adjustments that might be applied through consolidation accounting. The Debtors' fiscal year ends on December 31 of each year. Year-to-date revenue is reported for the nine-month period ended September 30, 2021.

Statement 2. Non-business revenue achieved by each Debtors over the relevant periods reflects provider relief from the CARES Act program enacted in March 2020.

Statement 3. As described in the Cash Management Motion, the Debtors utilize their integrated, centralized cash management system to collect, concentrate, and disburse funds generated by their operations. The obligations of the Debtors are primarily paid by and through Gulf Coast notwithstanding that certain obligations may be obligations of one or more of the Debtors as described in the Cash Management Motion.

The payments disclosed in Statement 3 are based on payments made by the Debtors with payment dates from July 16, 2021 through October 13, 2021. The actual dates that cash cleared the Debtors' Bank Accounts were not considered. The Debtors' accounts payable system does not include the corresponding payment clear dates and compiling this data would have required a significant manual review of individual bank statements. It is expected, however, that many payments included in Statement 3 have payment clear dates that are the same as payment dates (e.g., wires and other forms of electronic payments).

The response to Statement 3 excludes (i) payments made as part of regular and ordinary course individual expense reimbursements and payroll disbursements to employees and (ii) disbursements or transfers listed on Statements 4, 9, and 11. Amounts still owed to creditors will appear on the Schedules for each Debtor, as applicable.

All payments for services of any entities that provided consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code, or preparation of a petition in bankruptcy within one year immediately preceding the Petition Date are listed on Statement 11 and are excluded from Statement 3.

The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3.

Statement 4. For purposes of the Schedules and Statements, the Debtors define "insiders" as (i) officers, directors, and anyone in control of a corporate Debtor and their relatives; and (ii) affiliates of the Debtors and insiders of such affiliates.³ Individuals listed in the Statements

³ Out of an abundance of caution, the Debtors are listing New Ark, Health Care Navigator, LLC ("HCN"), HMS Purchasing, LLC ("HMS"), and Halcyon Rehabilitation, LLC ("Halcyon") as "insiders" due to their common

as insiders have been included for informational purposes only. The payroll-related amounts shown in response to this question for any salary, bonus, or additional compensation are gross amounts that do not include reductions for amounts including employee tax or benefit withholdings. The Debtors also issue corporate-paid credit cards and reimburse direct business expenses incurred by insiders. Such business expenses also are included in Statement 4. Home addresses for directors, employees, and former employees identified as insiders have not been included in the Statements for privacy reasons. Amounts still owed to creditors will appear on the Schedules for each of the Debtors, as applicable.

Pursuant to the Debtors' cash management system, payments made to various parties may be made from a single Debtor on behalf of one or more Debtor entities. The Debtors have only listed each payment on the response to Statement 4 for the Debtor entity that disbursed the payment.

The payments disclosed in Statement 4 are based on payments made by the Debtors with payment dates from October 14, 2020 through October 13, 2021. The actual dates that cash cleared the Debtors' Bank Accounts were not considered. The Debtors' accounts payable system does not include the corresponding payment clear dates and compiling this data would have required a significant manual review of individual bank statements. It is expected, however, that many payments included in Statement 4 have payment clear dates that are the same as payment dates (*e.g.*, wires and other forms of electronic payments).

With respect to intercompany transfers, given the volume of transfers and nature of noncash accounting adjustments, it would be prohibitively expensive, unduly burdensome, and an inefficient use of estate resources for the Debtors to separate and list such claims on an individual basis. Rather, the Debtors have provided intercompany balances as of the Petition Date on the Schedules for each Debtor, as applicable.

Certain payments were made to Ankura Consulting Group, LLC prior to October 13, 2021, when M. Benjamin Jones was appointed as Chief Restructuring Officer and Russell A. Perry was appointed as Assistant Chief Restructuring Officer. Those payments are listed on Statement 11.

Statement 6. The Debtors do not list setoffs taken by Centers for Medicare & Medicaid Services, as they are made in the ordinary course of business and with the Debtors' permission.

Statement 7. Information provided on Statement 7 includes only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial, or other adjudicative forum. While the Debtors believe they were diligent in their efforts, it is possible that certain suits and proceedings may have been inadvertently excluded in the Debtors' response to Statement 7. The Debtors reserve all of their rights to amend or supplement their response to Statement 7.

Statement 11. Although the services of any entity who provided a Debtor with consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code, or

indirect beneficial ownership with the Debtors. The Debtors reserve all rights to dispute whether someone identified in response to Statement 4 is in fact an "insider" as defined in Bankruptcy Code section 101(31).

preparation of a petition in bankruptcy within one year immediately preceding the Petition Date were provided for the benefit of all the Debtors, the payments for such services were made by Gulf Coast, and are therefore listed on Gulf Coast's response to Statement 11.

Pursuant to an engagement letter dated November 24, 2020, and fully executed on March 25, 2021, HCN, which shares common beneficial ownership with the Debtors and provides critical consulting and advisory services to the Debtors, retained Ankura to provide certain financial and restructuring advisory services to HCN in connection with the Debtors. Statement 11 does not include amounts paid by HCN under previous engagement letters not in contemplation of the Debtors' bankruptcy. Rather, Statement 11 lists amounts reimbursed to HCN by Gulf Coast for Ankura's services.

Additional information regarding the Debtors' retention of professional service firms is more fully described in individual retention applications and related orders.

Statement 13. Within two years of the Petition Date, certain Debtors transferred facility operations to new operators pursuant to various operating transfer agreements (collectively, the "**Argent Transaction**"). Assets transferred pursuant to these agreements included (i) certain assumed contracts; (ii) employee, resident, and other records; (iii) all transferable licenses, permits, and other governmental approvals or authorizations; (iv) all patient care contracts and admission agreements with facility residents; (v) resident trust funds and deposits; (vi) accounts receivable, reimbursements, and third-party payor funds; (vii) any know how or intellectual property rights used or held for use in facility operation and all goodwill associated with the transferred facility; (viii) inventory of supplies including personal protective equipment; (ix) phone, fax, other IT, and therapy equipment; (x) all transferable third-party warranties and claims for warranties relating to transferred assets.

As disclosed in the *Declaration of M. Benjamin Jones in Support of Chapter 11 Petitions and First Day Pleadings* [Docket No. 16], Gulf Coast and certain of its affiliates received approximately \$13 million as consideration in connection with the Argent Transaction.

Statements 15 and 16. Subject to the Debtors' privacy policy, in the ordinary course of business, the Debtors collect certain resident information and retain such information as long as is necessary for the Debtors to comply with business, tax, and legal requirements. Resident records are maintained at each facility, at various off-site storage facilities (listed in response to Statement 20), and electronically pursuant to a contract with third-party service provider PointClickCare Technologies, Inc.

In November 2018, NF Panama, LLC ceased operations temporarily due to hurricane damage. There are currently no residents under this Debtor's care. PointClickCare Technologies, Inc. continues to maintain electronic patient records on behalf of this Debtor.

Statement 21. Although the Debtors include furniture, fixtures, and equipment in their books and records, any such items within the operating facilities are property of the Debtors' respective landlords and listed in response to Statement 21.

The Debtors maintain and manage Resident Trust Accounts, Resident Trust Petty Cash Accounts, and the Resident Care Cost Accounts (all as defined in the Cash Management Motion)

on behalf of their residents in the ordinary course of business and have received authorization to do so under the final cash management order [Docket No. 242]. To the extent that any of the funds described above are held in trust for the benefit of third parties, such funds do not constitute property of the Debtors' estates. All account balances are as of October 12, 2021.

Statement 26. The Debtors have provided financial statements in the ordinary course of their businesses to various financial institutions, creditors, landlords, and other parties within two years immediately before the Petition Date, and have used reasonable efforts to list such recipients on Statement 26.

Statement 30. Any and all known disbursements to insiders have been listed in response to Statement 4.

Statement 31. Various Debtor limited liability companies (each, a "LLC") are disregarded for tax purposes. Income generated by a LLC is consolidated at a higher reporting unit level.

*****END OF GLOBAL NOTES*****

****SCHEDULES AND STATEMENTS BEGIN ON THE FOLLOWING PAGE****

Fill in this information to identify the case:

Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 21-11336☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*

UNDETERMINED

1b. **Total personal property:**Copy line 91A from *Schedule A/B*

\$62,479,442.17

1c. **Total of all property:**Copy line 92 from *Schedule A/B*

\$62,479,442.17

Part 2: Summary of Liabilities

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

\$63,057,414.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*

UNKNOWN

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+

\$233,077,693.08

4. **Total liabilities**

Lines 2 + 3a + 3b

\$296,135,107.08

Fill in this information to identify the case:

Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number 21-11336
(if known)☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: CASH AND CASH EQUIVALENTS

1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?

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

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest

2. CASH ON HAND

NONE

3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS
(IDENTIFY ALL)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. WELLS FARGO	CONCENTRATION ACCOUNT	X1245	\$112,157.82
3.2. WELLS FARGO	CONCENTRATION ACCOUNT	X1252	\$602,985.30
3.3. WELLS FARGO	MASTER DISBURSEMENT ACCOUNT	X2938	\$0.00
3.4. WELLS FARGO	MASTER DISBURSEMENT ACCOUNT	X6897	\$0.00
3.5. WELLS FARGO	MASTER OPERATING ACCOUNT	X1237	\$128,624.60
3.6. WELLS FARGO	MASTER OPERATING ACCOUNT	X7127	\$1,528,947.63
3.7. WELLS FARGO	MASTER OPERATING ACCOUNT	X7135	\$87,258.23
3.8. WELLS FARGO	MASTER PAYROLL ACCOUNT	X4918	\$0.00
3.9. WELLS FARGO	MASTER PAYROLL ACCOUNT	X7143	\$0.00
3.10. WELLS FARGO	MASTER PAYROLL ACCOUNT	X8877	\$0.00
3.11. WELLS FARGO	MILLENIA ACCOUNT	X0022	\$0.00

(Name)

All cash or cash equivalents owned or controlled by the debtor**Current value of
debtor's interest****3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS
(IDENTIFY ALL)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.12. WELLS FARGO

MONEY MARKET ACCOUNT

X4765

\$0.00

3.13. WELLS FARGO

SIT ACCOUNT

X7711

\$0.00

4. OTHER CASH EQUIVALENTS**NONE****5 Total of Part 1.**ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE
TOTAL TO LINE 80.

\$2,459,973.58

Part 2: DEPOSITS AND PREPAYMENTS**6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**☐ No. Go to Part 3.☒ Yes. Fill in the information below.**Current value of
debtor's interest****7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

7.1. LEASE SECURITY DEPOSITS - 40 SOUTH PALAFOX PLACE LLC

\$20,000.00

7.2. PURCHASING CARD DEPOSITS - REGIONS BANK

\$300,449.97

**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES,
INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1. PREPAID BANK FEE - WILMINGTON TRUST - IRONSHORE

\$125.00

8.2. PREPAID BANK FEE - WILMINGTON TRUST - ZURICH

\$625.00

8.3. PREPAID CRIME INSURANCE - BEECHER CARLSON

\$10,326.25

8.4. PREPAID D&O INSURANCE - BEECHER CARLSON

\$93,500.00

8.5. PREPAID FEES - OUR FLORIDA PROMISE

\$5,022.50

8.6. PREPAID INSURANCE - PMA COMPANIES

\$1,750.00

8.7. PREPAID INSURANCE - ZURICH

\$0.75

8.8. PREPAID LICENSE - FLORIDA HEALTH CARE ASSOCIATION

\$8,404.90

8.9. PREPAID PL INSURANCE - BEECHER CARLSON

\$25,000.00

8.10. PREPAID POSTAGE - PITNEY BOWES

\$2,947.77

8.11. PREPAID PROPERTY, TERRORISM, BOILER INSURANCE - BEECHER CARLSON

\$533,166.59

8.12. PREPAID SERVICE CONTRACTS - ALLSCRIPTS

\$5,700.02

8.13. PREPAID SERVICE CONTRACTS - CONSOLIDATED BILLING SERVICES

\$803.08

8.14. PREPAID SERVICE CONTRACTS - CURASPAN HEALTH GROUP

\$27,760.44

8.15. PREPAID SERVICE CONTRACTS - THE PREDICTIVE INDEX

\$541.67

8.16. PREPAID SERVICE CONTRACTS - TIMESHAREWEB

\$7,392.00

8.17. PREPAID STOP LOSS INSURANCE - BEECHER CARLSON

\$10,300.00

8.18. PREPAID STORAGE TANK INSURANCE - BEECHER CARLSON

\$2,848.80

8.19. PREPAID UTILITY - VIKING BOND SERVICES, INC.

\$2,374.67

(Name)

9

Total of Part 2.
ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$1,059,039.40

Part 3: ACCOUNTS RECEIVABLE

10.

DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?
☒ No. Go to Part 4.
☐ Yes. Fill in the information below.

Current value of debtor's interest

11. ACCOUNTS RECEIVABLE

12

Total of Part 3.
CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

NOT APPLICABLE

Part 4: INVESTMENTS

13.

DOES THE DEBTOR OWN ANY INVESTMENTS?
☐ No. Go to Part 5.
☒ Yes. Fill in the information below.

Valuation method used for current value Current value of debtor's interest

14.

MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1
NAME OF FUND OR STOCK:

15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE			
Name of entity		% of ownership	
15.1.	FLORIDA FACILITIES, LLC	95%	UNDETERMINED
15.2.	GCH MANAGEMENT SERVICES, LLC	95%	UNDETERMINED
15.3.	GULF COAST FACILITIES, LLC	95%	UNDETERMINED
15.4.	HUD FACILITIES, LLC	95%	UNDETERMINED
15.5.	NURSING WITHIN REACH, LLC	100%	UNDETERMINED

16.

GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1
DESCRIBE:

17

Total of Part 4.
ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

UNDETERMINED

Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS

18.

DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?
☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. RAW MATERIALS NONE				

(Name)

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
20. WORK IN PROGRESS				
NONE				
21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE				
NONE				
22. OTHER INVENTORY OR SUPPLIES				
22.1. MEDICAL SUPPLIES		\$4,044.96	STRAIGHT-LINE	\$4,044.96
23 Total of Part 5. ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				\$4,044.96
24. Is any of the property listed in Part 5 perishable? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Book value <u>\$5,210.60</u> Valuation method <u>Net Book Value</u> Current value <u>\$5,210.60</u>				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)				
27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)? <input checked="" type="checkbox"/> No. Go to Part 7. <input type="checkbox"/> Yes. Fill in the information below.				
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. CROPS—EITHER PLANTED OR HARVESTED				
29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH				
30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)				
31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED				
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6				
33 Total of Part 6. ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.				NOT APPLICABLE
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes				
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

(Name)

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES**38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. OFFICE FURNITURE			
39.1. FURNITURE/FIXTURES	\$2,882.69	STRAIGHT-LINE	\$2,882.69
40. OFFICE FIXTURES			
40.1. LEASEHOLD IMPROVEMENT TO FACILITY	\$3,720.39	STRAIGHT-LINE	\$3,720.39
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
41.1. OFFICE EQUIPMENT	\$58,974.34	STRAIGHT-LINE	\$58,974.34
42. COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES NONE			
43 Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			\$65,577.42

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: MACHINERY, EQUIPMENT, AND VEHICLES**46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?**

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES			
47.1. AUTOMOBILE - VIN # 1FBSS31L7YHB83749	UNDETERMINED	N/A	UNDETERMINED
47.2. AUTOMOBILE - VIN # 1FDEE3FL9BDA14898	UNDETERMINED	N/A	UNDETERMINED
47.3. AUTOMOBILE - VIN # 1FMNE1BW7ADA12103	UNDETERMINED	N/A	UNDETERMINED
47.4. AUTOMOBILE - VIN # 1FTNS2EWXBDA85563	UNDETERMINED	N/A	UNDETERMINED
47.5. AUTOMOBILE - VIN # 1GAHG39U441227397	UNDETERMINED	N/A	UNDETERMINED
47.6. AUTOMOBILE - VIN # QFBSS31L91HA49427	UNDETERMINED	N/A	UNDETERMINED

(Name)

Case Number (if known) 21-11336

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	
47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES				
47.7. AUTOMOBILE - VIN # QFBSS31LX2HA14946	UNDETERMINED	N/A	UNDETERMINED	
48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS				
49. AIRCRAFT AND ACCESSORIES				
50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)				
51 Total of Part 8. ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			UNDETERMINED	
52. Is a depreciation schedule available for any of the property listed in Part 8? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
53. Has any of the property listed in Part 8 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Part 9: REAL PROPERTY				
54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY? <input type="checkbox"/> No. Go to Part 10. <input checked="" type="checkbox"/> Yes. Fill in the information below.				
55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST				
Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	LEASE	UNDETERMINED	N/A	UNDETERMINED
56 Total of Part 9. ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.			UNDETERMINED	
57. Is a depreciation schedule available for any of the property listed in Part 9? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY				
59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY? <input type="checkbox"/> No. Go to Part 11. <input checked="" type="checkbox"/> Yes. Fill in the information below.				
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	

(Name)

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS				
60.1.	ARCADIA HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.2.	BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.3.	BAYSIDE HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.4.	BOYINGTON HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.5.	CHIPOLA HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.6.	COBBLESTONE REHABILITATION AND HEALTHCARE CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.7.	DE LUNA HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.8.	GRAND BLVD. HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.9.	GREENBOUGH HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.10.	GULF COAST HEALTH CARE LOGO	UNDETERMINED	N/A	UNDETERMINED
60.11.	LAKE EUSTIS HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.12.	LAKESIDE HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.13.	MARGATE HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.14.	OCEAN SPRINGS HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.15.	OLIVE BRANCH HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.16.	PANAMA CITY HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.17.	PASS CHRISTIAN HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.18.	PINE VIEW HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.19.	ROSEWOOD HEALTHCARE AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.20.	SHELBY HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.21.	SILVERCREST HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.22.	SINGING RIVER HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.23.	SOUTHERN LIFESTYLE SENIOR LIVING CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.24.	SPECIALTY HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.25.	SUWANNEE HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.26.	THE REHABILITATION CENTER OF LAKE CITY LOGO	UNDETERMINED	N/A	UNDETERMINED
60.27.	THE REHABILITATION CENTER OF WINTER PARK LOGO	UNDETERMINED	N/A	UNDETERMINED
60.28.	VIERA DEL MAR HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
60.29.	WAVE CREST HEALTH AND REHABILITATION CENTER LOGO	UNDETERMINED	N/A	UNDETERMINED
61. INTERNET DOMAIN NAMES AND WEBSITES				

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
61. INTERNET DOMAIN NAMES AND WEBSITES				
61.1.	ARCADIAHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.2.	BAYBREEZEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.3.	BAYBREEZENURSING.COM	UNDETERMINED	N/A	UNDETERMINED
61.4.	BAYSIDEHEALTHREHABCENTER.COM	UNDETERMINED	N/A	UNDETERMINED
61.5.	BOYINGTONHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.6.	BOYNTONHEALTH.COM	UNDETERMINED	N/A	UNDETERMINED
61.7.	BRYNWOODHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.8.	CHIPOLAHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.9.	COASTALHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.10.	COBBLESTONEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.11.	DEBARYHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.12.	DELTAHEALTHGROUP.COM	UNDETERMINED	N/A	UNDETERMINED
61.13.	DELUNAHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.14.	DIXIEWHITEHOUSEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.15.	FLAGLERHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.16.	GLENCOVEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.17.	GLENOAKSHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.18.	GRANDBOULEVARDHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.19.	GREENBOUGHHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.20.	GULFCOASTHEALTHCARE.COM	UNDETERMINED	N/A	UNDETERMINED
61.21.	GULFCOASTHEALTHCARE.NET	UNDETERMINED	N/A	UNDETERMINED
61.22.	HERITAGEPARK-DADECITY.COM	UNDETERMINED	N/A	UNDETERMINED
61.23.	HERITAGEPARKHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.24.	HTTPS://GCHC.COM/	UNDETERMINED	N/A	UNDETERMINED
61.25.	LAKECITYHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.26.	LAKEEUSTISHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.27.	LAKEPLACIDHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.28.	LAKESIDEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.29.	LONGWOODHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.30.	MARGATEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.31.	OAKBROOKHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.32.	OAKSOFKISSIMMEEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.33.	OCEANSPRINGSHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.34.	OLIVEBRANCHHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.35.	PANAMACITYHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.36.	PARKSIDEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.37.	PASSCHRISTIANHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.38.	PINEVIEWHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.39.	PNSADMINSERVICES.COM	UNDETERMINED	N/A	UNDETERMINED
61.40.	PNSADMINSERVICES.NET	UNDETERMINED	N/A	UNDETERMINED
61.41.	REHABCENTERWINTERPARK.COM	UNDETERMINED	N/A	UNDETERMINED
61.42.	RIVERCHASEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED

(Name)

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
61. INTERNET DOMAIN NAMES AND WEBSITES			
61.43. ROSEWOODHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.44. ROYALPALMBEACHHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.45. SALERNOBAYHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.46. SEASIDEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.47. SHELBYHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.48. SILVERCRESTHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.49. SINGINGRIVERHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.50. SOUTHERNLIFESTYLEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.51. SPECIALTYHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.52. SUWANNEEHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.53. VENTURAHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.54. VIERADELMARHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.55. WAVECRESTHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
61.56. WINDSORHEALTHREHABCENTER.COM	UNDETERMINED	N/A	UNDETERMINED
61.57. WINTERPARKHEALTHREHAB.COM	UNDETERMINED	N/A	UNDETERMINED
62. LICENSES, FRANCHISES, AND ROYALTIES			
63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS			
63.1. RESIDENT / RESIDENTS' FAMILIES	UNDETERMINED	N/A	UNDETERMINED
64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY			
65. GOODWILL			
65.1. GOODWILL	UNDETERMINED	N/A	UNDETERMINED
66 Total of Part 10. ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.			UNDETERMINED
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 11: ALL OTHER ASSETS			
70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM? INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM. <input type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
			Current value of debtor's interest
71. NOTES RECEIVABLE DESCRIPTION (INCLUDE NAME OF OBLIGOR) NONE			

(Name)

Current value of
debtor's interest**72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)**

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

NONE

73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES

73.1.	ALLIED WORLD SURPLUS LINES INSURANCE COMPANY - D&O (POLICY NUMBER WC 0313-0575)	UNDETERMINED
73.2.	AMERICAN ZURICH INSURANCE COMPANY - WORKERS' COMP (POLICY NUMBER WC 5944877-12)	UNDETERMINED
73.3.	AMRISC - PROPERTY (POLICY NUMBER AMR-37413-07)	UNDETERMINED
73.4.	HARTFORD STEAM BOILER - EQUIPMENT BREAKDOWN (POLICY NUMBER FBP2340964)	UNDETERMINED
73.5.	HISCOX - TERRORISM (POLICY NUMBER UTS2505376.21)	UNDETERMINED
73.6.	IRONSHORE SPECIALTY INSURANCE CO - LIABILITY (POLICY NUMBER IH-FFP014J)	UNDETERMINED
73.7.	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA - CRIME (POLICY NUMBER WC 105699517)	UNDETERMINED
73.8.	ZURICH AMERICAN INSURANCE COMPANY - AUTO (POLICY NUMBER BAP 5944876-11)	UNDETERMINED

74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)

NONE

75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS

NONE

76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY

NONE

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP

77.1.	INTERCOMPANY RECEIVABLE - BREVARD OAKS CENTER, LLC	\$4,716,518.08
77.2.	INTERCOMPANY RECEIVABLE - FL HUD DESTIN, LLC	\$1,838,250.57
77.3.	INTERCOMPANY RECEIVABLE - FLORIDA FACILITIES, LLC	\$14,660,037.54
77.4.	INTERCOMPANY RECEIVABLE - GCH MANAGEMENT SERVICES, LLC	\$45,146.91
77.5.	INTERCOMPANY RECEIVABLE - GULF COAST FACILITIES, LLC	\$10,216,217.00
77.6.	INTERCOMPANY RECEIVABLE - GULF COAST MASTER TENANT HOLDINGS, LLC	\$1,900.00
77.7.	INTERCOMPANY RECEIVABLE - GULF COAST MASTER TENANT I, LLC	\$1,995,552.84
77.8.	INTERCOMPANY RECEIVABLE - GULF COAST MASTER TENANT II, LLC	\$3,913,832.14
77.9.	INTERCOMPANY RECEIVABLE - GULF COAST MASTER TENANT III, LLC	\$917.54
77.10.	INTERCOMPANY RECEIVABLE - HUD FACILITIES, LLC	\$7,508,804.87
77.11.	INTERCOMPANY RECEIVABLE - MF ORANGE, LLC	\$4,274.31
77.12.	INTERCOMPANY RECEIVABLE - NF BAY, LLC	\$12,785.57
77.13.	INTERCOMPANY RECEIVABLE - NF CHIPOLA, LLC	\$2,168,570.10
77.14.	INTERCOMPANY RECEIVABLE - NF ESCAMBIA, LLC	\$4,274.31
77.15.	INTERCOMPANY RECEIVABLE - NF NINE MILE, LLC	\$675,495.78
77.16.	INTERCOMPANY RECEIVABLE - NURSING WITHIN REACH, LLC	\$1,131.97
77.17.	INTERCOMPANY RECEIVABLE - PENSACOLA ADMINISTRATIVE HOLDINGS, LLC	\$1,996.84
77.18.	INTERCOMPANY RECEIVABLE - PENSACOLA ADMINISTRATIVE SERVICES, LLC	\$5,275.16

(Name)

Current value of
debtor's interest**77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED. EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP. EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP**

77.19.	INTERCOMPANY RECEIVABLE - SC-GA2018 COBBLESTONE REHABILITATION AND HEALTHCARE CENTER, LLC	\$1,338,545.21
77.20.	INTERCOMPANY RECEIVABLE - SF CARNEGIE, LLC	\$1,751,996.16
77.21.	INTERCOMPANY RECEIVABLE - SF HILLSBOROUGH, LC	\$4,311.25
77.22.	INTERCOMPANY RECEIVABLE - SF LAKE PLACID ALF, LLC	\$8,024,972.66

78. Total of Part 11.

ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

\$58,890,806.81

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$2,459,973.58	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,059,039.40	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>		
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$4,044.96	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$65,577.42	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	UNDETERMINED	
88. Real property. <i>Copy line 56, Part 9.</i> →		UNDETERMINED
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+	\$58,890,806.81
91. Total. Add lines 80 through 90 for each column. 91a.	\$62,479,442.17	+ 91b. UNDETERMINED
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$62,479,442.17

Fill in this information to identify the case:Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 21-11336☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

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

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

Part 1: List All Creditors with 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

Column B

Amount of claim**Value of collateral that supports this claim***Do not deduct the value of collateral.*

2.1	Creditor's name NEW ARK CAPITAL, LLC Creditor's mailing address ATTN: RAYMOND MULRY, GENERAL COUNSEL 2 BRIDGE STREET, SUITE 210 IRVINGTON, NY 10533 Creditor's email address RMULRY@HCVNAVIGATOR.NET Date or dates debt was incurred 7/6/2018 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify each creditor, including this creditor, and its relative priority. NEW ARK CAPITAL, LLC - FIRST PRIORITY OMEGA HEALTHCARE INVESTORS, INC. - SECOND PRIORITY	Describe debtor's property that is subject to a lien ACCOUNTS RECEIVABLE AND CERTAIN OTHER ASSETS Describe the lien 1ST LIEN Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 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	\$14,061,250.00	UNDETERMINED
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(Name)

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.2	Creditor's name OMEGA LANDLORDS Creditor's mailing address ATTN: DANIEL J. BOOTH 303 INTERNATIONAL CIRCLE, SUITE 200 HUNT VALLEY, MD 21030 Creditor's email address Date or dates debt was incurred 7/18/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify each creditor, including this creditor, and its relative priority. NEW ARK CAPITAL, LLC - FIRST PRIORITY OMEGA HEALTHCARE INVESTORS, INC. - SECOND PRIORITY	Describe debtor's property that is subject to a lien SUBSTANTIALLY ALL ASSETS, INCLUDING ACCOUNTS RECEIVABLE Describe the lien 2ND LIEN Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 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	\$48,996,164.00	UNDETERMINED
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$63,057,414.00		

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

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

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

Name and Address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
NEW ARK CAPITAL, LLC DLA PIPER LLP (US) ATTN: JAMES MUENKER 1900 N. PEARL STREET, SUITE 2200 DALLAS, TX 75201	Line 2.1	
OMEGA LANDLORDS C/O FERGUSON BRASWELL FRAZER KUBASTA PC ATTN: LEIGHTON AIKEN 2500 DALLAS PARKWAY, SUITE 600 PLANO, TX 75093	Line 2.2	
OMEGA LANDLORDS C/O WEIL, GOTSHAL & MANGES LLP ATTN: ROBERT LEMONS & JASON HUFENDICK 767 FIFTH AVENUE NEW YORK, NY 10153	Line 2.2	

Fill in this information to identify the case:

Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 21-11336☐ 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 AGENCY FOR HEALTH CARE ADMIN. MEDICAID ACCOUNT RECEIVABLE MS14 2727 MAHAN DR. BLDG. 2 STE. 200 TALLAHASSEE, FL 32308 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.2	Priority creditor's name and mailing address BAY COUNTY CHAMBER OF COMMERCE 235 W. 5TH STREET PANAMA CITY, FL 32401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.3	Priority creditor's name and mailing address BROWARD CO.BD.OF CO.COMMISSION BROWARD CO.EMERGEN.MANAG.DIVIS 201 NW 84TH AVENUE PLANTATION, FL 33324 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Total claim	Priority amount	
2.4	Priority creditor's name and mailing address CENTERS FOR MEDICARE & MEDICAID SERVICES DIVISION OF ACCOUNTING OPERATIONS 7500 SECURITY BLVD MS C3-11-03 BALTIMORE, MD 21244-1850 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.5	Priority creditor's name and mailing address CERIDIAN TAX SERVICE INC 17390 BROOKHURST STREET FOUNTAIN VALLEY, CA 92708 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.6	Priority creditor's name and mailing address CITY OF DAYTONA BEACH 600 WILDER BLVD. ATTN: JOHN CAMERON DAYTONA BEACH, FL 32114 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.7	Priority creditor's name and mailing address CITY OF GULFPORT, MS 2218 15TH ST GULFPORT, MS 39501-2025 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.8	Priority creditor's name and mailing address CITY OF LONGWOOD 175 W. WARREN AVENUE LONGWOOD, FL 32750 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.9	Priority creditor's name and mailing address CITY OF MONTICELLO 245 S MULBERRY STREET MONTICELLO, FL 32344 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.10	Priority creditor's name and mailing address CITY OF PANAMA CITY, FL 17007 PANAMA CITY BEACH PKWY PANAMA CITY, FL 32413-5225 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.11	Priority creditor's name and mailing address CITY OF WAYNESBORO, MS 714 WAYNE STREET WAYNESBORO, MS 39367 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.12	Priority creditor's name and mailing address DELAWARE SECRETARY OF STATE DELAWARE DIVION OF CORPORATIONS P O BOX 5509 BINGHAMTON, NY 13902-5509 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.13	Priority creditor's name and mailing address ESCAMBIA COUNTY TAX COLLECTOR 213 PALAFOX PLACE PENSACOLA, FL 32591 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.14	Priority creditor's name and mailing address FLORIDA AGENCY FOR HEALTH CARE ADMIN 2727 MAHAN DRIVE MAIL STOP58 TALLAHASSEE, FL 32308 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.15	Priority creditor's name and mailing address FLORIDA DEPART OF FINANCIAL SV REVENUE PROCESSING-BOILERS P O BOX 6100 TALLAHASSEE, FL 32314-6100 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.16	Priority creditor's name and mailing address FLORIDA DEPARTMENT OF HEALTH 2725 JUDGE FRAN JAMISON WAY BUILDING A 116 VIERA, FL 32940 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.17	Priority creditor's name and mailing address FLORIDA DEPARTMENT OF STATE R.A. GRAY BUILDING 500 SOUTH BRONOUGH ST TALLAHASSEE, FL 32399-0250 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.18	Priority creditor's name and mailing address FLORIDA DEPARTMENT OF TRANSPORTATION PO BOX 31241 TAMPA, FL 33631-3241 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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		Total claim	Priority amount	
2.19	Priority creditor's name and mailing address FLORIDA DEPT OF REVENUE 5050 W TENNESSEE ST TALLAHASSEE, FL 32399-0100 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.20	Priority creditor's name and mailing address GA DEPARTMENT OF COMMUNITY HEALTH 2 PEACHTREE STREET, NW ATLANTA, GA 30303 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.21	Priority creditor's name and mailing address GADSDEN COUNTY, FLORIDA 9 E JEFFERSON ST QUINCY, FL 32353-1799 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.22	Priority creditor's name and mailing address GEORGIA DEPT OF REVENUE 1800 CENTURY CENTER BLVD., N.E. ATLANTA, GA 30345-3205 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.23	Priority creditor's name and mailing address HARRISON COUNTY, MISSISSIPPI 1801 23RD AVE GULFPORT, MS 39501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.24	Priority creditor's name and mailing address HENDRY COUNTY, FLORIDA P.O. BOX 2340 LABELLE, FL 33975 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.25	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE 111 EAST TROY STREET SUITE A TUPELO, MS 38804-0320 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.26	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE LOCAL OFFICE 600 ARCH STREET PHILADELPHIA, PA 19106 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.27	Priority creditor's name and mailing address JACKSON COUNTY, MISSISSIPPI 2915 CANTY ST PASCAGOULA, MS 39567 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.28	Priority creditor's name and mailing address MISSISSIPPI BOARD OF PHARMACY 6360 I-55 N, STE 400 JACKSON, MS 39211 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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		Total claim	Priority amount	
2.29	Priority creditor's name and mailing address MISSISSIPPI STATE DEPT OF HEALTH 570 EAST WOODROW WILSON DR JACKSON, MS 39216 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.30	Priority creditor's name and mailing address MS STATE DEPT OF HEALTH ATTN: FINGER PRINTING 143B LEFLEURS SQUARE JACKSON, MS 39211 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.31	Priority creditor's name and mailing address OFFICE OF SECRETARY OF STATE OF DELAWARE HON. JEFFREY W. BULLOCK TOWNSEND BLDG 401 FEDERAL ST DOVER, DE 19901 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.32	Priority creditor's name and mailing address OFFICE OF SECRETARY OF STATE OF GEORGIA BRAD RAFFENSPERGER 214 STATE CAPITOL ATLANTA, GA 30334 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.33	Priority creditor's name and mailing address TAX COLLECTOR, BAY COUNTY 850 11TH ST., PANAMA CITY, FL 32401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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		Total claim	Priority amount	
2.34	Priority creditor's name and mailing address TAX COLLECTOR, BOLIVAR COUNTY P.O. BOX 248 CLEVELAND, MS 38732 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.35	Priority creditor's name and mailing address TAX COLLECTOR, BRADFORD COUNTY 945 NORTH TEMPLE AVE. SUITE B STARKE, FL 32091 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.36	Priority creditor's name and mailing address TAX COLLECTOR, BREVARD COUNTY 400 SOUTH ST., 6TH FLOOR TITUSVILLE, FL 32780 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.37	Priority creditor's name and mailing address TAX COLLECTOR, BROWARD COUNTY 115 S. ANDREWS AVE A100 FORT LAUDERDALE, FL 33301-1895 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.38	Priority creditor's name and mailing address TAX COLLECTOR, CLARKE COUNTY 101 S ARCHUSA AVE QUITMAN, MS 39355 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.39	Priority creditor's name and mailing address TAX COLLECTOR, COAHOMA COUNTY 115 FIRST STREET, CLARKSDALE, MS 38614 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.40	Priority creditor's name and mailing address TAX COLLECTOR, COLUMBIA COUNTY 135 NE HERNANDO AVE, SUITE 125 LAKE CITY, FL 32055 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.41	Priority creditor's name and mailing address TAX COLLECTOR, ESCAMBIA COUNTY P.O. BOX 1312 PENSACOLA, FL 32591-1312 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.42	Priority creditor's name and mailing address TAX COLLECTOR, FLAGLER COUNTY 1769 E MOODY BLVD., BLDG 2, STE 102 BUNNELL, FL 32110 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.43	Priority creditor's name and mailing address TAX COLLECTOR, GADSDEN COUNTY P.O. BOX 817 QUINCY, FL 32353-0817 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.44	Priority creditor's name and mailing address TAX COLLECTOR, HARRISON COUNTY C/O THE BOYINGTON 1530 BROAD AVE GULFPORT, MS 39501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.45	Priority creditor's name and mailing address TAX COLLECTOR, HENDRY COUNTY 25 E. HICKPOCHEE LABELLE, FL 33975 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.46	Priority creditor's name and mailing address TAX COLLECTOR, JACKSON COUNTY FL 4445 E. LAFAYETTE ST., STE 107 MARIANNA, FL 32447 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.47	Priority creditor's name and mailing address TAX COLLECTOR, JACKSON COUNTY MS P.O. BOX 998 PASCAGOULA, MS 39568 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.48	Priority creditor's name and mailing address TAX COLLECTOR, JEFFERSON COUNTY 500 W. WALNUT STREET MONTICELLO, FL 32344 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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		Total claim	Priority amount	
2.49	Priority creditor's name and mailing address TAX COLLECTOR, LAKE COUNTY 1800 DAVID WALKER DR TAVARES, FL 32778 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.50	Priority creditor's name and mailing address TAX COLLECTOR, MARTIN COUNTY 3485 SE WILLOUGHBY BLVD STUART, FL 34994 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.51	Priority creditor's name and mailing address TAX COLLECTOR, ORANGE COUNTY 730 SAND LAKE RD STE 106B ORLANDO, FL 32809 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.52	Priority creditor's name and mailing address TAX COLLECTOR, OSCEOLA COUNTY 2501 E IRLO MEMORIAL HWY KISSIMMEE, FL 34742 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.53	Priority creditor's name and mailing address TAX COLLECTOR, PALM BEACH COUNTY 301 N OLIVE AVE WEST PALM BEACH, FL 33401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.54	Priority creditor's name and mailing address TAX COLLECTOR, PASCO COUNTY 14236 6TH ST DADE CITY, FL 33523 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.55	Priority creditor's name and mailing address TAX COLLECTOR, PINELLAS COUNTY 315 COURT ST. 3RD FL CLEARWATER, FL 33756 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.56	Priority creditor's name and mailing address TAX COLLECTOR, SCOTT LUNSFORD P.O. BOX 1312 PENSACOLA, FL 32591-1312 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.57	Priority creditor's name and mailing address TAX COLLECTOR, SEMINOLE COUNTY 766 N SUN DRIVE, STE 2030 LAKE MARY, FL 32746 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.58	Priority creditor's name and mailing address TAX COLLECTOR, SUWANNEE COUNTY 215 PINE AVE SW SUITE A LIVE OAK, FL 32064-3294 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount
2.59	Priority creditor's name and mailing address TAX COLLECTOR, VOLUSIA COUNTY 112 CARSWELL HOLLY HILL, FL 32117-5010 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.60	Priority creditor's name and mailing address TAX COLLECTOR, VOLUSIA COUNTY 123 W. INDIANA AVENUE RM 103 DELAND, FL 32720-4602 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.61	Priority creditor's name and mailing address TAX COLLECTOR, WALTON COUNTY 49 NORTH 6TH STREET DEFUNIAK SPRINGS, FL 32433 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.62	Priority creditor's name and mailing address TAX COLLECTOR, WAYNE COUNTY 609 AZALEA DR WAYNESBORO, MS 39367 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
2.63	Priority creditor's name and mailing address US CENTERS FOR MEDICARE & MEDICAID REGION IV ATLANTA FEDERAL CENTER, 4TH FLOOR 61 FORSYTH STREET, SW, SUITE 4T20 ATLANTA, GA 30303-8909 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.64	Priority creditor's name and mailing address VOLUSIA COUNTY REVENUE 250 N. BEACH STREET STE. 101 DAYTONA BEACH, FL 32114-3317 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: POTENTIAL TAX LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

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	
3.1	Nonpriority creditor's name and mailing address 40 SOUTH PALAFOX PLACE LLC 3 W GARDEN STREET, SUITE 210 PENSACOLA, FL 32502 Date or dates debt was incurred 10/1/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,980.47
3.2	Nonpriority creditor's name and mailing address ADVANTAGE IQ FACILITIES P.O. BOX 74008380 CHICAGO, IL 60674-8380 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,195.40
3.3	Nonpriority creditor's name and mailing address AL CITRONELLE, LLC 19225 NORTH 4TH STREET CITRONELLE, AL 36522 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,598.39
3.4	Nonpriority creditor's name and mailing address AL WILLOW TREE, LLC 1406 EAST PUSHMATAHA STREET BUTLER, AL 36904 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,373,225.71

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			Amount of claim
3.5	Nonpriority creditor's name and mailing address ALLEN, NORTON & BLUE, P.A. 121 MAJORCA AVE CORAL GABLES, FL 33134-4599 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,195.00
3.6	Nonpriority creditor's name and mailing address ALPHAGRAPHS 154 PROSPECT ST SUITE 1 GREENWICH, CT 06830 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.39
3.7	Nonpriority creditor's name and mailing address AMERICAN EXPRESS THREE WORLD FINANCIAL CENTER 200 VESEY STREET NEW YORK, NY 10285-4803 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254,940.39
3.8	Nonpriority creditor's name and mailing address BARNETT, BRETT 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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 type="checkbox"/> Disputed Basis for the claim: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.9	Nonpriority creditor's name and mailing address BASE 10 GENETICS 8 W. MONROE ST SUITE 2101 CHICAGO, IL 60603 Date or dates debt was incurred 2/2/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,100.00

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			Amount of claim
3.10	Nonpriority creditor's name and mailing address BEASLEY, MONA C/O WHIBBS, STONE, BARNETT ATTN: SUZANNE WHIBBS, RYAN M. BARNETT 801 W ROMANA ST PENSACOLA, FL 32502 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.11	Nonpriority creditor's name and mailing address BEECHER CARLSON INSURANCE SVCS P.O. BOX 116531 ATLANTA, GA 30368-6531 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,200.00
3.12	Nonpriority creditor's name and mailing address BROWN, FLORA MAE C/O MENDES, REINS & WILANDER ATTN: BLAIR N. MENDES 4401 W KENNEDY BLVD, STE 250 TAMPA, FL 33609 Date or dates debt was incurred 2/11/2021 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.13	Nonpriority creditor's name and mailing address BROWN, NORVELL C/O MENDES, REINS & WILANDER ATTN: BLAIR N. MENDES 4401 W KENNEDY BLVD STE 250 TAMPA, FL 33609 Date or dates debt was incurred 2/11/2021 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225,000.00
3.14	Nonpriority creditor's name and mailing address CASTELLANO, DOMENICA C/O WILKES & MCHUGH ATTN: JAMES L. WILKES, II 1 N DALE MABRY HWY SUITE 700 TAMPA, FL 33609 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

(Name)

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			Amount of claim
3.15	Nonpriority creditor's name and mailing address CENTERS FOR MEDICARE & MEDICAID SERVICES DIVISION OF ACCOUNTING OPERATIONS 7500 SECURITY BLVD MS C3-11-03 BALTIMORE, MD 21244-1850 Date or dates debt was incurred 3/2/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.16	Nonpriority creditor's name and mailing address CHAMBERS, MICHAEL 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
3.17	Nonpriority creditor's name and mailing address CITY OF PENSACOLA P.O. BOX 12910 PENSACOLA, FL 32521 Date or dates debt was incurred 7/29/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.75
3.18	Nonpriority creditor's name and mailing address COCA-COLA 7330 N DAVIS HWY PENSACOLA, FL 32504 Date or dates debt was incurred 3/30/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$782.99
3.19	Nonpriority creditor's name and mailing address COOPER, ANGELA 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00

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			Amount of claim
3.20	Nonpriority creditor's name and mailing address CREIGHTON, ROSITA 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,500.00
3.21	Nonpriority creditor's name and mailing address CROWE, LLP P.O. BOX 71570 CHICAGO, IL 60694-1570 Date or dates debt was incurred 3/26/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,500.00
3.22	Nonpriority creditor's name and mailing address DIAL, JAMES C/O SAWYER LAW FIRM ATTN: J.P. SAWYER 106 N MAIN ST ENTERPRISE, AL 36330 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.23	Nonpriority creditor's name and mailing address DILORETO, SCOTT J. 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.24	Nonpriority creditor's name and mailing address DIRECT SUPPLY P.O. BOX 88201 MILWAUKEE, WI 53288-0201 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,000.00

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			Amount of claim
3.25	Nonpriority creditor's name and mailing address DRAKE, KRIS 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.26	Nonpriority creditor's name and mailing address DYNAMIC SOLUTIONS GROUP, 785 CO ROAD 1 PALM HARBOR, FL 34683 Date or dates debt was incurred 10/27/17 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.27	Nonpriority creditor's name and mailing address DYNAMIX CONSULTING CORP 111 WGTO TOWER ROAD LAKE ALFRED, FL 33850 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
3.28	Nonpriority creditor's name and mailing address EINSTEIN, ROBERT C/O WILKES & MCHUGH ATTN: JAMES L. WILKES, II 1 N DALE MABRY HWY SUITE 700 TAMPA, FL 33609 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.29	Nonpriority creditor's name and mailing address ENGIE INSIGHT SERVICES, INC P.O. BOX 74008380 CHICAGO, IL 60674-8380 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,810.50

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			Amount of claim
3.30	Nonpriority creditor's name and mailing address EXTENDED CARE INFORMATION NETWORK 24630 NETWORK PLACE CHICAGO, IL 60673-1246 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,753.26
3.31	Nonpriority creditor's name and mailing address FEDEX P.O. BOX 660481 DALLAS, TX 75266-0481 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,523.97
3.32	Nonpriority creditor's name and mailing address FIRST STOP HEALTH, LLC 233 NORTH MICHIGAN AVE SUITE 1400 CHICAGO, IL 60601 Date or dates debt was incurred 2/2/21 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: EMPLOYEE - BENEFITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.08
3.33	Nonpriority creditor's name and mailing address FL HUD BAYBREEZE, LLC 3387 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,987,001.78
3.34	Nonpriority creditor's name and mailing address FL HUD BAYSIDE, LLC 4343 LANGLEY AVENUE PENSACOLA, FL 32504 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,063,898.46

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			Amount of claim
3.35	Nonpriority creditor's name and mailing address FL HUD MARGATE, LLC 5951 COLONIAL DRIVE MARGATE, FL 33063 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950,009.01
3.36	Nonpriority creditor's name and mailing address FL HUD PENSACOLA, LLC 6984 PINE FOREST ROAD PENSACOLA, FL 32526 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,116,443.72
3.37	Nonpriority creditor's name and mailing address FL HUD ROSEWOOD, LLC 3107 NORTH H STREET PENSACOLA, FL 32501 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,393,474.67
3.38	Nonpriority creditor's name and mailing address FL HUD SILVERCREST, LLC 910 BROOKEMEADE DRIVE CRESTVIEW, FL 32539 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,364,468.99
3.39	Nonpriority creditor's name and mailing address GANNETT NATIONAL SHARED SERVICE CENTER P.O. BOX 750 FISHERS, IN 46038 Date or dates debt was incurred 2/11/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.88

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			Amount of claim
3.40	Nonpriority creditor's name and mailing address GCHC ASSOCIATE RELIEF FUND, INC 40 SOUTH PALAFOX PLACE SUITE 400 PENSACOLA, FL 32502 Date or dates debt was incurred 7/1/21 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: EMPLOYEE - RELATED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.41	Nonpriority creditor's name and mailing address GCHC EMPLOYEE ASSISTANCE 40 SOUTH PALAFOX PLACE SUITE 400 PENSACOLA, FL 32502 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,775.00
3.42	Nonpriority creditor's name and mailing address GCHC FUNDRAISING 40 SOUTH PALAFOX PLACE SUITE 400 PENSACOLA, FL 32502 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,048.45
3.43	Nonpriority creditor's name and mailing address GILMORE MOVING & STORAGE, INC 31 EAST FAIRFIELD DRIVE PENSACOLA, FL 32501 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,055.96
3.44	Nonpriority creditor's name and mailing address GLOBALSTAR USA P.O. BOX 30519 LOS ANGELES, CA 90030-0519 Date or dates debt was incurred 7/16/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,312.87

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			Amount of claim
3.45	Nonpriority creditor's name and mailing address GORDON FOOD SERVICE, INC P.O. BOX 88029 CHICAGO, IL 60680-1029 Date or dates debt was incurred 8/25/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.75
3.46	Nonpriority creditor's name and mailing address GROVES, SANDRA C/O VERONICA OWENS 189 S. LAWRENCE BLVD KEYSTONE HEIGHTS, FL 32656 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.47	Nonpriority creditor's name and mailing address HEALTH CARE NAVIGATOR 4 WEST RED OAK LANE, SUITE 201 ATTN: GINNY MAYER WHITE PLAINS, NY 10604 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$667,500.00
3.48	Nonpriority creditor's name and mailing address HMS PURCHASING LLC 4 WEST RED OAK LANE, SUITE 201 ATTN: MITCHELL STARER WHITE PLAINS, NY 10604 Date or dates debt was incurred 12/31/18 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$273,789.00
3.49	Nonpriority creditor's name and mailing address JEANFREAU, NICOLE 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,125.00

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			Amount of claim
3.50	Nonpriority creditor's name and mailing address JOHNSON & BLANTON 537 E PARK AVE TALLAHASSEE, FL 32301 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,500.00
3.51	Nonpriority creditor's name and mailing address KING, EVELYN C/O MORGAN & MORGAN 220 W. GARDEN ST. STE 900 PENSACOLA, FL 32502 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.52	Nonpriority creditor's name and mailing address KNAUER, STACEY C/O THE GUTIERREZ FIRM ATTN: JORGE P.GUTIERREZJR. 250 CATALONIA AVE 601 CORAL GABLES, FL 33134 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.53	Nonpriority creditor's name and mailing address KRAUS, LOUIS C/O MENDES, REINS & WILANDER ATTN: BLAIR N. MENDES 4401 W KENNEDY BLVD STE 250 TAMPA, FL 33609 Date or dates debt was incurred 2/11/2021 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: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00
3.54	Nonpriority creditor's name and mailing address LASER RECHARGE, INC 485 E. SOUTH STREET SUITE 101 COLLIERVILLE, TN 38017 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.28

(Name)

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			Amount of claim
3.55	Nonpriority creditor's name and mailing address MASSEY, GLORIA C/O MORGAN & MORGAN ATTN: JOHN MORGAN, MIKE MORGAN 20 NORTH ORANGE AVE, SUITE 1600 ORLANDO, FL 32801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.56	Nonpriority creditor's name and mailing address MF DEBARY, LLC 60 N. HIGHWAY 17-92 DEBARY, FL 32713 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,602,546.97
3.57	Nonpriority creditor's name and mailing address MF FLAGLER, LLC 300 DR. CARTER BOULEVARD BUNNELL, FL 32110 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,897,249.32
3.58	Nonpriority creditor's name and mailing address MF HALIFAX, LLC 820 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32117 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,139,528.89
3.59	Nonpriority creditor's name and mailing address MF HERITAGE, LLC 37135 COLEMAN AVENUE DADE CITY, FL 33525 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,112,319.63

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			Amount of claim
3.60	Nonpriority creditor's name and mailing address MF LAKE EUSTIS, LLC 411 W. WOODWARD AVENUE EUSTIS, FL 32726 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,411,760.25
3.61	Nonpriority creditor's name and mailing address MF LONGWOOD, LLC 1520 S. GRANT ST. LONGWOOD, FL 32750 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,344,095.61
3.62	Nonpriority creditor's name and mailing address MF OAKWOOD, LLC 451 SOUTH AMELIA AVENUE DELAND, FL 32724 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,321,595.65
3.63	Nonpriority creditor's name and mailing address MF WINTER PARK, LLC 1700 MONROE AVE. MAITLAND, FL 32751 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,096,881.64
3.64	Nonpriority creditor's name and mailing address MILLENNIA 2 N PALAFOX PENSACOLA, FL 32502 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,224,975.87

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			Amount of claim
3.65	Nonpriority creditor's name and mailing address MOORER, LUZELL C/O COLLING, GILBERT, WRIGHT & CARTER ATTN: RONALD GILBERT, NATHAN CARTER 801 N ORANGE AVE 830 ORLANDO, FL 32801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.66	Nonpriority creditor's name and mailing address MS GREENBOUGH, LLC 340 DESOTO AVENUE EXTENDED CLARKSDALE, MS 38614 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,622,619.88
3.67	Nonpriority creditor's name and mailing address MS HUD BOYINGTON, LLC 1530 BROAD AVENUE GULFPORT, MS 39501 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,044,252.90
3.68	Nonpriority creditor's name and mailing address MS HUD DIXIE, LLC 538 MENGE AVENUE PASS CHRISTIAN, MS 39571 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,505,525.14
3.69	Nonpriority creditor's name and mailing address MS HUD OCEAN SPRINGS, LLC 1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,859,349.44

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			Amount of claim
3.70	Nonpriority creditor's name and mailing address MS HUD PINE VIEW, LLC 1304 WALNUT STREET WAYNESBORO, MS 39367 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,265,338.32
3.71	Nonpriority creditor's name and mailing address MS LAKESIDE, LLC 191 HIGHWAY 511 EAST QUITMAN, MS 39355 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,435,107.56
3.72	Nonpriority creditor's name and mailing address MS SHELBY, LLC 1108 CHURCH STREET SHELBY, MS 38774 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$955,226.57
3.73	Nonpriority creditor's name and mailing address MS SINGING, LLC 3401 MAIN STREET MOSS POINT, MS 39563 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,029,427.47
3.74	Nonpriority creditor's name and mailing address NF BRYNWOOD, LLC 1656 S. JEFFERSON STREET MONTICELLO, FL 32344 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,242,951.36

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			Amount of claim
3.75	Nonpriority creditor's name and mailing address NF GLEN COVE, LLC 1027 E. HIGHWAY, BUSINESS 98 PANAMA CITY, FL 32401 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,930,468.30
3.76	Nonpriority creditor's name and mailing address NF MANOR, LLC 324 WILDER BOULEVARD DAYTONA BEACH, FL 32114 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,637,127.90
3.77	Nonpriority creditor's name and mailing address NF PANAMA, LLC 924 WEST 13TH ST. PANAMA CITY, FL 32401 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,408,842.19
3.78	Nonpriority creditor's name and mailing address NF PENSACOLA MANOR, LLC 10095 HILLVIEW DRIVE PENSACOLA, FL 32514 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,363,227.68
3.79	Nonpriority creditor's name and mailing address NF RIVER CHASE, LLC 1017 STRONG ROAD QUINCY, FL 32351 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,832,921.66

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			Amount of claim
3.80	Nonpriority creditor's name and mailing address NF SUWANNEE, LLC 1620 SE HELVENSTON ST. LIVE OAK, FL 32064 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,977,040.24
3.81	Nonpriority creditor's name and mailing address NF WINDSOR, LLC 602 E. LAURA ST. STARKE, FL 32091 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,602,510.84
3.82	Nonpriority creditor's name and mailing address NORMAN, HENRY C/O WILKES & MCHUGH ATTN: JAMES L. WILKES, II 1 N DALE MABRY HWY SUITE 700 TAMPA, FL 33609 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.83	Nonpriority creditor's name and mailing address OSTERMAN, IRENA C/O MORGAN & MORGAN ATTN: JOHN MORGAN, MIKE MORGAN 20 NORTH ORANGE AVE, SUITE 1600 ORLANDO, FL 32801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.84	Nonpriority creditor's name and mailing address PALAFOX COMPUTERS 111 N PALAFOX ST PENSACOLA, FL 32502 Date or dates debt was incurred 3/14/18 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.43

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			Amount of claim
3.85	Nonpriority creditor's name and mailing address PERRY, JOHN ALLEN C/O MENDES, REINS & WILANDER ATTN: BLAIR N. MENDES 4401 W KENNEDY BLVD STE 250 TAMPA, FL 33609 Date or dates debt was incurred 2/11/2021 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: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.86	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL SERVICES, LLC P.O. BOX 371887 PITTSBURGH, PA 15250-7887 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,352.77
3.87	Nonpriority creditor's name and mailing address PMA INSURANCE GROUP P.O. BOX 824857 PHILADELPHIA, PA 19182-4857 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,100.00
3.88	Nonpriority creditor's name and mailing address POINT CLICK CARE, INC P.O. BOX 674802 DETROIT, MI 48267-4802 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,487.04
3.89	Nonpriority creditor's name and mailing address PWC HOLDINGS NO.21 LLC P.O. BOX 932011 ATLANTA, GA 31193-2011 Date or dates debt was incurred 10/15/19 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,688.00

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			Amount of claim
3.90	Nonpriority creditor's name and mailing address QUALITY NETWORKS, INC 14 LA CUMBRE CIRCLE SANTA BARBARA, CA 93105 Date or dates debt was incurred 3/3/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
3.91	Nonpriority creditor's name and mailing address RECOGNITION WORKS 8790-D PLATA LANE ATASCADERO, CA 93422 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.25
3.92	Nonpriority creditor's name and mailing address RESIDENT 1009 Date or dates debt was incurred 2/11/2021 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: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.93	Nonpriority creditor's name and mailing address RESIDENT 1015 Date or dates debt was incurred 2/11/2021 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: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225,000.00
3.94	Nonpriority creditor's name and mailing address RESIDENT 1020 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.95	Nonpriority creditor's name and mailing address RESIDENT 110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.96	Nonpriority creditor's name and mailing address RESIDENT 13 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.97	Nonpriority creditor's name and mailing address RESIDENT 198 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.98	Nonpriority creditor's name and mailing address RESIDENT 213 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.99	Nonpriority creditor's name and mailing address RESIDENT 237 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.100	Nonpriority creditor's name and mailing address RESIDENT 250 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.101	Nonpriority creditor's name and mailing address RESIDENT 265 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.102	Nonpriority creditor's name and mailing address RESIDENT 281 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.103	Nonpriority creditor's name and mailing address RESIDENT 336 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.104	Nonpriority creditor's name and mailing address RESIDENT 345 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.105	Nonpriority creditor's name and mailing address RESIDENT 465 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.106	Nonpriority creditor's name and mailing address RESIDENT 472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.107	Nonpriority creditor's name and mailing address RESIDENT 534 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.108	Nonpriority creditor's name and mailing address RESIDENT 557 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.109	Nonpriority creditor's name and mailing address RESIDENT 57 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

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			Amount of claim
3.110	Nonpriority creditor's name and mailing address RESIDENT 575 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.111	Nonpriority creditor's name and mailing address RESIDENT 578 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.112	Nonpriority creditor's name and mailing address RESIDENT 679 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.113	Nonpriority creditor's name and mailing address RESIDENT 706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.114	Nonpriority creditor's name and mailing address RESIDENT 773 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.115	Nonpriority creditor's name and mailing address RESIDENT 779 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.116	Nonpriority creditor's name and mailing address RESIDENT 789 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.117	Nonpriority creditor's name and mailing address RESIDENT 810 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.118	Nonpriority creditor's name and mailing address RESIDENT 822 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.119	Nonpriority creditor's name and mailing address RESIDENT 826 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.120	Nonpriority creditor's name and mailing address RESIDENT 862 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.121	Nonpriority creditor's name and mailing address RESIDENT 870 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.122	Nonpriority creditor's name and mailing address RESIDENT 875 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.123	Nonpriority creditor's name and mailing address RESIDENT 897 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.124	Nonpriority creditor's name and mailing address RESIDENT 905 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.125	Nonpriority creditor's name and mailing address RESIDENT 911 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.126	Nonpriority creditor's name and mailing address RESIDENT 944 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.127	Nonpriority creditor's name and mailing address RESIDENT 947 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.128	Nonpriority creditor's name and mailing address RESIDENT 95 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.129	Nonpriority creditor's name and mailing address RESIDENT 962 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.130	Nonpriority creditor's name and mailing address RESIDENT 983 Date or dates debt was incurred 2/18/2021 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: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175,000.00
3.131	Nonpriority creditor's name and mailing address RESIDENT 989 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.132	Nonpriority creditor's name and mailing address RESIDENT 995 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.133	Nonpriority creditor's name and mailing address RJ YOUNG COMPANY P.O. BOX 306412 NASHVILLE, TN 37230-6412 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,064.20
3.134	Nonpriority creditor's name and mailing address SANDSTONE CREEK CLUB CONDO ASSN., INC 1020 VAIL VIEW DRIVE VAIL, CO 81657 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,976.84

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			Amount of claim
3.135	Nonpriority creditor's name and mailing address SF BERKSHIRE, LLC 1255 NE 135TH STREET NORTH MIAMI, FL 33161 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,307,109.40
3.136	Nonpriority creditor's name and mailing address SF BOYNTON, LLC 7900 VENTURE CENTER WAY BOYNTON BEACH, FL 33437 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,825,956.38
3.137	Nonpriority creditor's name and mailing address SF BREVARD, LLC 298 SW PROSPERITY PLACE LAKE CITY, FL 32024 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,926,159.90
3.138	Nonpriority creditor's name and mailing address SF FOUNTAINHEAD, LLC 390 NE 135TH STREET NORTH MIAMI, FL 33161 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,067,226.20
3.139	Nonpriority creditor's name and mailing address SF GLEN OAKS, LLC 110 PINE STREET CLEARWATER, FL 33756 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,768,803.87

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			Amount of claim
3.140	Nonpriority creditor's name and mailing address SF KISSIMMEE, LLC 320 N. MITCHELL ST. KISSIMMEE, FL 34741 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,525,624.71
3.141	Nonpriority creditor's name and mailing address SF LAKE PLACID, LLC 125 TOMOKA BOULEVARD SOUTH LAKE PLACID, FL 33852 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,239,577.99
3.142	Nonpriority creditor's name and mailing address SF OAKBROOK, LLC 250 BROWARD AVE. LABELLE, FL 33935 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,719,300.86
3.143	Nonpriority creditor's name and mailing address SF ROYAL MANOR, LLC 600 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,873,132.97
3.144	Nonpriority creditor's name and mailing address SF SALERNO, LLC 4801 SE COVE ROAD STUART, FL 34997 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,381,695.32

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			Amount of claim
3.145	Nonpriority creditor's name and mailing address SF TAMPA, LLC 1818 E. FLETCHER AVE. TAMPA, FL 33612 Date or dates debt was incurred VARIOUS 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: INTERCOMPANY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,895,435.39
3.146	Nonpriority creditor's name and mailing address SHI INTERNATIONAL CORP P.O. BOX 952121 DALLAS, TX 75395-2121 Date or dates debt was incurred 4/19/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,254.07
3.147	Nonpriority creditor's name and mailing address SHRED-IT 1885 W. SR 84 SUITE 106 FT. LAUDERDALE, FL 33315 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.10
3.148	Nonpriority creditor's name and mailing address SIB FIXED COST REDUCTION COMPANY, LLC P.O. BOX 100199 COLUMBIA, SC 29202-3199 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$793.94
3.149	Nonpriority creditor's name and mailing address SNF RECEIVABLE SOLUTIONS P.O. BOX 216 THONOTOSASSA, FL 33592 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,900.97

Part 2:

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			Amount of claim
3.150	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE P.O. BOX 660409 DALLAS, TX 75266-0409 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,192.45
3.151	Nonpriority creditor's name and mailing address TAMBLING, SHELLEY C/O WILKES & MCHUGH ATTN: JAMES L. WILKES, II 1 N DALE MABRY HWY SUITE 700 TAMPA, FL 33609 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.152	Nonpriority creditor's name and mailing address TINSLEY, JON-FAYE C/O MENDES, REINS & WILANDER ATTN: BLAIR N. MENDES 4401 W KENNEDY BLVD STE 250 TAMPA, FL 33609 Date or dates debt was incurred 2/11/2021 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: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.153	Nonpriority creditor's name and mailing address TRUE OFFICE CLEANING P.O. BOX 1734 PENSACOLA, FL 32502 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.26
3.154	Nonpriority creditor's name and mailing address TUTEN, KRISTEN 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00

(Name)

Part 2:

Additional Page

			Amount of claim
3.155	Nonpriority creditor's name and mailing address VALDEZ, KATHLEEN C/O ERIC J. HERTZ, P.C. 8300 DUNWOODY PL 210 ATLANTA, GA 30350 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.156	Nonpriority creditor's name and mailing address VANTAGEN, LLC 1200 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411 Date or dates debt was incurred VARIOUS 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: EMPLOYEE - BENEFITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,176.32
3.157	Nonpriority creditor's name and mailing address VERIZON WIRELESS P.O. BOX 660108 DALLAS, TX 75266-0108 Date or dates debt was incurred VARIOUS 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,183.05
3.158	Nonpriority creditor's name and mailing address WESOLOWSKI, KATHLEEN 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.159	Nonpriority creditor's name and mailing address WOLF, SHERYL 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534 Date or dates debt was incurred 12/31/2021 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 type="checkbox"/> Disputed Basis for the claim: EMPLOYEE - BONUS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

(Name)

Part 2: Additional Page

		Amount of claim
3.160	Nonpriority creditor's name and mailing address ZURICH NORTH AMERICA 8712 INNOVATION WAY CHICAGO, IL 60682-0087 Date or dates debt was incurred 10/4/21 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$121,362.00

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
5a.	Total claims from Part 1	5a. <u>UNDETERMINED</u>
5b.	Total claims from Part 2	5b. + <u>\$233,077,693.08</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <div><u>\$233,077,693.08</u></div>

Fill in this information to identify the case:

Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 21-11336☐ 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, numbering the entries consecutively.

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

- ☐ No. Check this box and file this form with the court 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 contracts or 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	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	360 DESTINATION GROUP CHICAGO, LLC 1 S DEARBORN, 21ST FL CHICAGO, IL 60603
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: BUILDING & LAND, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	40 SOUTH PALAFOX PLACE, LLC 3 W GARDEN STREET, STE 210 PENSACOLA, FL 32502
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	A&J MEDICAL TRANSPORTATION 5410 SUN VALLEY DR PENSACOLA, FL 32503
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ACCELERATED CARE PLUS CORP ATTN: VP/CFO 4850 JOULE ST, BLDG A1 RENO, NV 89502

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
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	ACCOUNT OF FORUM PURCHASING, LLC 1050 CROWN POINTE PKWY STE 900 ATLANTA, GA 30338
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ACHIEVE ACCREDITATION, LLC ATTN: KATHLEEN O'CONNOR, PRESIDENT 205 E BUTTERFIELD RD, #168 ELMHURST, IL 60126
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ADVANTAGE IQ, INC ATTN: ED SCHLECT, EVP 1313 N ATLANTIC, 5TH FL SPOKANE, WA 99201
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	ADVENTIST HEALTH SYSTEM SUNBELT (C/O HEALTHCARE CORPORATION) 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ADVENTIST HEALTH SYSTEM ATTN: BETH WEAGRAFF, VP 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ADX COMMUNICATIONS OF ESCAMBIA, LLC (D/B/A WNRP-AM NEWSRADIO1620 & WYCT-FM CAT COUNTRY 98.7) 7251 PLANTATION RD PENSACOLA, FL 32504

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
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>AGORA AC SUPPLY P.O. BOX 833 INTERLACHEN, FL 32148</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>ALANA HEALTHCARE, LLC 636 DIVISION STREET NASHVILLE, TN 37203</p>
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ALEDADE, INC 4550 MONTGOMERY AVE STE 950N BETHESDA, MD 20814</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ALL AMERICAN SELF STORAGE OF LONGWOOD 460 FLORIDA CENTRAL PKWY LONGWOOD, FL 32750</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>ALLIED MOBILE X-RAY, INC ATTN: ERIC AMAR 8360 W FLAGLER ST, STE 207 MIAMI, FL 33144</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>ALLIED WORLD SURPLUS LINES INSURANCE COMPANY 199 WATER STREET 24TH FL NEW YORK, NY 10038</p>

(Name)

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
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>ALLSCRIPTS HEALTHCARE, LLC ATTN: SVP, GENERAL COUNSEL 10 ELENLAKE PKWY, STE 500 ATLANTA, GA 30328</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ALPHAGRAPHS ATTN: NICHOLAS VON DER WENSE 154 PROSPECT ST, STE 1 GREENWICH, CT 06830</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ALWAYS BEST CARE SENIOR SERVICES ATTN: RICHARD KASE, PRESIDENT 4 W RED OAK LN, STE 201 WHITE PLAINS, NY 10504</p>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>AMERICAN AMBULANCE SERVICE P.O. BOX 22178 HOLLYWOOD, FL 33022</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>AMERICAN HEALTH ASSOCIATES 340 DESOTO AVE CLARKSDALE, MS 38614</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>AMERICAN MEDICAL TECHNOLOGIES (D/B/A GORDIAN MEDICAL, INC) 17595 CARTWRIGHT RD IRVINE, CA 92614</p>

(Name)

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
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	AMERIGAS PROPANE 2812 SILVER START RD ORLANDO, FL 32808
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	AMRISC 20405 SH 249 SUITE 430 HOUSTON, TX 77070
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ANKURA CONSULTING GROUP, LLC ATTN: GENERAL COUNSEL 485 LEXINGTON AVE, 10TH FL NEW YORK, NY 10017
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	ANTHEM INSURANCE COMPANIES, INC (D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD) 220 VIRGINIA AVE INDIANAPOLIS, IN 46204
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	ANTHEM NATIONAL ACCOUNTS (C/O ANTHEM BLUE CROSS BLUE SHIELD) ATTN: JENNIFER FROSTICK, CLIENT EXECUTIVE 14 WALL ST, 22ND FL NEW YORK, NY 10005
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	APRICITY RESOURCES, LLC 1001 HAWKINS STREET NASHVILLE, TN 37203

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
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	AT&T CORP 6021 RIO GRANDE AVE ORLANDO, FL 32809
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	AUDACIOUS INQUIRY, LLC ATTN: SCOTT AFZAL 5523 RESEARCH PARK DR, STE 370 BALTIMORE, MD 21228
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	AVALERE HEALTH, LLC 1350 CONNECTICUT AVE NW, STE 900 WASHINGTON, DC 20036
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	BAKER TILLY VANTAGEN, LLC 1200 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	BAKER, LINDA A 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	BAPTIST HEALTH CARE CORPORATION ATTN: MARK FAULKNER, PRESIDENT 1000 WEST MORENO ST PENSACOLA, FL 32501

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
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BAPTIST HOSPITAL, INC ATTN: CONTRACTS MANAGER 1717 N E ST, STE 402 PENSACOLA, FL 32501</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BARNES & CO 5425 EVERGREEN RD PENSACOLA, FL 32503</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BASE10 GENETICS, INC ATTN: ROBERT V HOLTON III, COO 8 W MONROE ST, STE 2101 CHICAGO, IL 60603</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BASS, ANDREW C, M.D. 315 SCRIVEN ST LIVE OAK, FL 32060</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BASS-UNITED FIRE & SECURITY SYSTEMS, INC ATTN: CONTRACT DEPT 1480 SW 3RD ST, BAY C-9 POMPANO BEACH, FL 33069</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BAY POINT MASTER TENANT, LLC (D/B/A SHERATON BAY POINT RESORT) ATTN: KEON JACKSON, EXECUTIVE MEETING MGR 4114 JAN COOLEY DR PANAMA CITY BEACH, FL 32408</p>

(Name)

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
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE/SALES AGREEMENT	<p>BAY POINT WYNDHAM RESORT & SPA 4114 JAN COOLEY DRIVE PANAMA CITY BEACH, FL 32408</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BEECHER CARLSON INSURANCE SERVICES, INC 6 CONCOURSE PARKWAY STE 2300 ATLANTA, GA 30328</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>BELFOR USA GROUP, INC 185 OAKLAND AVE STE 150 BIRMINGHAM, MI 48009</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>BELLSOUTH TELECOMMUNICATIONS, LLC (D/B/A AT&T SOUTHEAST) ATTN: ASSISTANT VICE PRESIDENT 2180 LAKE BLVD, 7TH FL ATLANTA, GA 30319</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UTILITIES	<p>BIOMEDICAL WASTE SOLUTIONS, INC 9665 JADE AVENUE PORT ARTHUR, TX 77642</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BLUE CROSS & BLUE SHIELD OF MISSISSIPPI ATTN: EDI SERVICES P.O. BOX 1043 JACKSON, MS 32915</p>

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
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BORDEN DAIRY COMPANY 8750 N. CENTRAL EXPRESSWAY STE 400 DALLAS, TX 75231</p>
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>BOTTLING GROUP, LLC (D/B/A THE PEPSI BOTTLING GROUP) 7380 W SAND LAKE ROAD STE 230 ORLANDO, FL 32819</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BRIGHTER DAY HEALTH, LLC ATTN: EDWARD R MASHEK JR 2400 AUGUSTA DR, STE 326 HOUSTON, TX 77057</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT - MEDICAL DIRECTOR	<p>BRITTIO, HECTOR F, M.D. 211 BALSAN WAY WELLINGOTN, FL 33414</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BROOKDALE HEALTH SERVICE 111 WESTWOOD PLACE STE 400 BRENTWOOD, TN 37027</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>BUSINESS RESULTS, LLC 501 RIVERSIDE AVE JACKSONVILLE, FL 32202</p>

(Name)

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
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>CA DAYTONA HOLDINGS, INC (D/B/A DAYTONA BEACH NEWS-JOURNAL) 901 SIXTH ST DAYTONA BEACH, FL 32117</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>CAPITAL REGIONAL HEALTHCARE, LLC (D/B/A CAPITAL REGIONAL MEDICAL GROUP) ATTN: RICHARD THACKER DO 2770 CAPITAL MEDICAL BLVD, STE 200 TALLAHASSEE, FL 32308</p>
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>CARE PORT HEALTH, LLC 201 SOUTH ST STE 501 CHICAGO, IL 60673</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT - STAFFING	<p>CARE STAT, INC 13330 LEOPARD STREET STE 21 BOSTON, MA 02111</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>CARECENTRIX, INC 20 CHRUCH ST HARTFORD, CT 06103</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT - STAFFING	<p>CAREER STAFF UNLIMITED, LLC P.O. BOX 301076 DAYTONA BEACH, FL 32114</p>

(Name)

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
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>CAREERBUILDER, LLC 200 NORTH LASALLE STREET STE 1100 DALLAS, TX 75303</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>CAREPORT HEALTH, LLC 11300 SWITZER RD OVERLAND PARK, KS 66210</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>CASS INFORMATION SYSTEMS, INC ATTN: BRYCE KASPAR, VP & GEN MGR 2675 CORPORATE EXCHANGE COLUMBUS, OH 43231</p>
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>CAT COUNTRY 98.7/ WNRN NEWS RADIO 1620 ATTN: MARY HOXENG 7251 PLANTATION RD PENSACOLA, FL 32504</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>CENTRAL FLORIDA PHYSICIANS TRUST, LLC ATTN: EXEC TEAM 483 N SEMORAN BLVD, STE 205 WINTER PARK, FL 32792</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>CENTURY LINK ATTN: NOTICE COORDINATOR 931 14TH ST, #900 DENVER, CO 80202</p>

(Name)

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
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>CHLOE CHANNELL ENTERTAINMENT 6065 AUTUMN PINES CIRCLE MARIANNA, FL 32446</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>CINTAS 6800 CINTAS BLVD P.O.BOX 625737 FRANKLIN, TN 37067</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>CIRCLE GENERATOR SERVICE, INC P.O. BOX 21002 FT. LAUDERDALE, FL 33335</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>CLAIMREMEDI, INC 2235 MERCURY WAY STE 107 SANTA ROSA, CA 95407</p>
2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>COAST DIAGNOSTICS, LLC 4674 AIRPORT BLVD STE C LAKE CITY, FL 32056</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>COASTAL GENERATORS, INC 951 RUSTIC LN PENSACOLA, FL 32506</p>

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
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE/SALES AGREEMENT	COCA-COLA BOTTLING COMPANY CONSOLIDATED 4100 COCA-COLA PLZ CHARLOTTE, NC 28211
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	COLLAIN HEALTHCARE, LLC 501 S AUSTIN AVE, STE 1260 GEORGETOWN, TX 78626
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	COMCAST CABLE COMMUNICATIONS MGMT, LLC 1701 JOHN F. KENNEDY BLVD PANAMA CITY, FL 32405
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	CORECARE, INC ATTN: BARNETT, BRETT, PRESIDENT 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32502
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: AUTO	CORPORATE FLEET SERVICES, INC 16322 WOODWARD AVE HIGHLAND PARK, MI 48203
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	CORTEX HEALTH, INC 3300 N RUNNING CREEK WAY STE 200 HIGHLAND PARK, MI 48203

(Name)

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
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	CORWIN DESIGN & GRAPHICS CORP 107 N 11TH ST, STE 1 TAMPA, FL 33602
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	COSTCO WHOLESALE CORPORATION 999 LAKE DR TAMPA, FL 33602
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	COURTYARD NASHVILLE AIRPORT 2508 ELM HILL PIKE NASHVILLE, TN 37214
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	COX COMMUNICATIONS GULF COAST, LLC ATTN: JOHN HAWLEY 2205 LA VISTA AVE PENSACOLA, FL 32504
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	COX FLORIDA TELCOM LP ATTN: JOHN HAWLEY 2205 LA VISTA AVE PENSACOLA, FL 32504
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	CROWNE MANAGEMENT, LLC ATTN: BRYAN JONES, CEO 501 WHETSTONE ST MONROEVILLE, AL 36460

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
2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	<p>CTM 11 LARGO DRIVE S \$0.00 STAMFORD, CT 06907</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: BUILDING & LAND	<p>CUBESMART MANAGEMENT, LLC 5 OLD LANCASTER ROAD MALVERN, PA 19355</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	<p>CURASPAN HEALTH GROUP, INC 210 WESTWOOD PL, STE 400 BRENTWOOD, TN 37027</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>CURATIVE LABS, INC 430 S CATARACT AVE SAN DIMAS, CA 91773</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DALY, JANICE (D/B/A DALY NUTRITION) 32111 DEWBERRY LN SORRENTO, FL 32776</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>DANNY DEATON BIOMEDICAL SERVICES 980 PINOAK LN SORRENTO, FL 32776</p>

(Name)

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
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>DART CHART MAP & TRACH SYSTEMS, LLC 3825 W GREEN TREE RD MILWAUKEE, WI 53212</p>
2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DE LUNA HEALTH & REHAB CENTER 9310 FOWLER AVE PENSACOLA, FL 32534</p>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>DELTA HEALTH CARE CTR ATTN: DONALS DANIELS 1818 E FLETCHER AVE TAMPA, FL 33612</p>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DELTA HEALTH GROUP 6984 PINE FOREST RD TAMPA, FL 33612</p>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GOVERNMENTAL, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>DEPARTMENT OF VETERANS AFFAIRS (C/O VA GULF COAST VHCS NCO16) 400 VETERANS AVE BLDG T102, RM A108 BILOXI, MS 39531</p>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DESTINATION NASHVILLE, INC ATTN: JENNIFER L TRSINAR 835 WREN RD GOODLETTSVILLE, TN 37072</p>

(Name)

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
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DIRECT DENTAL SOLUTIONS, LLC 18331 PINES BLVD STE 206 N FORT MYERS, FL 33903</p>
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>DIRECT SUPPLY ATTN: LEGAL AFFAIRS 6767 N INDUSTRIAL RD MILWAUKEE, WI 53223</p>
2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>DIRECT TV BUSINESS SERVICE CENTER P.O. BOX 5392 MIAMI, FL 33152</p>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DJ SHUTTLE & TOUR SERVICE, INC 101 HARDY ST HATTIESBURG, MS 39601</p>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>DONER LAW PLC 1750 TYSONS BLVD STE 1500 CRESTVIEW, FL 32539</p>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DOUBLETREE TAMPA AIRPORT-WESTSHORE ATTN: TIFFANY HUGHS, CATERING SALES MGR 4500 W CYPRESS ST TAMPA, FL 33607</p>

(Name)

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
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DOWNTOWN PARKING MANAGEMENT DISTRICT</p> <p>226 S PALAFOX ST</p> <p>STE 106</p> <p>TAMPA, FL 33607</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE/SALES AGREEMENT	<p>DRUGTESTSINBULK.COM</p> <p>9333 MELVIN AVE</p> <p>PENSACOLA, FL 32502</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>DUVAL AND SON LANDSCAPING & MAINTENANCE</p> <p>2101 HAINLIN CT</p> <p>DELTONA, FL 32738</p>
2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>DYNAMIC PERFORMANCE INTERNATIONAL, INC (D/B/A BILD & COMPANY)</p> <p>ATTN: TRACI BILD</p> <p>3608 SHADY LN</p> <p>PALM HARBOR, FL 34683</p>
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>ECOVA</p> <p>1313 N ATLANTIC, 5TH FL</p> <p>SPOKANE, WA 99201</p>
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>EFT NETWORK, INC</p> <p>245 SAW MILL RIVER ROAD</p> <p>TALLAHASSEE, FL 32308</p>

(Name)

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
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ELECTRIC PARAMADICS, LLC 4004 LOWER RIVER RD SANFORD, NC 27330
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMPLOYMENT AGREEMENT	ELLIOTT, CAROL H 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	EMERALD COAST WELLNESS CENTER ATTN: DR HENRY BOILINI 128 JOHN KING RD, STE 14 CRESTVIEW, FL 32539
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	EMPIRE MARKET ENTERPRISES, LLC 71 KEAN ST WEST BABYLON, NY 11704
2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	EMPIRE MARKET, LLC ATTN: MICHAEL MAIALE 71 KEAN ST WEST BABYLON, NY 11704
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	ENTEGR A OUTLET 9801 WASHINGTONIAN BLVD \$0.00 GAITHERSBURG, MD 20878

(Name)

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
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>ENTEGRA PROCUREMENT, LLC 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878</p>
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>EOCENE HEALTH, LLC 2441 ELLEVUE AVE DAYTONA BEACH, FL 32114</p>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>ESCOVA, INC 156 FORT COLLIER ROAD STE 5 ODESSA, FL 33556</p>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>EUCLID INSURANCE AGENCIES, LLC 4450 W EAU GALLIE BLVD, STE 115 MELBOURNE, FL 32934</p>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>EVANSTON INSURANCE COMPANY 10 PARKWAY N STE 100 GAUTIER, MS 39553</p>
2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>FAIR AMERICAN INSURANCE & REINSURANCE CO ONE LIBERTY PLAZA 165 BROADWAY CRESTVIEW, FL 32536</p>

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
2.119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>FIG MEDIA, INCORPORATED 156 N JEFFERSON ST, STE 301 CHICAGO, IL 60661</p>
2.120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>FIRST PROFESSIONALS INSURANCE CO, INC P.O. BOX 44033 JACKSONVILLE, FL 32231</p>
2.121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>FIRST STOP HEALTH, LLC ATTN: LEGAL COUNSEL 233 N MICHIGAN AVE STE 1400 CHICAGO, IL 60601</p>
2.122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>FIRST STUDENT 700 PASS RD GULFPORT, MS 39501</p>
2.123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GOVERNMENTAL	<p>FLAGLER COUNTY BOARD OF CNTY COMMISSRS 1769 E MODDY BLVD, BLDG 5 BUNNELL, FL 32110</p>
2.124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>FLORIDA FACILITIES, LLC ATTN: BARNETT, BRETT, PRESIDENT 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534</p>

(Name)

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
2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>FLORIDA HEARING SPECIALISTS, LLC 1111 NE 25TH AVE STE 204 OCALA, FL 34470</p>
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>FLORIDA HOSPITAL WATERMAN, INC ATTN: VP / CHIEF NURSING OFFICER 1000 WATERMAN WAY TAVARES, FL 32778</p>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>FLORIDA MEDICAL CLINIC, LLC ATTN: KATIE NORTH 17401 COMMERCE PARK BLVD TAMPA, FL 33647</p>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>FLORIDA TRANSITIONS NETWORK, LLC ATTN: CEO 917 RINEHART RD STE 1051 LAKE MARY, FL 32746</p>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>FOODBUY, LLC 2400 YORKMONT RD CHARLOTTE, NC 28217</p>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>FORTIS INSTITUTE 4081 E OLIVE RD, STE B PENSACOLA, FL 32514</p>

(Name)

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
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>FUN PLANNERS ATTN: TIERNEY STECHER 626 COOPER INDUSTRIAL PKWY APOPKA, FL 32703</p>
2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>GE CAPITAL (C/O RICOH USA PROGRAM) P.O. BOX 740540 ATLANTA, GA 30374</p>
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>GENTIVA HEALTH SERVICES ATTN: CONTRACTS DEPARTMENT 3350 RIVERWOOD PKWY STE 1400 ATLANTA, GA 30339</p>
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>GERI, JIMONICA L 7801 CALAHAN PL PENSACOLA, FL 32534</p>
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>GILMORE MOVING & STORAGE, INC (D/B/A GILMORE SERVICES) 31 E FAIRFIELD DR PENSACOLA, FL 32501</p>
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>GILMORE SERVICES 31 E FAIRFIELD DR PENSACOLA, FL 32501</p>

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
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GLASSDOOR, INC 100 SHORELINE HIGHWAY BUILDING A MILL VALLEY, CA 94941
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GOLDEN NUGGET BILOXI ATTN: BRENDA TAYLOR, DIRECTOR OF SALES 151 BEACH BLVD BILOXI, MS 39530
2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GOLDNER ASSOCIATES, INC 231 VENTURE CIR BILOXI, MS 39530
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GOODWOOD MUSEUM & GARDENS, INC 1600 MICCOSUKEE RD TALLAHASSEE, FL 32308
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GORDIAN MEDICAL, INC (D/B/A AMERICAN MEDICAL TECHNOLOGIES) ATTN: FRANK TRENER 17595 CARTWRIGHT RD IRVINE, CA 92614
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DISTRIBUTION AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	GORDON FOOD SERVICE, INC ATTN: SENIOR MGR, BROADLINE SALES 1300 GEZON PKWY SW WYOMING, MI 49509

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
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GOVIG HEALTHCARE GROUP 7150 EAST CAMELBACK ROAD STE 555 WYOMING, MI 49509
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	GREENE, ALEXIS 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	GREG CARROLL 4138 CHARLES CIR PACE, FL 32571
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	GREGORY, MICHAEL 16710 DANNE RD FAIRHOPE, AL 36532
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	GULF COAST FACILITIES, LLC ATTN: BARNETT, BRETT, PRESIDENT 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	HALCYON REHABILITATION, LLC ATTN: CONNIE L RUSYNYK, PRES 4 W RED OAK LN, STE 201 WHITE PLAINS, NY 10604

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
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	HAMPTON INN & SUITES 5460 GATEWAY VILLAGE CIRCLE ORLANDO, FL 32812
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	HARD ROCK HOTEL 5800 UNIVERSAL BLVD ORLANDO, FL 32819
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	HARDEN, STACY, ARNP-C 1630 MASON AVE, UNIT C DAYTONA BEACH, FL 32117
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	HARTFORD STEAM BOILER P.O. BOX 61529 KING OF PRUSSIA, PA 19406
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	HEALTH CARE NAVIGATOR, LLC ATTN: GENERAL COUNSEL 4 WEST RED OAK LN, STE 201 WHITE PLAINS, NY 10604
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	HEALTHCARE NAVIGATOR, LLC ATTN: TREY BLALOCK, GEN COUNSEL 4 WEST RED OAK LN, STE 201 WHITE PLAINS, NY 10604

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
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HEMINGWAY'S ISLAND GRILL 400 QUIETWATER BEACH RD, STE 16 PENSACOLA BEACH, FL 32561</p>
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>HERITAGE PARK CARE CENTER 2700 WEST 5600 SOUTH ROY, UT 84067</p>
2.157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HILTON GARDEN INN GULFPORT AIRPORT ATTN: CHELSEA SAUCIER 14108 AIRPORT RD GULFPORT, MS 39503</p>
2.158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HILTON GARDEN INN PALM BEACH GARDENS 3505 KYOTO GARDENS DR PALM BEACH GARDENS, FL 33410</p>
2.159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HILTON GARDEN INN PENSACOLA AIRPORT ATTN: AMANDA MILLS, DIRECTOR OF SALES 1144 AIRPORT BLVD PENSACOLA, FL 32504</p>
2.160	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HILTON JACKSON 1001 EAST COUNTY LINE RD JACKSON, MS 39211</p>

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
2.161	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>HISCOX 520 MADISON AVE 32ND FL NEW YORK, NY 10022</p>
2.162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>HMS PURCHASING, LLC ATTN: MITCHELL STRARER, PRESIDENT 4 W RED OAK LN, STE 201 WHITE PLAINS, NY 10604</p>
2.163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HOLIDAY INN EXPRESS PENSACOLA DOWNTOWN 101 E MAIN ST PENSACOLA, FL 32502</p>
2.164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>HOLMES, TEQUIRA 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534</p>
2.165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>HUD FACILITIES, LLC ATTN: BARNETT, BRETT, PRESIDENT 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534</p>
2.166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HYATT PLACE LAKE MARY/ ORLANDO NORTH 1255 S INTERNATIONAL PKWY LAKE MARY, FL 32746</p>

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
2.167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HYATT PLACE 161 AIRPORT LN PENSACOLA, FL 32504</p>
2.168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>HYGEIA MEDICAL EQUIPMENT, LLC ATTN: BARNETT, BRETT, PRESIDENT 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32502</p>
2.169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>IKON OFFICE SOLUTIONS, INC 70 VALLEY STREAM PARKWAY MALVERN, PA 19353</p>
2.170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ILLUSTRATUS (D/B/A UHLIG, LLC) 8455 LENEXA DR OVERLAND PARK, KS 66214</p>
2.171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>IMG DIGITAL, INC 38C GROVE ST, STE 109 RIDGEFIELD, CT 06877</p>
2.172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>INNOVATIX 555 W 57TH ST 12TH FLOOR STARKE, FL 32091</p>

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
2.173	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	INSIGHT HEALTH NETWORK, INC 10191 W SAMPLE RD, STE 100 CORAL SPRINGS, FL 33065
2.174	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	INSIGHT THERAPEUTICS, LLC 142 W YORK ST, STE 605 NORFOLK, VA 23510
2.175	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	INSIGHT WORLDWIDE 670 HAWTHORNE AVE SE STE 240 NORFOLK, VA 23510
2.176	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	IRON MOUNTAIN ATTN: GENREAL MANAGER 1 FEDERAL ST BOSTON, MA 2110
2.177	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	IRONSHORE SPECIALTY INSURANCE CO 175 BERKELEY STREET BOSTON, MA 02116
2.178	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	ISENBERG, MARK, P.A. 12180 28TH ST N ST PETERSBURG, FL 33716

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
2.179	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	IT'S NEVER 2 LATE, LLC 7330 S ALTON WAY, STE 0 CENTENNIAL, CO 80112
2.180	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	JACKSON MARRIOTT 200 E AMITE ST JACKSON, MS 39201
2.181	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FINANCE AGREEMENT	JOERNS HEALTHCARE, LLC 2430 WHITEHALL PARK DR, STE 100 CHARLOTTE, NC 28273
2.182	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	JOLLY TRANSPORT, LLC ATTN: FRANCK SARAGOSSI, PRESIDENT 11195 JOG RD, STE 5 BOYNTON BEACH, FL 33437
2.183	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	JUDY WILHIDE MDS CONSULTING, INC (C/O JUDY WILHIDE BRANDT, PRINCIPAL) 2005 EDMONDS RD VIRGINIA BEACH, VA 23451
2.184	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	JUICE STUDIOS ATTN: ELIZABETH MANN, DIRECTOR OF SALES 1447 PEACETREE ST, STE 560 ATLANTA, GA 30309

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
2.185	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	KCI USA, INC 12930 W INTERSTATE 10 SAN ANTONIO, TX 78249
2.186	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	KITCH DRUTCHAS WAGNER VALITUTTI & SHERBROOK 1 WOODWARD AVE STE 2400 DETROIT, MI 48226
2.187	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	LABORATORY CORP OF AMERICA HOLDINGS ATTN: CONTRACTS ADMINISTRATOR 5610 W LASALLE ST TAMPA, FL 33607
2.188	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	LAKEWOOD QUARTRS ASSISTD 8585 TENANT, LLC (D/B/A LAKEWOOD QUARTERS NURSING & RETIREMENT COMMUNITY) 8585 SUMMA AVE BATON ROUGE, LA 70809
2.189	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	LAMAR ATTN: THOMAS MULDOWNNEY 223 GREEN ACRES RD FT WALTON BEACH, FL 32547
2.190	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	LEE, CHEE, M.D. 1630 MASON AVE, UNIT C DAYTONA BEACH, FL 32117

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
2.191	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	LEV DIAGNOSTICS ATTN: MAYER ZAYAN 3194 DOOLITTLE DR NORTHBROOK, IL 60062
2.192	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	LEVEL 3 COMMUNICATIONS, LLC ATTN: CREDIT DEPARTMENT 4250 N FAIRFAX DR ARLINGTON, VA 22203
2.193	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	LIFE STORAGE #353 1600 W NINE MILE RD PENSACOLA, FL 32534
2.194	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	LIFEGAS (D/B/A LINDE GAS NORTH AMERICA, LLC) EMBASSY ROW 400, STE 300 6600 PEACHTREE DUNWOODY RD ATLANTA, GA 30328
2.195	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	LIFEGUARD AMBULANCE SVC OF FLORIDA, LLC ATTN: STEPHANIE DOYLE 4340 AVALON BLVD MILTON, FL 32583
2.196	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	LINKED SENIOR ATTN: CHARLES DE VILMORIN, PRESIDENT 1133 15TH ST NW, #1200 WASHINGTON, DC 20005

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	
2.197	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>LLOYD'S OF LONDON 42 W 54TH ST STE 14 OCALA, FL 34471</p>
2.198	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>LOEWS ATLANTA HOTEL ATTN: STEVE RICHARDSON, NAT SALES MGR 1065 PEACHTREE ST NE ATLANTA, GA 30309</p>
2.199	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>LOEWS CHICAGO HOTEL ATTN: TRACY MILETIC, SALES MANAGER 435 N MICHIGAN AVE CHICAGO, IL 60611</p>
2.200	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>LOEWS HOTEL ATTN: STEVE RICHARDSON, NAT SALES MGR 1065 PEACHTREE ST NE ATLANTA, GA 30309</p>
2.201	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>LOEWS PORTOFINO BAY HOTEL 5601 UNIVERSAL BLVD ATLANTA, GA 30309</p>
2.202	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>LOEWS VANDERBILT HOTEL ATTN: PAIGE WATSON, SALES MANAGER 2100 W END AVE NASHVILLE, TN 37203</p>

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
2.203	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	LOVELANCE, MOORE STEPHENS 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534
2.204	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	M.D.B BEHAVIORAL HEALTH SCIENCES 557 GRANTS FERRY RD BRANDON, MS 39047
2.205	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	MANAGED CARE CONSULTANTS OF FLORIDA, INC ATTN: TIMOTHY SULLIVAN, CEO 2313 E FORT KING ST, STE 200 OCALA, FL 34471
2.206	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MANAGED CARE GROUP, LLC (C/O HENRY DAY JR, ESQ.) 3960 FALLS RIDGE DR JOHNS CREEK, GA 30022
2.207	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MARGARITAVILLE BEACH HOTEL ATTN: TONYA LEMAY 165 FORT PICKENS RD PENSACOLA, FL 32561
2.208	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MARGARITAVILLE RESORT - BILOXI 195 BEACH BLVD BILOXI, MS 39503

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
2.209	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>MASADA BAKERY P.O. BOX 2465 NORCROSS, GA 30091</p>
2.210	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>MATCHWELL, INC 110 N CORCORAN ST 5TH FLOOR DURHAM, NC 22701</p>
2.211	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>MAVEN HEALTH PARTNERS, LLC ATTN: JAYME GRAY, PRESIDENT 910 W VAN BUREN ST, STE 100-336 CHICAGO, IL 60607</p>
2.212	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>MAVEN PARTNERS, LLC ATTN: DANIELLE DOMINICK, PRESIDENT 551 ROOSEVELT RD, #221 GLEN ELLYN, IL 60137</p>
2.213	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>MCPHERSON COMPANIES, INC, THE 5051 CARDINAL ST TRUSSVILLE, AL 35173</p>
2.214	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>MEDICAID DONE RIGHT 2560 GULF TO BAY BLVD, #300 CLEARWATER, FL 33765</p>

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
2.215	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MEDICAL IMAGING, INC 2202 N YOUNG BLVD, STE 202 CHIEFLAND, FL 32644
2.216	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MEDICITY 257 E 200 S STE 1300 RICHLAND, MS 39218
2.217	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MEDIGREEN WASTE SERVICE ATTN: CUSTOMER SERVICE P.O. BOX 403 GOLDENROD, FL 32733
2.218	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE/SALES AGREEMENT	MEDLINE INDUSTRIES HOLDINGS LP 1 MEDLINE PL KISSIMMEE, FL 34741
2.219	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MEDLOGIC LABORATORIES, LLC 340 E PARKER BLVD MUNDELEIN, IL 60060
2.220	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MEMORIAL HOSPITAL AT GULFPORT 4500 13TH ST GULFPORT, MS 39501

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
2.221	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MERCHANTS INTEGRITY TEST, LLC 301 E VIRGINIA AVE, STE 4000 PHOENIX, AZ 85004
2.222	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MIAMI MEDICAL IMAGING, INC 6111 NW 40TH TERRACE MIAMI, FL 33166
2.223	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MILLENNIA CLAIMS MANAGEMENT ATTN: SHEILA KIEFFER 7050 W PALMETTO PARK RD, #15-642 BOCA RATON, FL 33433
2.224	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	MLN MATTERS 7500 SECURITY BOULEVARD BALTIMORE, MD 21244-1850
2.225	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MOBILE ONE NON EMERGENCY TRANSPRT SVC, LLC 6 BLACKWELL BLVD HATTIESBURG, MS 39402
2.226	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	MOORE STEPHENS LOVELACE P.A. 701 BRICKELL AVE, STE 550 MIAMI, FL 33131

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
2.227	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	<p>MOTION PICTURE LICENSING CORP 5455 CENTINELA AVE LOS ANGELES, CA 90066</p>
2.228	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>NATIONAL RESEARCH CORPORATION (D/B/A NRC HEALTH) 1245 Q ST LINCOLN, NE 68508</p>
2.229	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>NELLENCHWANDER, DAWNE 9511 HOLSBERRY LANE SUITE B11 PENSACOLA, FL 32534</p>
2.230	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>NEW AGE HAIR CARE GROUP, INC 5430 NW SOTH CT COCONUT CREEK, FL 33073</p>
2.231	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>NEWS TALK 1370 WCOA 6565 NORTH W. STREET BOYNTON BEACH, FL 33426</p>
2.232	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>NEXUS HEALTH RESOURCES, INC ATTN: VIRGINIA FELDMAN, M.D., CEO 27 CARPENTER AVE, STE 7 MIDDLETOWN, NY 10940</p>

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
2.233	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>NORMAN, ROBERT A, D.O. (D/B/A DERMATOLOGY HEALTHCARE, LLC) ATTN: CATHY MARS 8002 GUNN HWY TAMPA, FL 33626</p>
2.234	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>NORTH SHORE MEDICAL CENTER 1100 NW 95TH ST MIAMI, FL 33150</p>
2.235	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DISTRIBUTION AGREEMENT	<p>OHI ASSET FL PENSACOLA, LLC 200 INTERNATIONAL CIRCLE STE 3500 HUNT VALLEY, MD 21030</p>
2.236	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>OMNICARE OF CENTRAL FLORIDA (C/O OMNICARE, INC) ATTN: GENERAL COUNSEL 900 OMNICARE CTR, 201 E 4TH ST CINCINNATI, OH 45202</p>
2.237	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>OMNICARE OF JACKSON (C/O OMNICARE, INC) ATTN: GENERAL COUNSEL 900 OMNICARE CTR, 201 E 4TH ST CINCINNATI, OH 45202</p>
2.238	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>OMNICARE OF JACKSONVILLE (C/O OMNICARE, INC) ATTN: GENERAL COUNSEL 900 OMNICARE CTR, 201 E 4TH ST CINCINNATI, OH 45202</p>

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
2.239	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>OMNICARE OF PANAMA CITY (C/O OMNICARE, INC) ATTN: GENERAL COUNSEL 900 OMNICARE CTR, 201 E 4TH ST CINCINNATI, OH 45202</p>
2.240	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>OMNICARE OF SOUTH FLORIDA (C/O OMNICARE, INC) ATTN: GENERAL COUNSEL 900 OMNICARE CTR, 201 E 4TH ST CINCINNATI, OH 45202</p>
2.241	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>OMNICARE OF TAMPA (C/O OMNICARE, INC) ATTN: GENERAL COUNSEL 900 OMNICARE CTR, 201 E 4TH ST CINCINNATI, OH 45202</p>
2.242	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>OMNICARE, INC ATTN: GENERAL COUNSEL 100 E RIVER CENTER BLVD, STE 1700 COVINGTON, KY 41011</p>
2.243	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ONE CALL MEDICAL TRANSPORTS, LLC 3815 E MAIN ST STE C ST CHARLES, IL 60174</p>
2.244	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>ONE SENIOR PLACE 715 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714</p>

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
2.245	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>ONECALL 841 PRUDENTIAL DR STE 204 JACKSONVILLE, FL 32207</p>
2.246	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	<p>ONSHIFT, INC ATTN: JENNIFER ELLIOTT, ACCOUNTANT 1621 EUCLID AVE, STE 1500 CLEVELAND, OH 44115</p>
2.247	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>OPERATION LAWN CARE, LLC ATTN: BRANDON BROWN 1390 HUMPHREY BLVD DELTONA, FL 32736</p>
2.248	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>OPTUM SERVICES, INC ATTN: CONTRACT ADMIN 11000 OPTUM CIR EDEN PRAIRIE, MN 55344</p>
2.249	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>OSCOLA SUPPLY, INC 915 COMMERCE BLVD MIDWAY, FL 32343</p>
2.250	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>OUTLOOK MANAGEMENT SERVICES, LLC (D/B/A NATIONAL VENDING) 8040 UNIVERSITY BLVD DES MOINES, IA 50325</p>

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
2.251	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMPLOYMENT AGREEMENT	PANAMA CITY HEALTH & REHAB CENTER 40 PALAFOX PL STE 400 PENSACOLA, FL 32502
2.252	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	PASS CHRISTIAN HEALTH & REHAB CENTER 538 MENGE AVE PASS CHRISTIAN, MS 39571
2.253	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	PAUL'S ON THE BAY (C/O THE EVENT CENTER) 670 SCENIC HWY PENSACOLA, FL 32503
2.254	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	PAYACTIV, INC 4880 STEVENS CREEK BLVD STE 102 SAN JOSE, CA 95129
2.255	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: BUILDING & LAND	PENSACOLA DOWNTOWN IMPROVEMENT BOARD (D/B/A DOWNTOWN PARKING MANAGEMENT DIST) 226 S PALAFOX ST STE 106 PENSACOLA, FL 32502
2.256	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	PENSACOLA PARKS & RECREATION 3200 E LAKEVIEW AVE PENSACOLA, FL 32503

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
2.257	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	PEPITONE, MICHAEL (D/B/A MIKE PEPITONE LAWN CARE SERVICE) 540 BRITTANY LN LABELLE, FL 33935
2.258	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	PEPSI BEVERAGES CO 1700 DIRECTORS ROW ORLANDO, FL 32809
2.259	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	PERCIPIENCE HEALTH MANAGEMENT, LLC ATTN: DAWN-MICHELE TEACHEY, COO 4 W RED OAK LN, STE 201 WHITE PLAINS, NY 10604
2.260	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	PHARMERICA CORPORATION (D/B/A PHARMERICA) 1950 COMMONWEALTH LN TALLAHASSE, FL 32303
2.261	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	PIONEER HEALTHCARE, LLC 4297 MS-42 BASSFIELD, MS 39421
2.262	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	PITNEY BOWES 3001 SUMMER ST STAMFORD, CT 06905

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
2.263	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>PLANET FITNESS HOLDINGS, LLC ATTN: GENERAL COUNSEL 4 LIBERY LN WEST HAMPTON, NH 03842</p>
2.264	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>POINTCLICKCARE 3500 AMERICAN BLVD W. STE 155 BLOOMINGTON, MN 55431</p>
2.265	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>POINTRIGHT, INC ATTN: TOM LAURINO 150 CAMBRIDGE PARK DR, STE 301 CAMBRIDGE, MA 02140</p>
2.266	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>POST ACUTE ANALYTICS, INC 1760 S STEMMONS FWY STE 400 LEWISVILLE, TX 75057</p>
2.267	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>POWER PRO-TECH SERVICES 317 MAITLAND AVE, STE 1010 ALTAMONTE SPRINGS, FL 32701</p>
2.268	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>POWER SECURE SERVICE, INC 377 MAITLAND AVE, STE 1010 ALTAMONTE SPRINGS, FL 32701</p>

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
2.269	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>PREDICTIVE INDEX, LLC 101 STATION DRIVE WESTWOOD, MA 02090</p>
2.270	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: BUILDING & LAND	<p>PREMIER WORKFORCE SOLUTIONS, LLC ATTN: NICK PORTER, CEO 12201 BLUEGRASS PKWY LOUISVILLE, KY 40299</p>
2.271	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>PRIME CARE TECHNOLOGIES, INC ATTN: HENRY DAY JR, ESQ. 3960 FALLS RIDGE DR ALPHARETTA, GA 30022</p>
2.272	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>PRIMESOURCE NURSING SERVICES, INC ATTN: RHETT PLAUCHE, PRESIDENT 38 PASS RD, STE A GULFPORT, MS 39507</p>
2.273	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENTS	<p>PRODUCE ALLIANCE, LLC 100 LEXINGTON DRIVE STE 201 BUFFALO GROVE, IL 60089</p>
2.274	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>PROFESSIONAL RISK MANAGEMNT SERVICES, INC 1401 WILSON BLVD, STE 700 ARLINGTON, VA 22209</p>

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
2.275	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>PROVIDIGM, LLC 8055 EAST TUFTS AVE STE 1200 DENVER, CO 80237</p>
2.276	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>PSYCHOLOGICAL CARE SERVICES OF AL, LLC ATTN: KENYATTA PEARSON, ADMIN 1406 E PUSHYMATAHA BUTLER, AL 36904</p>
2.277	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>QSM HEALTH SYSTEMS, INC 21150 BISCAYNE BLVD, STE 400 AVENTURA, FL 33180</p>
2.278	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: BUILDING & LAND	<p>QUALITY INVESTMENTS & BROKERAGE, INC ATTN: BRIAN DEMARIA WELLS FARGO BUILDING 21 E GARDEN ST, STE 207 PENSACOLA, FL 32502</p>
2.279	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>QUALITY INVESTMNT PROPERTIES SUWANEE, LLC 12851 FOSTER ST, STE 205 OVERLAND PARK, KS 66213</p>
2.280	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>QUALITY SURGICAL MANAGEMENT, INC 21150 BISCAYNE BLVD, STE 400 AVENTURA, FL 33170</p>

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
2.281	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>RAINBOW REHAB & HEALTHCARE CENTER, LLC ATTN: ADMINISTRATOR 8119 MEMPHIS-ARLINGTON RD BARLETT, TN 38133</p>
2.282	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>RAPID ROOTER SEWER & DRAIN SERVICES, INC 25 NE 5TH ST POMPANO BEACH, FL 33060</p>
2.283	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>RB HEALTH PARTNERS, INC ATTN: ROBIN A BLEIER, PRESIDENT P.O. BOX 1116 CRYSTAL BEACH, FL 34681</p>
2.284	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>REAL TIME MEDICAL SYSTEMS , LLC 785 ELKRIDGE LANDING RD, STE 300 LINTHICUM HEIGHTS, MD 21090</p>
2.285	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>RECORDKEEPERS 2101 8TH AVE N FARGO, ND 58102</p>
2.286	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	<p>REDILEARNING CORPORATION 4800 N FEDERAL HWY STE 300B BOCA RATON, FL 33431</p>

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
2.287	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	RELIAS LEARNING, LLC 111 CORNING ROAD STE 250 CARY, NC 27518
2.288	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	RELIAS, LLC 1010 SYNC ST, STE 100 MORRISVILLE, NC 27560
2.289	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	REMEDY BPCI PARTERNS, LLC ATTN: GENERAL COUNSEL 1120 POST RD, FL 3 DARIEN, CT 06820
2.290	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	RESEARCH UNDERWRITERS 4240 GREENBURG PIKE PITTSBURGH, PA 15221
2.291	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMPLOYMENT AGREEMENT	RETAIL, WHOLESALE & DEPT STORE UNION ATTN: ALABAMA MID-SOUTH COUNCIL 370 7TH AVE NEW YORK, NY 10001
2.292	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	RICHTER HEALTHCARE CONSULTANTS ATTN: JENNIFER RICHTER, CPA PRESIDENT 8948 CANYON FALLS BLVD TWINSBURG, OH 44087

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
2.293	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT: EQUIPMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS</p>	<p>RICOH USA, INC (D/B/A GE CAPITAL INFORMATION TECH SLTNS, INC) 70 VALLEY STREAM PKWY MALVEM, PA 19355</p>
2.294	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT: EQUIPMENT</p>	<p>RJ YOUNG CO NASHVILLE P.O. BOX 40623 NASHVILLE, TN 37204</p>
2.295	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT - STAFFING</p>	<p>SACRED HEART HEALTH SYSTEM, INC (D/B/A ASCENSION SACRED HEART PENSACOLA) ATTN: KERRIE SESSIONS, LABORATORY DIR 5151 N 9TH AVE PENSACOLA, FL 32513</p>
2.296	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>THIRD PARTY SERVICE AGREEMENT</p>	<p>SA-ENC FORT MYERS, LLC (D/B/A CITRUS GARDENS OF FORT MYERS) 7173 CYPRESS DR FORT MYERS, FL 33907</p>
2.297	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>THIRD PARTY SERVICE AGREEMENT</p>	<p>SANDESTIN GOLF AND BEACH RESORT ATTN: DWAYNE JOHNSON 9300 EMERALD COAST PKWY W DESTIN, FL 32550</p>
2.298	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p>	<p>SA-ST PETERSBURG, LLC (D/B/A PALM TERRACE OF ST PETERSBURG) 521 69TH AVE N ST PETERSBURG, FL 33702</p>

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
2.299	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UTILITIES	<p>SAT STAR COMMUNICATIONS, LLC ATTN: PRESIDENT 5155 RIO VISTA AVE TAMPA, FL 33634</p>
2.300	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>SC-GA OPERATOR HOLDINGS, INC 777 LOWNDES HILL RD, BLDG 2, STE 100 GREENVILLE, SC 29607</p>
2.301	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FINANCE AGREEMENT	<p>SCHRYVER MEDICAL, LLC 12075 E 45TH AVE STE 700 DENVER, CO 80239</p>
2.302	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SCOTT D VOGEL 885 PARK AVE. NEW YORK, NY 10075</p>
2.303	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SHERATON BAY POINT RESORT ATTN: KEON JACKSON, MBA 4114 HAN COOLEY DR PANAMA CITY BEACH, FL 32408</p>
2.304	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SHRED-IT 9207 PALM RIVER RD STE 106 TAMPA, FL 33619</p>

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
2.305	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	SIB FIXED COST REDUCTION COMPANY, LLC 796 MEETING ST CHARLESTON, SC 29403
2.306	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	SILKROAD TECHNOLOGY, INC ATTN: KATE O'NEILL, VP FINANCE 100 S WACKER DR, STE 425 CHICAGO, IL 60606
2.307	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	SKILLSURVEY, INC 1235 WESTLAKES DR STE 330 BERWYN, PA 19312
2.308	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	SMITH, NICK
2.309	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	SNF RECEIVABLE SOLUTIONS, LLC 7819 MONTREAL CT CINCINNATI, OH 45241
2.310	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	SODEXO AMERICA, LLC 9243 COLUMBUS PIKE LEWIS CENTER, OH 43035

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
2.311	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SOUTHERN MANAGEMENT ABM, LLC ATTN: DON CHAMPION 264 LYON LN BIRMINGHAM, AL 35211</p>
2.312	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>SPANGLER ENTERTAINMENT 361 WEST MAIN ST HENDERSONVILLE, TN 37075</p>
2.313	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>SPARTA INSURANCE COMPANY 5 BATTERSON PARK RD \$0.00 FARMINGTON, CT 06032</p>
2.314	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE/SALES AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>SPECIALIZED MEDICAL SERVICES, INC ATTN: STEVE MARSHALL 5343 N 118TH COURT MILWAUKEE, WI 53225</p>
2.315	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SPERDUTO & ASSOCIATES, INC ATTN: CHRISTOPHER REILY, PHD 235 PEACHTREE ST NE #300 ATLANTA, GA 30303</p>
2.316	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE/SALES AGREEMENT	<p>STAPLES CONTRACT & COMMERCIAL, INC ATTN: MANAGER 500 STAPLES DR FRAMINGHAM, MA 1702</p>

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
2.317	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	STATE LEVEL HEALTH CARE GROUP, LLC (C/O LHC GROUP, INC) ATTN: LEGAL DEPARTMENT/CONTRACTS 420 W PINHOOK RD LAFAYETTE, LA 70503
2.318	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	STATISTA, INC 55 BROAD ST 30TH FLOOR NEW YORK, NY 10004
2.319	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	STELLAR TRANSPORT, INC 301 HIBISCUS BLVD MELBOURNE, FL 32901
2.320	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UTILITIES, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	STERICYCLE, INC 4010 COMMERCIAL AVE NORTHBROOK, IL 60062
2.321	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	STOP FIRE SALES & SERVICES PENSACOLA FIRE PROTECTION, INC P.O. BOX 11416 PENSACOLA, FL 32504
2.322	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	STRAIGHTAWAY HEALTH CAREERS, INC 1010 SYNC ST, STE 100 MORRISVILLE, NC 27560

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
2.323	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>STRATEGIC HEALTH INTELLIGENCE</p> <p>ATTN: CRAIG DALTON</p> <p>P.O. BOX 747</p> <p>PENSACOLA, FL 32591</p>
2.324	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SUNTRUST BANK</p> <p>210 FLORIDA AVE S</p> <p>LAKE LAND, FL 33801</p>
2.325	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>SYMPHONY DIAGNOSTIC SERVICES NO 1, INC (D/B/A MOBILEX USA)</p> <p>ATTN: DIRECTOR OF PROVIDER RELATIONS</p> <p>101 ROCK RD</p> <p>HORSHAM, PA 19044</p>
2.326	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>SYMPHONY DIAGNOSTIC SERVICES NO. 2 (D/B/A MOBILEX USA)</p> <p>930 RIDGEBROOK RD</p> <p>FL 3</p> <p>SPARKS, MD 21152</p>
2.327	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>TESTD, INC</p> <p>ATTN: LEGAL DEPT</p> <p>23 NW 5TH ST</p> <p>FORT LAUDERDALE, FL 33301</p>
2.328	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>THOMAS, HUGH</p> <p>985 SEMORAN BLVD</p> <p>CASSELBERRY, FL 32707</p>

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
2.329	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>TNMO HEALTHCARE (C/O CURO HEALTH SVCS, LLC) ATTN: GM 655 BRAWLEY SCHOOL RD, STE 200 MOORESVILLE, NC 28177</p>
2.330	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>TOTAL RENAL CARE, INC (C/O CASSELBERRY DIALYSIS) 4970 S US HWY 17/92 4970 S US HWY 17/92 CASSELBERRY, FL 32707</p>
2.331	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA P.O. BOX 2950 HARTFORD, CT 06104</p>
2.332	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>TRIBRIDGE HOLDINGS, LLC 4830 W KENNEDY BLVD TAMPA, FL 33609</p>
2.333	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>TRIDENTCARE 930 RIDGEBROOK RD SPARKS GLENCOE, MD 21152</p>
2.334	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>UHLIG, LLC ATTN: LEGAL DEPARTMENT 8455 LENEXA DR LENEXA, KS 66214</p>

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
2.335	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>UNITED FIRE</p> <p>12001 31ST CT N</p> <p>ST. PETERSBURG, FL 33716</p>
2.336	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMPLOYMENT AGREEMENT	<p>UNITED FOOD & COMMERCIAL WORKERS UNION</p> <p>ATTN: LOCAL 1625 AFL-CIO</p> <p>5600 US HWY 98 N</p> <p>LAKELAND, FL 33809</p>
2.337	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT, INCLUSIVE OF ALL AMENDMENTS/AGREEMENTS	<p>UNITED HEALTHCARE INSURANCE COMPANY</p> <p>ATTN: MEDICAID CONTRACT INSTALLATN SPCLST</p> <p>MAIL RTE FL030-1000</p> <p>495 N KELLER RD, STE 200</p> <p>MAITLAND, FL 32751</p>
2.338	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>UNITED HEALTHCARE OF FL, INC</p> <p>495 N KELLER ROAD #200</p> <p>MAITLAND, FL 32751</p>
2.339	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>UNIVERSAL ENGINEERING SCIENCES</p> <p>ATTN: RICHARD E HAUGLIN, PE REGIONAL MGR</p> <p>820 BREVARD AVE</p> <p>ROCKLEDGE, FL 32955</p>
2.340	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>UNIVERSITY COMMUNITY HOSPITAL</p> <p>3100 E FLETCHER AVE</p> <p>TAMPA, FL 33613</p>

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
2.341	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>US FOODS NATIONAL CREDIT COORDINATOR 9399 WEST HIGGINS ROAD STE 100 ROSEMONT, IL 60018</p>
2.342	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT: EQUIPMENT	<p>US FOODS, INC 9399 W HIGGINS RD, STE 500 ROSEMONT, IL 60018</p>
2.343	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>VELOCITY RESOURCE GROUP 501 E KENNEDY BLVD STE 775 TAMPA, FL 33602</p>
2.344	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>VIERA DEL MAR HEALTH & REHAB CENTER 2355 VIDINA DR VIERA, FL 32940</p>
2.345	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>VOHRA HEALTH SERVICES P.A. 3601 SW 160TH AVE, STE 250 MIRAMAR, FL 33027</p>
2.346	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>WALTERS, JANIE 47 LONG COVE COURT MADISON, MS 39110</p>

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
2.347	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>WARD IDEALEASE 2200 MICHIGAN AVE MOBILE, AL 36615</p>
2.348	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>WASTE KNOT CONNECTIONS, INC PENSACOLA FL P.O. BOX 4487 PENSACOLA, FL 32507</p>
2.349	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>WASTE PRO (SOUTHERN WASTE DISPOSAL) 200 BRAXTON AVE MERIDIAN, MS 39301</p>
2.350	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>WASTE PRO P.O. BOX 669 OCEAN SPRINGS, MS 39566</p>
2.351	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY/NDAS/INDEMNIFICATION	<p>WASTE REDUCTION CONSULTANTS (C/O CASS INFORMATION SYSTEMS, INC) 2675 CORPORATE EXCHANGE DR COLUMBUS, OH 43231</p>
2.352	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSING AGREEMENT	<p>WATERSHED HEALTH, INC 800 W COMMERCE ROAD STE 201 ELMWOOD, LA 70123</p>

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
2.353	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>WESCOM SOLUTIONS, INC (D/B/A POINTCLICKCARE) 3500 AMERICAN BLVD W. STE 155 BLOOMINGTON, MN 55431</p>
2.354	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MAINTENANCE AGREEMENT	<p>WIGINTON 6363 GREENLAND RD JACKSONVILLE, FL 32258</p>
2.355	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THIRD PARTY SERVICE AGREEMENT	<p>WYNDHAM BAY POINT GOLF RESORT & SPA 4114 JAN COOLEY DRIVE PANAMA CITY BEACH, FL 32408</p>
2.356	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSURANCE POLICY	<p>ZARAHN AGENCY, INC P.O. BOX 17105 PENSACOLA, FL 32522</p>
2.357	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>Z-CORE ANALYTICS, LLC 4006 RT 9 SOUTH MORGANVILLE, NJ 07751</p>
2.358	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>ZIRMED, INC 888 W MARKET ST LOUISVILLE, KY 40202</p>

(Name)

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
2.359	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	THIRD PARTY SERVICE AGREEMENT	ZOLL SERVICES, LLC 121 GAMMA DR PITTSBURGH, PA 15238
2.360	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	INSURANCE POLICY	ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY SCHAUMBURG, IL 60196

Fill in this information to identify the case:

Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number 21-11336
(if known)☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

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

1. Does the debtor have any codebtors?

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

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

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.1	BREVARD OAKS CENTER, LLC	2355 VIDINA DRIVE VIERA, FL 32940	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	BREVARD OAKS CENTER, LLC	2355 VIDINA DRIVE VIERA, FL 32940	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	FL HUD BAYBREEZE, LLC	3387 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	FL HUD BAYBREEZE, LLC	3387 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	FL HUD BAYSIDE, LLC	4343 LANGLEY AVENUE PENSACOLA, FL 32504	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	FL HUD BAYSIDE, LLC	4343 LANGLEY AVENUE PENSACOLA, FL 32504	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.7	FL HUD DESTIN, LLC	138 SANDESTIN LANE MIRAMAR BEACH, FL 32550	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8	FL HUD DESTIN, LLC	138 SANDESTIN LANE MIRAMAR BEACH, FL 32550	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9	FL HUD MARGATE, LLC	5951 COLONIAL DRIVE MARGATE, FL 33063	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10	FL HUD MARGATE, LLC	5951 COLONIAL DRIVE MARGATE, FL 33063	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11	FL HUD PENSACOLA, LLC	6984 PINE FOREST ROAD PENSACOLA, FL 32526	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

(Name)

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor		
	Name	Mailing Address	Name	Check all schedules that apply
2.12	FL HUD PENSACOLA, LLC	6984 PINE FOREST ROAD PENSACOLA, FL 32526	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13	FL HUD ROSEWOOD, LLC	3107 NORTH H STREET PENSACOLA, FL 32501	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14	FL HUD ROSEWOOD, LLC	3107 NORTH H STREET PENSACOLA, FL 32501	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15	FL HUD SILVERCREST, LLC	910 BROOKEMEADE DRIVE CRESTVIEW, FL 32539	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16	FL HUD SILVERCREST, LLC	910 BROOKEMEADE DRIVE CRESTVIEW, FL 32539	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17	FLORIDA FACILITIES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18	FLORIDA FACILITIES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19	GCH MANAGEMENT SERVICES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20	GULF COAST FACILITIES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21	GULF COAST FACILITIES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22	GULF COAST MASTER TENANT I, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23	HUD FACILITIES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24	HUD FACILITIES, LLC	40 SOUTH PALAFOX PLACE, SUITE 400 PENSACOLA, FL 32502	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25	MF LAKE EUSTIS, LLC	411 W. WOODWARD AVENUE EUSTIS, FL 32726	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26	MF LAKE EUSTIS, LLC	411 W. WOODWARD AVENUE EUSTIS, FL 32726	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27	MF WINTER PARK, LLC	1700 MONROE AVE MAITLAND, FL 32751	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28	MF WINTER PARK, LLC	1700 MONROE AVE MAITLAND, FL 32751	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

(Name)

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor		Column 2: Creditor		
	Name	Mailing Address	Name	Check all schedules that apply
2.29	MS GREENBOUGH, LLC	340 DESOTO AVENUE EXTENDED CLARKSDALE, MS 38614	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30	MS GREENBOUGH, LLC	340 DESOTO AVENUE EXTENDED CLARKSDALE, MS 38614	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31	MS HUD BOYINGTON, LLC	1530 BROAD AVENUE GULFPORT, MS 39501	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32	MS HUD BOYINGTON, LLC	1530 BROAD AVENUE GULFPORT, MS 39501	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33	MS HUD DIXIE, LLC	538 MENGE AVENUE PASS CHRISTIAN, MS 39571	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34	MS HUD DIXIE, LLC	538 MENGE AVENUE PASS CHRISTIAN, MS 39571	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35	MS HUD OCEAN SPRINGS, LLC	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36	MS HUD OCEAN SPRINGS, LLC	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37	MS HUD PINE VIEW, LLC	1304 WALNUT STREET WAYNESBORO, MS 39367	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38	MS HUD PINE VIEW, LLC	1304 WALNUT STREET WAYNESBORO, MS 39367	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.39	NF CHIPOLA, LLC	4294 3RD AVENUE MARIANNA, FL 32446	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40	NF CHIPOLA, LLC	4294 3RD AVENUE MARIANNA, FL 32446	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41	NF ESCAMBIA, LLC	8325 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42	NF ESCAMBIA, LLC	8325 UNIVERSITY PARKWAY PENSACOLA, FL 32514	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43	NF NINE MILE, LLC	9310 FOWLER AVENUE PENSACOLA, FL 32534	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44	NF NINE MILE, LLC	9310 FOWLER AVENUE PENSACOLA, FL 32534	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45	NF PANAMA, LLC	924 WEST 13TH ST. PANAMA CITY, FL 32401	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

(Name)

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.46	NF PANAMA, LLC	924 WEST 13TH ST. PANAMA CITY, FL 32401	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.47	NF PENSACOLA MANOR, LLC	10095 HILLVIEW DRIVE PENSACOLA, FL 32514	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48	NF PENSACOLA MANOR, LLC	10095 HILLVIEW DRIVE PENSACOLA, FL 32514	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49	NF SUWANNEE, LLC	1620 SE HELVENSTON ST. LIVE OAK, FL 32064	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50	NF SUWANNEE, LLC	1620 SE HELVENSTON ST. LIVE OAK, FL 32064	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51	SF BREVARD, LLC	298 SW PROSPERITY PLACE LAKE CITY, FL 32024	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52	SF BREVARD, LLC	298 SW PROSPERITY PLACE LAKE CITY, FL 32024	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.53	SF CARNEGIE, LLC	1415 SOUTH HICKORY ST. MELBOURNE, FL 32901	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54	SF CARNEGIE, LLC	1415 SOUTH HICKORY ST. MELBOURNE, FL 32901	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.55	SF LAKE PLACID ALF, LLC	1297 US 27 NORTH LAKE PLACID, FL 33852	NEW ARK CAPITAL, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56	SF LAKE PLACID ALF, LLC	1297 US 27 NORTH LAKE PLACID, FL 33852	OMEGA LANDLORDS	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Gulf Coast Health Care, LLCUnited States Bankruptcy Court for the: DelawareCase number 21-11336
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


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

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

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

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

Executed on 11/30/2021
MM / DD / YYYY

 /s/ M. Benjamin Jones
Signature of individual signing on behalf of debtor

M. Benjamin Jones
Printed name

Chief Restructuring Officer
Position or relationship to debtor