

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

Debtor 1 Gulf Coast Health Care, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)


United States Bankruptcy Court District of Delaware

Case number: 21-11336

**FILED**  
 U.S. Bankruptcy Court  
 District of Delaware  
 10/18/2021  
 Una O'Boyle, Clerk

**Official Form 410  
 Proof of Claim**

Filed: USBC - District of Delaware  
 Gulf Coast Health Care, LCC, et al (B10)  
 21-11336 (KBO)



**GCC** 000000006

04/19

Read the instructions before filling out this form. This form is for making a claim for make a request for payment of an administrative expense. Make such a request acc

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

**1. Who is the current creditor?** CENTERPOINT ENERGY  
 Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor \_\_\_\_\_

**2. Has this claim been acquired from someone else?**  No  
 Yes. From whom? \_\_\_\_\_

**3. Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent? <u>CENTERPOINT ENERGY</u> Name P O BOX 1700 HOUSTON, TX 77251 Contact phone <u>1-888-707-7188</u> Contact email <u>ANGELA.THOMPSON@CENTERPOINTENERGY.COM</u>	Where should payments to the creditor be sent? (if different) Name _____ Contact phone _____ Contact email _____
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Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

**4. Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
 MM/DD/YYYY

**5. Do you know if anyone else has filed a proof of claim for this claim?**  No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<p style="text-align: right;">9281</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ 3127.94</p>	<p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).                      Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>NATURAL GAS SERVICE/BP#2829760,7060642,7052821 &amp;7052817</p>	
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>	
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>	
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>	

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

<p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</b></p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p><b>A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.</b></p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>10/18/2021</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ ANGELA B. THOMPSON</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>ANGELA B. THOMPSON</u></p> <p style="text-align: right; font-size: small;">First name Middle name Last name</p> <p>Title <u>SENIOR CREDIT REP.</u></p> <p>Company <u>CENTERPOINT ENERGY</u></p> <p>Address <u>P O BOX 1700</u></p> <p style="text-align: right; font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p style="text-align: right; font-size: small;">Number Street</p> <p><u>HOUSTON, TX 77251</u></p> <p style="text-align: right; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>1-888-707-7188</u> Email <u>ANGELA.THOMPSON@CENTERPOINTENERGY.COM</u></p>
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ACCOUNT NUMBER

BILLING DATE

10/18/2021

GULF COAST HEALTH CARE, LLC

40 SOUTH PALAFOX PLACE STE 400  
PENSACOLA, FL 32502

SERVICE ADDRESS

538 MENGE AVE  
PASS CHRISTIAN, FL 39571

ITEM	AMOUNT
PRE-PETITION DEBT CA#3095276	\$1,448.01
PRE-PETITION DEBT CA#8496364	\$660.46
PRE-PETITION DEBT CA#8496362	\$417.91
PRE-PETITION DBT CA#8485298	\$601.56

RETURN PAYMENT TO:  
CENTERPOINT ENERGY  
PO BOX 2628  
HOUSTON, TX 77252-2628

STATE AND LOCAL  
SALES TAXES  
INCLUDED  
WHERE APPLICABLE

TOTAL DUE by  
GULF COAST HEALTH CARE, LLC

\$3,127.94

40 SOUTH PALAFOX PLACE STE 400  
PENSACOLA, FL 32502