Date: 12/04/2023 Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

\*\*\*\*CLAIM NUMBER VOIDED BY AGENT\*\*\*\* Claim Number: 103 Claim Date: / /

Debtor: DEBTOR NOT FOUND Comments: EXPUNGED

**TOTAL** Claimed: \$0.00

\*\*\*\*CLAIM NUMBER VOIDED BY AGENT\*\*\*\* Claim Number: 104 Claim Date: / /

> Debtor: DEBTOR NOT FOUND Comments: EXPUNGED

**TOTAL** Claimed: \$0.00

\*\*\*\*CLAIM NUMBER VOIDED BY AGENT\*\*\*\* Claim Number: 105 Claim Date: / /

> Debtor: DEBTOR NOT FOUND Comments: EXPUNGED

\$0.00 TOTAL Claimed:

\*\*\*\*CLAIM NUMBER VOIDED BY AGENT\*\*\*\* Claim Number: 106

Claim Date: / /

Debtor: DEBTOR NOT FOUND Comments: EXPUNGED

TOTAL Claimed: \$0.00

18307 BOYS RANCH ROAD OWNER LLC Claim Number: 10029 C/O HAYNES AND BOONE LLP Claim Date: 03/10/2023

ATTN REBECCA LANDAU Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

30 ROCKEFELLER PLAZA, 26TH FL Comments: DOCKET: 513 (04/28/2023)

NEW YORK, NY 10112 ALLOWED BUT NOT ENTITLED TO A DISTRIBUTION PER ECF NO. 513

UNSECURED Claimed: \$16,544,245.43 UNLIQ Scheduled: \$458,904.24 DISP Allowed: \$2,068,000.00

Page: 1 Epiq Bankruptcy Solutions, LLC

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10030 Claim Date: 03/10/2023 Debtor: DELPHI INTERMEDIA' Comments: DOCKET: 513 (04 ALLOWED BUT NOT ENTITLE	/28/2023)	PER ECF NO. 513		
UNSECURED Claimed:	\$16,544,245.43 UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed:	\$2,068,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10031 Claim Date: 03/10/2023 Debtor: DR PARENT, LLC Comments: DOCKET: 513 (04 ALLOWED BUT NOT ENTITLE		PER ECF NO. 513		
UNSECURED Claimed:	\$16,544,245.43 UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed:	\$2,068,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10032 Claim Date: 03/10/2023 Debtor: DR SUB, LLC Comments: DOCKET: 513 (04) ALLOWED BUT NOT ENTITLE		PER ECF NO. 513		
UNSECURED Claimed:	\$16,544,245.43 UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed:	\$2,068,000.00
18307 BOYS RANCH ROAD OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10033 Claim Date: 03/10/2023 Debtor: PALM BEACH RECOVE Comments: ALLOWED DOCKET: 513 (04/28/2023)	ERY, LLC			
UNSECURED Claimed:	\$16,544,245.43 UNLIQ	Scheduled:	\$458,904.24 DISP	Allowed:	\$2,068,000.00
3030 HARBOR LLC C/O KOZYAK TROPIN & THROCKMORTON LLP ATTN BERNICE LEE, ESQ 2525 PONCE DE LEON BLVD, 9TH FL MIAMI, FL 33134	Claim Number: 10066 Claim Date: 04/13/2023 Debtor: DEFINING MOMENT F Comments: ALLOWED DOCKET: 849 (07/26/2023)	RECOVERY COMMUNITY	/, LLC		
UNSECURED Claimed:	\$1,749,860.38	Scheduled:	\$117,362.72 UNLIQ	Allowed:	\$1,385,575.00

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

314 10TH STREET LP C/O SEESE PA ATTN MICHAEL D SEESE, ESQ 101 NE 3RD AVE, STE 1500 FORT LAUDERDALE, FL 33301	Claim Number: 10002 Claim Date: 02/16/2023 Debtor: PALM BEACH RECO' Comments: ALLOWED DOCKET: 381 (04/14/2023)	•			
UNSECURED Claimed:	\$142,831.21			Allowed:	\$142,831.21
35 ELM STREET ASSOCIATES LLC ATTN AVI LIPSKER 35 ELM ST NEW HAVEN, CT 06510	Claim Number: 10035 Claim Date: 03/14/2023 Debtor: DELPHI BEHAVIORA Comments: ALLOWED DOCKET: 397 (04/18/2023)	AL HEALTH GROUP, LLC			
ADMINISTRATIVE Claimed:	\$1,500.00				
UNSECURED Claimed:	\$1,500.00	Scheduled:	\$1,500.00	Allowed:	\$2,250.00
44 COURT STREET LLC C/O JEFFREY KLARSFELD, ESQ 10 E 40TH ST, 46TH FL NEW YORK, NY 10016	Claim Number: 10003 Claim Date: 02/17/2023 Debtor: DELPHI BEHAVIORA	AL HEALTH GROUP, LLC			
UNSECURED Claimed:	\$35,408.26	Scheduled:	\$15,504.84		
588 E SAN LORENZO OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10025 Claim Date: 03/10/2023 Debtor: DELPHI INTERMEDI Comments: DOCKET: 514 (0 ALLOWED BUT NOT ELIGIB	04/28/2023)	BUTION PER ECF NO. 514		
UNSECURED Claimed:	\$18,948,507.63 UNLIQ	Scheduled:	\$42,811.78 DISP	Allowed:	\$2,086,000.00
588 E SAN LORENZO OWNER LLC C/O HAYNES AND BOONE LLP ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA, 26TH FL NEW YORK, NY 10112	Claim Number: 10026 Claim Date: 03/10/2023 Debtor: DELPHI HEALTH GR Comments: ALLOWED DOCKET: 514 (04/28/2023)	,			
UNSECURED Claimed:	\$18,948,507.63 UNLIQ			Allowed:	\$2,086,000.00

Name of proof of claims where to

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

588 E SAN LORENZO OV C/O HAYNES AND BOON ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	IE LLP J	Claim Number: 10027 Claim Date: 03/10/2023 Debtor: DR PARENT, LLC Comments: DOCKET: 514 ( ALLOWED BUT NOT ELIGIE	(04/28/2023) BLE FOR A DISTRIBUTION F	PER ECF NO. 514		
UNSECURED	Claimed:	\$18,948,507.63 UNLIQ	Scheduled:	\$42,811.78 DISP	Allowed:	\$2,086,000.00
588 E SAN LORENZO OV C/O HAYNES AND BOON ATTN REBECCA LANDAU 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	IE LLP J	Claim Number: 10028 Claim Date: 03/10/2023 Debtor: DR SUB, LLC Comments: DOCKET: 514 ( ALLOWED BUT NOT ELIGIE	(04/28/2023) BLE TO RECEIVE A DISTRIB	UTION PER ECF NO. 514		
UNSECURED	Claimed:	\$18,948,507.63 UNLIQ	Scheduled:	\$42,811.78 DISP	Allowed:	\$2,086,000.00
CLIENT ID 4 ADDRESS REDACTED		Claim Number: 1 Claim Date: 02/21/2023 Debtor: SUMMIT BEHAVIOI Comments: ALLOWED DOCKET: 403 (04/19/2023)		ILI LIABILITY COMPANY		
UNSECURED	Claimed:	\$15,000.00			Allowed:	\$5,500.00
ADTAXI C/O SZABO ASSOCIATES 3355 LENOX RD NE, STE ATLANTA, GA 30326		Claim Number: 10001 Claim Date: 02/13/2023 Debtor: DELPHI HEALTH G	ROUP, LLC			
UNSECURED	Claimed:	\$22,500.00	Scheduled:	\$22,500.00		
AGL WELDING SUPPLY D/B/A INHALATION THE 600 RTE 46 W CLIFTON, NJ 07015		Claim Number: 24 Claim Date: 03/20/2023 Debtor: DELPHI BEHAVIOR		<del></del>		
UNSECURED	Claimed:	\$380.02	Scheduled:	\$380.02		

Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 5 of 55 Name of proof of claims where to

Date: 12/04/2023 Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

**CLIENT ID 9** Claim Number: 25 ADDRESS REDACTED Claim Date: 03/21/2023

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: EXPUNGED DOCKET: 675 (05/26/2023)

**UNSECURED** Claimed: \$950.00

Claim Number: 10034 AMEX TRS CO INC C/O BECKET AND LEE LLP Claim Date: 03/14/2023 PO BOX 3001

MALVERN, PA 19355-0701

Debtor: PALM BEACH RECOVERY, LLC

**UNSECURED** Claimed: \$535.45

Claim Number: 10134 ANNE ARUNDEL COUNTY, MARYLAND C/O OFFICE OF FINANCE Claim Date: 07/11/2023

ATTN BANKRUPTCY ADMINISTRATOR Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

PO BOX 2700, MS 1103 Comments: ALLOWED ANNAPOLIS, MD 21404 DOCKET: 883 (08/29/2023)

**PRIORITY** Allowed: \$268.14 **SECURED** Claimed: \$268.14

\$259.52 **UNSECURED** Scheduled:

BANK DIRECT CAPITAL FINANCE Claim Number: 17 150 N FIELD DR, STE 190 Claim Date: 03/03/2023

LAKE FOREST, IL 60045 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: ALLOWED DOCKET: 497 (04/24/2023)

**SECURED** Claimed: \$1,172,110.36 **UNSECURED** Claimed: \$21,576.82 Allowed: \$852,633.70

BANNING REAL ESTATE LLC Claim Number: 10042 C/O KOZYAK TROPIN & THROCKMORTON LLP Claim Date: 03/27/2023

ATTN BERNICE LEE, ESQ Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC

2525 PONCE DE LEON BLVD, 9TH FL

MIAMI, FL 33134

**UNSECURED** Claimed: \$261,386.00 Scheduled: \$9,386.37 DISP

Page: 5 Epiq Bankruptcy Solutions, LLC

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

CLIENT ID 1 ADDRESS REDACTED		Claim Number: 10005 Claim Date: 02/18/2023 Debtor: MARYLAND HOUSE DE Comments: EXPUNGED DOCKET: 680 (05/26/2023)	TOX, LLC			
UNSECURED	Claimed:	\$150.00				
BOLIVE LLC C/O AKERMAN LLP ATTN D BRETT MARKS, E 201 E LAS OLAS BLVD, ST FORT LAUDERDALE, FL 33	TE 1800	Claim Number: 10013 Claim Date: 03/02/2023 Debtor: PALM BEACH RECOVER Comments: ALLOWED DOCKET: 380 (04/14/2023)	RY, LLC			
UNSECURED	Claimed:	\$299,014.52	Scheduled:	\$18,340.65	Allowed:	\$274,096.64
BOSTON GAS COMPANY D/B/A NATIONAL GRID 300 ERIE BLVD W SYRACUSE, NY 13202		Claim Number: 10090 Claim Date: 04/18/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 712 (06/07/2023)				
UNSECURED	Claimed:	\$4,765.04	Scheduled:	\$3,630.26		
CLIENT ID 14 ADDRESS ON FILE		Claim Number: 40 Claim Date: 04/11/2023 Debtor: DELPHI BEHAVIORAL F Comments: EXPUNGED DOCKET: 700 (06/06/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$0.00 UNDET				
BROWARD COUNTY C/O RECORDS TAXES & T ATTN BANKRUPTCY SECT 115 S ANDREWS AVE, A-1 FORT LAUDERDALE, FL 33	REASURY ION 100	Claim Number: 10014 Claim Date: 03/03/2023 Debtor: DELPHI BEHAVIORAL F Comments: WITHDRAWN DOCKET: 843 (07/25/2023)	HEALTH GROUP, LLC			
SECURED	Claimed:	\$3,451.42				

\$795.00

Name of proof of claims where to

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claimed:

UNSECURED

\$796.98

CLIENT ID 21 Claim Number: 92 ADDRESS ON FILE Claim Date: 05/22/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 861 (08/02/2023) **PRIORITY** Claimed: \$1,000.00 UNLIQ CLIENT ID 6 Claim Number: 10012 ADDRESS REDACTED Claim Date: 03/01/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 638 (05/19/2023) **PRIORITY** Claimed: \$1,250.00 Claim Number: 10069 CAMP MEADE INVESTMENTS I LLC C/O BAKER DONELSON BEARMAN CALDWELL BER Claim Date: 04/13/2023 ATTN MELISSA A CAMPBELL, ESQ Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC PO BOX 1549 Comments: EXPUNGED ORLANDO, FL 32802-1549 DOCKET: 587 (05/12/2023) **UNSECURED** Claimed: \$961,235.80 CAMP MEADE INVESTMENTS I LLC Claim Number: 10092 C/O BAKER DONELSON BEARMAN, ET AL Claim Date: 04/21/2023 ATTN MELISSA A CAMPBELL, ESQ Debtor: MARYLAND HOUSE DETOX, LLC PO BOX 1549 Comments: ALLOWED ORLANDO, FL 32802-1549 DOCKET: 587 (05/12/2023) UNSECURED Claimed: \$961,235.80 Scheduled: \$19,982.73 Allowed: \$195,761.90 CAPITAL CITY SEWER SERVICE INC Claim Number: 4 256 PERTCH RD Claim Date: 02/27/2023 SEVERNA PARK, MD 21146-1330 Debtor: MARYLAND HOUSE DETOX, LLC Comments: DOCKET: 398 (04/18/2023)

Epiq Bankruptcy Solutions, LLC Page: 7

Scheduled:

\$780.00

Allowed:

Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 8 of 55

Date: 12/04/2023

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

CAPITAL LANDSCAPING LLC Claim Number: 10004 PO BOX 1015 Claim Date: 02/17/2023

GLEN BURNIE, MD 21060 Debtor: MARYLAND HOUSE DETOX, LLC

UNSECURED Claimed: \$2,825.00 Scheduled: \$2,825.00

CLIENT ID 12 Claim Number: 10052
ADDRESS ON FILE Claim Date: 04/01/2023

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: EXPUNGED DOCKET: 709 (06/07/2023)

UNSECURED Claimed: \$8,000.00

CELLCO PARTNERSHIP Claim Number: 10084
D/B/A VERIZON WIRELESS Claim Date: 04/17/2023

ATTN WILLIAM M VERMETTE Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC 22001 LOUDOUN COUNTY PKWY

ASHBURN, VA 20147

Name of proof of claims where to

UNSECURED Claimed: \$11,595.20

CIGNA HEALTH & LIFE INSURANCE COMPANY Claim Number: 31
ATTN MARYLOU RICE, LEGAL COMPLIANCE Claim Date: 03/29/2023

900 COTTAGE GROVE RD, B6LPA Debtor: UNION FRESH START LLC HARTFORD, CT 06152 Comments: ALLOWED

Comments: ALLOWED DOCKET: 503 (04/26/2023)

UNSECURED Claimed: \$211,950.50 Scheduled: \$0.00 UNLIQ Allowed: \$129,252.09

CIGNA HEALTH & LIFE INSURANCE COMPANY
ATTN MARYLOU RICE, LEGAL COMPLIANCE
900 COTTAGE GROVE RD, B6LPA
Claim Number: 32
Claim Date: 03/29/2023
Debtor: SBH HAVERHILL, LLC

HARTFORD, CT 06152 Comments: ALLOWED DOCKET: 503 (04/26/2023)

<u>UNSECURED</u> Claimed: \$41,581.73 Scheduled: \$0.00 UNLIQ Allowed: \$25,646.40

Name of proof of claims where to Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

CIGNA HEALTH & LIFE INSURANCE COMPANY ATTN MARYLOU RICE, LEGAL COMPLIANCE

900 COTTAGE GROVE RD, B6LPA

HARTFORD, CT 06152

HARTFORD, CT 06152

Claim Number: 33 Claim Date: 03/29/2023

Debtor: PALM BEACH RECOVERY, LLC

Comments: ALLOWED DOCKET: 503 (04/26/2023)

**UNSECURED** Claimed: \$107,448.31 Allowed: \$41,421.09

CIGNA HEALTH & LIFE INSURANCE COMPANY ATTN MARYLOU RICE, LEGAL COMPLIANCE 900 COTTAGE GROVE RD, B6LPA

Claim Number: 34 Claim Date: 03/29/2023

Debtor: OCEAN BREEZE DETOX, LLC

Comments: ALLOWED DOCKET: 503 (04/26/2023)

**UNSECURED** Claimed: \$232,061.98 Scheduled: \$5,900,000.00 UNLIQ DISP Allowed: \$96,430.42

CITY OF FORT LAUDERDALE C/O CITY ATTORNEY'S OFFICE 1 E BROWARD BLVD, STE 1605 FORT LAUDERDALE, FL 33301

Claim Number: 10139 Claim Date: 08/02/2023

Debtor: OCEAN BREEZE RECOVERY, LLC

Comments: ALLOWED DOCKET: 914 (10/06/2023)

**PRIORITY** Claimed: \$32.07 Allowed: \$32.07 **SECURED** Claimed: \$817.12

**UNSECURED** Claimed: \$32.07 Allowed: \$817.12 TOTAL Claimed: \$849.19 \$0.00

CITY OF FORT LAUDERDALE C/O CITY ATTORNEY

Claim Number: 10140 Claim Date: 08/02/2023

1 E BROWARD BLVD, STE 1605 Debtor: OCEAN BREEZE RECOVERY, LLC FORT LAUDERDALE, FL 33301

Comments: ALLOWED DOCKET: 914 (10/06/2023)

UNSECURED Claimed: \$401.78 Allowed: \$401.78

CITY OF PALM SPRINGS

ATTN WASTEWATER TREATMENT PLANT

4375 E MESQUITE AVE PALM SPRINGS, CA 92264 Claim Number: 10141 Claim Date: 08/07/2023

Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC

Comments: ALLOWED DOCKET: 886 (08/30/2023)

**SECURED** Claimed: \$3,427.73

**UNSECURED** Allowed: \$3,427.73

Page: 9 Epig Bankruptcy Solutions, LLC

Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 10 of 55

Date: 12/04/2023

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Name of proof of claims where to

**UNSECURED** 

Claimed:

\$25,000.00

Claim Number: 10041 CITY OF PEMBROKE PINES, FLORIDA 3099 E COMMERCIAL BLVD, STE 200 Claim Date: 03/21/2023 FORT LAUDERDALE, FL 33308 Debtor: OCEAN BREEZE DETOX, LLC Comments: ALLOWED DOCKET: 421 (04/20/2023) **PRIORITY** Scheduled: \$250.00 Claimed: \$439,360.51 UNLIQ Scheduled: \$8,841.05 Allowed: \$439,360.51 UNSECURED CITY OF PHILADELPHIA Claim Number: 10020 LAW DEPARTMENT - TAX & REVENUE UNIT Claim Date: 03/07/2023 ATTN MEGAN N HARPER Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC 1401 JOHN F KENNEDY BLVD, 5TH FL Comments: EXPUNGED PHILADELPHIA, PA 19102 DOCKET: 735 (06/21/2023) **PRIORITY** Claimed: \$556.00 CITY OF PHILADELPHIA Claim Number: 10135 C/O CITY OF PHILADELPHIA LAW - TAX UNIT Claim Date: 07/14/2023 ATTN MEGAN N HARPER Debtor: SUMMIT IOP LIMITED 1401 JFK BLVD, 5TH FL Comments: WITHDRAWN PHILADELPHIA, PA 19102 DOCKET: 890 (09/01/2023) PRIORITY Claimed: \$0.00 UNDET Claim Number: 10057 COCKEY'S ENTERPRISE PO BOX 126 Claim Date: 04/07/2023 STEVENSON, MD 21153 Debtor: MARYLAND HOUSE DETOX, LLC \$260.00 Claimed: Scheduled: \$520.00 UNSECURED **CLIENT ID 15** Claim Number: 41 ADDRESS ON FILE Claim Date: 04/11/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 701 (06/06/2023)

Name of proof of claims where to Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

**UNSECURED** 

Claimed:

\$9,409.44

**CROWE LLP** Claim Number: 10040 320 E JEFFERSON BLVD Claim Date: 03/21/2023 PO BOX 7 Debtor: DR SUB, LLC SOUTH BEND, IN 46624 **UNSECURED** Claimed: \$57,160.00 Scheduled: \$48,944.00 CURTIS, CYNTHIA A Claim Number: 10018 ADDRESS ON FILE Claim Date: 03/07/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 400 (04/18/2023) **PRIORITY** Claimed: \$15,150.00 UNLIQ Claimed: Scheduled: \$0.00 UNLIQ **UNSECURED** \$1,244,993.00 UNLIQ Allowed: \$756,085.80 CURTIS, CYNTHIA A Claim Number: 10019 ADDRESS ON FILE Claim Date: 03/07/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: EXPUNGED DOCKET: 400 (04/18/2023) **PRIORITY** Claimed: \$15,150.00 UNLIQ **UNSECURED** Claimed: \$1,244,993.00 UNLIQ CUSTOM DESIGNED SECURITY SYSTEMS Claim Number: 39 PO BOX 1497 Claim Date: 04/07/2023 BUSHNELL, FL 33513 Debtor: PALM BEACH RECOVERY, LLC Comments: EXPUNGED DOCKET: 705 (06/07/2023) **UNSECURED** Claimed: \$1,240.00 Claim Number: 10024 DATA FACTS INC 8000 CENTERVIEW PKWY, STE 400 Claim Date: 03/10/2023 CORDOVA, TN 38018 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Epiq Bankruptcy Solutions, LLC Page: 11

Scheduled:

\$6,858.88

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DCX GROUP LLC ATTN DAVID STUP ADDRESS ON FILE		Claim Number: 58 Claim Date: 04/18/2023 Debtor: DELPHI BEHAVIOR Comments: EXPUNGED DOCKET: 723 (06/14/2023	·		
UNSECURED	Claimed:	\$1,000,000.00			
DCX GROUP LLC ATTN DAVID STUP ADDRESS ON FILE		Claim Number: 60 Claim Date: 04/21/2023 Debtor: DELPHI BEHAVIOR Comments: EXPUNGED DOCKET: 723 (06/14/2023	·		
UNSECURED	Claimed:	\$1,000,000.00			
DCX GROUP LLC ATTN DAVID STUP ADDRESS ON FILE		Claim Number: 63 Claim Date: 04/20/2023 Debtor: DELPHI BEHAVIOR Comments: EXPUNGED DOCKET: 723 (06/14/2023	,		
UNSECURED	Claimed:	\$1,000,000.00			
DCX GROUP LLC 7020 PHEASANT CROSS BALTIMORE, MD 21209		Claim Number: 10087 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIOR Comments: EXPUNGED DOCKET: 711 (06/07/2023	·		
UNSECURED	Claimed:	\$1,000,000.00			
DEALERS FIRST FINANC ATTN GREG KIRK PO BOX 1069 BELLVILLE, TX 77418-10	-	Claim Number: 121 Claim Date: 09/05/2023 Debtor: PALM BEACH RECO Comments: DOCKET: 919 (	•		
UNSECURED	Claimed:	\$1,877.85	Scheduled:	\$1,251.90	

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA	HE TREASURY - IRS 19101-7346	Claim Number: 80 Claim Date: 04/24/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 821 (07/14/2023)			
PRIORITY UNSECURED	Claimed: Claimed:	\$682,801.54 UNLIQ \$20,093.92 UNLIQ			
	HE TREASURY - IRS	Claim Number: 108 Claim Date: 06/21/2023 Debtor: SBH HAVERHILL, LLC Comments: ALLOWED DOCKET: 832 (07/24/2023)			
PRIORITY UNSECURED	Claimed: Claimed:	\$98,923.67 UNLIQ Scheduled: \$6,978.66 UNLIQ	\$92,364.99	Allowed:	\$98,397.23 \$6,978.66
DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA	HE TREASURY - IRS 19101-7346	Claim Number: 109 Claim Date: 06/21/2023 Debtor: UNION FRESH START LLC Comments: ALLOWED DOCKET: 833 (07/24/2023)			
PRIORITY UNSECURED	Claimed: Claimed:	\$64,658.38 UNLIQ \$2,629.76 UNLIQ		Allowed: Allowed:	\$64,083.05 \$2,629.76
	HE TREASURY - IRS	Claim Number: 118 Claim Date: 07/24/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 879 (08/25/2023)			<del></del>
PRIORITY UNSECURED	Claimed: Claimed:	\$98,397.23 UNLIQ \$6,978.66 UNLIQ			
	HE TREASURY - IRS	Claim Number: 119 Claim Date: 07/24/2023 Debtor: UNION FRESH START LLC Comments: AMENDS CLAIM #43			
PRIORITY UNSECURED	Claimed: Claimed:	\$65,691.40 UNLIQ \$2,629.76 UNLIQ			

Name of proof of claims where to

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF THE TREASURY - IRS Claim Number: 10098 ATTN YOLANDA ALLEN Claim Date: 05/02/2023 801 BROADWAY, MDP 146 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC NASHVILLE, TN 37203 Comments: EXPUNGED DOCKET: 820 (07/14/2023) **PRIORITY** Claimed: \$682,801.54 UNLIQ Claimed: UNSECURED \$20,093.92 UNLIQ DEPARTMENT OF THE TREASURY - IRS Claim Number: 10099 ATTN YOLANDA ALLEN Claim Date: 05/02/2023 801 BROADWAY, MDP 146 Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC NASHVILLE, TN 37203 Comments: EXPUNGED DOCKET: 796 (07/06/2023) **PRIORITY** Claimed: \$2,491.38 UNLIQ DEPARTMENT OF THE TREASURY - IRS Claim Number: 10100 ATTN INSOLVENCY, YOLANDA ALLEN Claim Date: 05/02/2023 801 BROADWAY, MDP 146 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC NASHVILLE, TN 37203 Comments: EXPUNGED DOCKET: 799 (07/07/2023) **PRIORITY** Claimed: \$20,963.59 UNLIQ **UNSECURED** Claimed: \$6,967.81 UNLIQ **DEPARTMENT OF THE TREASURY - IRS** Claim Number: 10101 ATTN INSOLVENCY, YOLANDA ALLEN Claim Date: 05/03/2023 801 BROADWAY, MDP 146 Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC NASHVILLE, TN 37203 Comments: POSSIBLY AMENDED BY 10122 DOCKET: 568 (05/12/2023) **PRIORITY** Claimed: \$12,281.93 UNLIQ **UNSECURED** Claimed: \$104.08 UNLIO DEPARTMENT OF THE TREASURY - IRS Claim Number: 10102 ATTN INSOLVENCY, YOLANDA ALLEN Claim Date: 05/03/2023 801 BROADWAY, MDP 146 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC NASHVILLE, TN 37203 Comments: EXPUNGED DOCKET: 797 (07/06/2023) **PRIORITY** Claimed: \$6,174.73 UNLIQ **UNSECURED** Claimed: \$539.33 UNLIQ

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10103 Claim Date: 05/03/2023 Debtor: DELPHI MANAGEME Comments: EXPUNGED DOCKET: 793 (07/05/2023)				
UNSECURED Claimed:	\$100.00 UNLIQ				
DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10104 Claim Date: 05/04/2023 Debtor: DESERT VIEW RECO Comments: EXPUNGED DOCKET: 800 (07/07/2023)	,			
PRIORITY Claimed:	\$8,694.87				
DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10105 Claim Date: 05/04/2023 Debtor: MARYLAND HOUSE Comments: EXPUNGED DOCKET: 808 (07/07/2023)	•			
PRIORITY Claimed: UNSECURED Claimed:	\$28,753.67 UNLIQ \$3,057.53 UNLIQ				
DEPARTMENT OF THE TREASURY - IRS 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10106 Claim Date: 05/04/2023 Debtor: OCEAN BREEZE DE Comments: ALLOWED DOCKET: 806 (07/07/2023)	•			
PRIORITY Claimed: UNSECURED	\$67,557.41	Scheduled:	\$61,020.85	Allowed: Allowed:	\$61,455.33 \$6,102.08
DEPARTMENT OF THE TREASURY - IRS ATTN INSOLVENCY, YOLANDA ALLEN 801 BROADWAY, MDP 146 NASHVILLE, TN 37203	Claim Number: 10107 Claim Date: 05/04/2023 Debtor: PALM BEACH RECO' Comments: ALLOWED DOCKET: 807 (07/07/2023)	,			
PRIORITY Claimed: UNSECURED Claimed:	\$76,398.82 \$7,585.87	Scheduled:	\$75,858.69	Allowed: Allowed:	\$76,398.82 \$7,585.87

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF THE TATTN INSOLVENCY, YO 801 BROADWAY, MDP 1 NASHVILLE, TN 37203	LANDA ALLEN	Claim Number: 10108 Claim Date: 05/04/2023 Debtor: SUMMIT AT FLORHAM Comments: ALLOWED DOCKET: 803 (07/07/2023)	I PARK, LLC			
PRIORITY UNSECURED	Claimed: Claimed:	\$5,180.28 \$353.04	Scheduled:	\$7,930.00	Allowed: Allowed:	\$5,180.28 \$353.04
DEPARTMENT OF THE TATTN INSOLVENCY, YO 801 BROADWAY, MDP 1 NASHVILLE, TN 37203	LANDA ALLEN	Claim Number: 10109 Claim Date: 05/04/2023 Debtor: SUMMIT BEHAVIORAL Comments: ALLOWED DOCKET: 805 (07/07/2023)	. HEALTH LIMITED LIAB	ILI LIABILITY COMPANY		
PRIORITY UNSECURED	Claimed: Claimed:	\$11,192.70 \$445.20	Scheduled:	\$14,698.00	Allowed: Allowed:	\$11,192.70 \$445.20
DEPARTMENT OF THE T ATTN YOLANDA ALLEN 801 BROADWAY, MDP 1 NASHVILLE, TN 37203		Claim Number: 10110 Claim Date: 05/08/2023 Debtor: BREAKTHROUGH LIVI Comments: EXPUNGED DOCKET: 796 (07/06/2023)	ng recovery commun	NITY, LLC		
PRIORITY	Claimed:	\$2,491.38 UNLIQ				
DEPARTMENT OF THE 1 801 BROADWAY, MDP 1 NASHVILLE, TN 37203		Claim Number: 10111 Claim Date: 05/09/2023 Debtor: DELPHI BEHAVIORAL Comments: ALLOWED DOCKET: 821 (07/14/2023)	HEALTH GROUP, LLC			
PRIORITY	Claimed:	\$301,170.05			Allowed:	\$292,870.68
UNSECURED DEPARTMENT OF THE 1801 BROADWAY, MDP 1NASHVILLE, TN 37203		\$20,093.92 Claim Number: 10112 Claim Date: 05/09/2023 Debtor: BREAKTHROUGH LIVI Comments: ALLOWED DOCKET: 796 (07/06/2023)	ng recovery commun	NITY, LLC	Allowed:	\$20,093.92
PRIORITY	Claimed:	\$2,491.38 UNLIQ	Scheduled:	\$4,348.12	Allowed:	\$2,491.38

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF THE ATTN YOLANDA ALLEN 801 BROADWAY, MDP NASHVILLE, TN 37203	N 146	Claim Number: 10113 Claim Date: 05/09/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 821 (07/14/2023)	HEALTH GROUP, LLC			
PRIORITY	Claimed:	\$0.00				
DEPARTMENT OF THE 801 BROADWAY, MDP NASHVILLE, TN 37203	146	Claim Number: 10114 Claim Date: 05/09/2023 Debtor: BREAKTHROUGH LIVE Comments: EXPUNGED DOCKET: 796 (07/06/2023)	ING RECOVERY COMMUNI	TY, LLC		
PRIORITY	Claimed:	\$0.00				
DEPARTMENT OF THE 801 BROADWAY, MDP NASHVILLE, TN 37203	146	Claim Number: 10115 Claim Date: 05/09/2023 Debtor: CALIFORNIA ADDICT: Comments: EXPUNGED DOCKET: 798 (07/06/2023)	ION TREATMENT CENTER	LL LLC		
PRIORITY	Claimed:	\$0.00				
DEPARTMENT OF THE 801 BROADWAY, MDP NASHVILLE, TN 37203	146	Claim Number: 10116 Claim Date: 05/09/2023 Debtor: DESERT VIEW RECOV Comments: ALLOWED DOCKET: 800 (07/07/2023)	/ERY COMMUNITY, LLC			
PRIORITY UNSECURED	Claimed: Claimed:	\$8,124.84 \$570.03	Scheduled:	\$8,067.40	Allowed: Allowed:	\$8,124.84 \$570.03
DEPARTMENT OF THE PO BOX 7346 PHILADELPHIA, PA 19:	TREASURY - IRS	Claim Number: 10117 Claim Date: 05/12/2023 Debtor: MARYLAND HOUSE D Comments: EXPUNGED DOCKET: 801 (07/07/2023)	ETOX, LLC			<del></del>
PRIORITY	Claimed:	\$0.00				

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346 Claim Number: 10118 Debtor: OCEAN BREEZE DETOX, LLC Comments: EXPUNGED	
DOCKET: 806 (07/07/2023)	
PRIORITY Claimed: \$0.00	
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 Claim Date: 05/12/2023 PHILADELPHIA, PA 19101-7346 Debtor: PALM BEACH RECOVERY, LLC Comments: EXPUNGED DOCKET: 807 (07/07/2023)	
PRIORITY Claimed: \$0.00	
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346 Claim Number: 10120 Claim Date: 05/12/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 803 (07/07/2023)	
PRIORITY Claimed: \$0.00	
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 NASHVILLE, TN 37203 Claim Date: 05/12/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: EXPUNGED DOCKET: 805 (07/07/2023)	
PRIORITY Claimed: \$0.00	
DEPARTMENT OF THE TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346 Claim Number: 10122 Claim Date: 05/12/2023 Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC Comments: AMENDS CLAIM #10101	
PRIORITY Claimed: \$0.00	

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF TH PO BOX 7346 PHILADELPHIA, PA 1		Claim Number: 10123 Claim Date: 05/12/2023 Debtor: DEFINING MOMENT REC Comments: EXPUNGED DOCKET: 802 (07/07/2023)	OVERY COMMUNITY, LLC			
PRIORITY	Claimed:	\$0.00				
DEPARTMENT OF TH PO BOX 7346 PHILADELPHIA, PA 1		Claim Number: 10124 Claim Date: 05/12/2023 Debtor: DELPHI MANAGEMENT L Comments: EXPUNGED DOCKET: 804 (07/07/2023)	LC			
UNSECURED	Claimed:	\$0.00				
DEPARTMENT OF TH PO BOX 7346 PHILADELPHIA, PA 1		Claim Number: 10125 Claim Date: 05/19/2023 Debtor: DEFINING MOMENT REC Comments: EXPUNGED DOCKET: 802 (07/07/2023)	OVERY COMMUNITY, LLC			
PRIORITY UNSECURED	Claimed: Claimed:	\$5,974.73 UNLIQ \$539.33 UNLIQ				
DEPARTMENT OF TH PO BOX 7346 PHILADELPHIA, PA 1		Claim Number: 10126 Claim Date: 05/19/2023 Debtor: DEFINING MOMENT REC Comments: ALLOWED DOCKET: 802 (07/07/2023)	OVERY COMMUNITY, LLC			
PRIORITY UNSECURED	Claimed: Claimed:	\$5,974.73 \$539.33			Allowed: Allowed:	\$5,974.73 \$539.33
DEPARTMENT OF THE PO BOX 7346 PHILADELPHIA, PA 1	HE TREASURY - IRS	Claim Number: 10127 Claim Date: 05/23/2023 Debtor: MARYLAND HOUSE DETO Comments: ALLOWED DOCKET: 801 (07/07/2023)	OX, LLC			4333.33
PRIORITY UNSECURED	Claimed: Claimed:	\$25,974.58 \$5,636.62	Scheduled:	\$41,871.43	Allowed: Allowed:	\$25,974.58 \$5,636.62

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA	HE TREASURY - IRS 19101-7346	Claim Number: 10128 Claim Date: 05/23/2023 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: ALLOWED DOCKET: 798 (07/06/2023)		
PRIORITY	Claimed:	\$20,963.59	Allowed:	\$20,963.59
UNSECURED	Claimed:	\$6,667.81	Allowed:	\$6,667.81
DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA		Claim Number: 42 Claim Date: 04/11/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 832 (07/24/2023)		
PRIORITY UNSECURED	Claimed: Claimed:	\$99,023.67 UNLIQ \$6,978.66 UNLIQ		
DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA		Claim Number: 43 Claim Date: 04/11/2023 Debtor: UNION FRESH START LLC Comments: EXPUNGED DOCKET: 833 (07/24/2023)		
PRIORITY UNSECURED	Claimed: Claimed:	\$100,850.94 UNLIQ \$2,629.76 UNLIQ		
DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA	REASURY - IRS	Claim Number: 44 Claim Date: 04/11/2023 Debtor: DR SUB, LLC Comments: DOCKET: 470 (04/24/2023)		
UNSECURED	Claimed:	\$100.00 UNLIQ		
DEPARTMENT OF T PO BOX 7346 PHILADELPHIA, PA		Claim Number: 54 Claim Date: 04/13/2023 Debtor: LAS OLAS RECOVERY LLC		
PRIORITY UNSECURED	Claimed: Claimed:	\$12,385.77 \$1,113.98		

Name of proof of claims where to

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 56 Claim Date: 04/17/2023		
THIEADELTHIA, TA 13	101 73 10	Debtor: DR PARENT, LLC Comments: DOCKET: 470 (04/24/2023)		
PRIORITY	Claimed:	\$100.00 UNLIQ		
DEPARTMENT OF TRE	ASURY - IRS	Claim Number: 65		
PO BOX 7346 PHILADELPHIA, PA 19	1101 7246	Claim Date: 04/20/2023		
PHILADELPHIA, PA 13	7101-73 <del>4</del> 0	Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED		
		DOCKET: 821 (07/14/2023)		
PRIORITY	Claimed:	\$682,801.54 UNLIQ		
UNSECURED	Claimed:	\$35,933.92 UNLIQ		
DEPARTMENT OF TRE	ASURY - IRS	Claim Number: 66		
PO BOX 7346 PHILADELPHIA, PA 19	101-7346	Claim Date: 04/20/2023 Debtor: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC		
	101 / 5 10	Comments: EXPUNGED		
		DOCKET: 796 (07/06/2023)		
PRIORITY	Claimed:	\$12,268.52 UNLIQ		
DEPARTMENT OF TRE	ASURY - IRS	Claim Number: 67		
PO BOX 7346 PHILADELPHIA, PA 19	1101 7246	Claim Date: 04/20/2023		
PHILADELPHIA, PA 13	7101-73 <del>1</del> 0	Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC Comments: EXPUNGED		
		DOCKET: 798 (07/06/2023)		
PRIORITY	Claimed:	\$86,252.42 UNLIQ		
UNSECURED	Claimed:	\$6,967.81 UNLIQ		
DEPARTMENT OF TRE	ASURY - IRS	Claim Number: 68		
PO BOX 7346		Claim Date: 04/20/2023		
PHILADELPHIA, PA 19101-7346		Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC Comments: DOCKET: 565 (05/11/2023)		
		Commence: 505 (CO) 11/2020)		
PRIORITY	Claimed:	\$12,281.93 UNLIQ		
UNSECURED Claimed:		\$104.08 UNLIQ		

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 69 Claim Date: 04/20/2023 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC Comments: EXPUNGED DOCKET: 802 (07/07/2023)
PRIORITY UNSECURED	Claimed: Claimed:	\$6,174.73 UNLIQ \$539.33 UNLIQ
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 70 Claim Date: 04/20/2023 Debtor: DELPHI MANAGEMENT LLC Comments: EXPUNGED DOCKET: 804 (07/07/2023)
UNSECURED	Claimed:	\$100.00 UNLIQ
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 71 Claim Date: 04/20/2023 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC Comments: EXPUNGED DOCKET: 800 (07/07/2023)
PRIORITY UNSECURED	Claimed: Claimed:	\$23,512.26 UNLIQ \$570.03 UNLIQ
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 72 Claim Date: 04/20/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: EXPUNGED DOCKET: 801 (07/07/2023)
PRIORITY UNSECURED	Claimed: Claimed:	\$105,389.67 UNLIQ \$5,636.62 UNLIQ
DEPARTMENT OF TREASURY - IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim Number: 73 Claim Date: 04/20/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: EXPUNGED DOCKET: 806 (07/07/2023)
PRIORITY UNSECURED	Claimed: Claimed:	\$213,564.98 UNLIQ \$6,102.08 UNLIQ

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claim Number: 74 **DEPARTMENT OF TREASURY - IRS** PO BOX 7346 Claim Date: 04/20/2023 PHILADELPHIA, PA 19101-7346 Debtor: PALM BEACH RECOVERY, LLC Comments: EXPUNGED DOCKET: 807 (07/07/2023) **PRIORITY** Claimed: \$173,429.35 UNLIQ Claimed: UNSECURED \$7,585.87 UNLIQ **DEPARTMENT OF TREASURY - IRS** Claim Number: 75 PO BOX 7346 Claim Date: 04/20/2023 PHILADELPHIA, PA 19101-7346 Debtor: SBH UNION IOP LLC Comments: EXPUNGED DOCKET: 794 (07/05/2023) **PRIORITY** Claimed: \$29,472.40 UNLIQ Scheduled: \$14,324,46 **DEPARTMENT OF TREASURY - IRS** Claim Number: 76 PO BOX 7346 Claim Date: 04/20/2023 PHILADELPHIA, PA 19101-7346 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 803 (07/07/2023) **PRIORITY** Claimed: \$26,775.47 UNLIQ **UNSECURED** Claimed: \$353.04 UNLIQ **DEPARTMENT OF TREASURY - IRS** Claim Number: 77 PO BOX 7346 Claim Date: 04/20/2023 PHILADELPHIA, PA 19101-7346 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: EXPUNGED DOCKET: 805 (07/07/2023) **PRIORITY** Claimed: \$69,591.39 UNLIQ **UNSECURED** Claimed: \$445.20 UNLIQ Claim Number: 78 **DEPARTMENT OF TREASURY - IRS** PO BOX 7346 Claim Date: 04/20/2023 PHILADELPHIA, PA 19101-7346 Debtor: SUMMIT IOP LIMITED **UNSECURED** Claimed: \$30.39

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

ELECTRICAL DYNAMICS INC Claim Number: 62 72B CONCORD ST Claim Date: 04/24/2023 NORTH READING, MA 01864 Debtor: SBH HAVERHILL, LLC	
Comments: EXPUNGED DOCKET: 727 (06/14/2023)	
ADMINISTRATIVE Claimed: \$3,637.01 UNSECURED Claimed: \$2,320.00 Scheduled: \$2,320.00	
EMD REALTY GROUP LLC  C/O KOZYAK TROPIN & THROCKMORTON LLP ATTN BERNICE LEE, ESQ Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC 2525 PONCE DE LEON BLVD, 9TH FL MIAMI, FL 33134  Claim Number: 10067 Claim Date: 04/13/2023 Debtor: DEFINING MOMENT RECOVERY COMMUNITY, LLC Comments: EXPUNGED DOCKET: 849 (07/26/2023)	
UNSECURED Claimed: \$1,749,860.38 Scheduled: \$708,638.34 DISP	
EMPIRE PROFESSIONAL PHARMACY INC 200 HOSPITAL DR, STE 107 GLEN BURNIE, MD 21061 Claim Date: 03/08/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: ALLOWED DOCKET: 385 (04/14/2023)	
UNSECURED Claimed: \$5,410.85 Scheduled: \$4,172.34 Allowed:	\$4,791.60
CLIENT ID 7 ADDRESS REDACTED Claim Date: 03/03/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 641 (05/19/2023)	
UNSECURED Claimed: \$0.00 UNDET	
NAME ON FILE ADDRESS ON FILE Claim Date: 04/13/2023 Debtor: DR SUB, LLC Comments: EXPUNGED DOCKET: 525 (05/04/2023)	
UNSECURED Claimed: \$4,000.00	

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

NAME ON FILE ADDRESS ON FILE		Claim Number: 10062 Claim Date: 04/12/2023 Debtor: DR SUB, LLC Comments: EXPUNGED				
		DOCKET: 525 (05/04/202	23)			
UNSECURED	Claimed:	\$4,000.00				
NAME ON FILE ADDRESS ON FILE		Claim Number: 51 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIC Comments: ALLOWED DOCKET: 525 (05/04/202	DRAL HEALTH GROUP, LLC 23)			
UNSECURED	Claimed:	\$400,000.00			Allowed:	\$400,000.00
NAME ON FILE ADDRESS ON FILE		Claim Number: 57 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIC Comments: EXPUNGED DOCKET: 525 (05/04/202	DRAL HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$400,000.00				
FLORIDA POWER & LIGHT ATTN RRD/LFO-BKY 4200 W FLAGLER ST CORAL GABLES, FL 33134		Claim Number: 12 Claim Date: 02/27/2023 Debtor: PALM BEACH REC	COVERY, LLC			
UNSECURED	Claimed:	\$261.98	Scheduled:	\$1,932.93		
FLORIDA POWER & LIGHT ATTN RRD/LFO-BKY 4200 W FLAGLER ST CORAL GABLES, FL 33134	-	Claim Number: 14 Claim Date: 03/01/2023 Debtor: OCEAN BREEZE F		, ,		
UNSECURED	Claimed:	\$3,458.36				

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

FLORIDA POWER & LIGH ATTN RRD/LFO-BKY 4200 W FLAGLER ST CORAL GABLES, FL 33134		Claim Number: 26 Claim Date: 03/21/2023 Debtor: OCEAN BREEZE RECON Comments: EXPUNGED DOCKET: 676 (05/26/2023)	/ERY, LLC			
UNSECURED	Claimed:	\$3,458.36				
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECT PO BOX 2952 SACRAMENTO, CA 95812		Claim Number: 81 Claim Date: 05/03/2023 Debtor: CALIFORNIA VISTAS A Comments: ALLOWED DOCKET: 739 (06/21/2023)	DDICTION TREATMENT LL	С		
PRIORITY UNSECURED	Claimed: Claimed:	\$89.46 UNLIQ \$466.52 UNLIQ	Scheduled: Scheduled:	\$94.09 \$463.20	Allowed: Allowed:	\$89.46 \$466.52
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECT PO BOX 2952 SACRAMENTO, CA 95812		Claim Number: 82 Claim Date: 05/03/2023 Debtor: DR PARENT, LLC Comments: ALLOWED DOCKET: 739 (06/21/2023)				
PRIORITY	Claimed:	\$1,663.73 UNLIQ			Allowed:	\$38.52
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECT PO BOX 2952 SACRAMENTO, CA 95812		Claim Number: 83 Claim Date: 05/03/2023 Debtor: DELPHI BEHAVIORAL I Comments: ALLOWED DOCKET: 739 (06/21/2023)	HEALTH GROUP, LLC			
PRIORITY UNSECURED	Claimed: Claimed:	\$1,290.25 UNLIQ \$227.71 UNLIQ	Scheduled:	\$25.00	Allowed: Allowed:	\$398.51 \$227.71
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 84 Claim Date: 05/03/2023 Debtor: DR SUB, LLC Comments: EXPUNGED DOCKET: 739 (06/21/2023)		, 2122		<del>,</del>
PRIORITY	Claimed:	\$800.00 UNLIQ				

\$0.00 UNDET

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

**UNSECURED** 

Claimed:

FRANCHISE TAX BOARD Claim Number: 85 ATTN BANKRUPTCY SECTION MS A340 Claim Date: 05/03/2023 PO BOX 2952 Debtor: DELPHI INTERMEDIATE HEALTHCO, LLC SACRAMENTO, CA 95812-2952 Comments: EXPUNGED DOCKET: 739 (06/21/2023) **PRIORITY** Claimed: \$800.00 UNLIQ Claim Number: 86 FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 Claim Date: 05/03/2023 PO BOX 2952 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC SACRAMENTO, CA 95812-2952 Comments: EXPUNGED DOCKET: 739 (06/21/2023) **UNSECURED** Claimed: \$0.00 UNDET Claim Number: 87 FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 Claim Date: 05/03/2023 PO BOX 2952 Debtor: DELPHI HEALTH GROUP, LLC SACRAMENTO, CA 95812-2952 Comments: ALLOWED DOCKET: 739 (06/21/2023) **PRIORITY** Claimed: \$800.00 UNLIQ UNSECURED Claimed: \$25.00 UNLIQ \$25.00 Allowed: Claim Number: 88 FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 Claim Date: 05/03/2023 PO BOX 2952 Debtor: DELPHI HEALTH BUYERCO, LLC SACRAMENTO, CA 95812-2952 Comments: EXPUNGED DOCKET: 739 (06/21/2023) **PRIORITY** Claimed: \$800.00 UNLIQ FRANCHISE TAX BOARD Claim Number: 89 ATTN BANKRUPTCY SECTION MS A340 Claim Date: 05/03/2023 PO BOX 2952 Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC SACRAMENTO, CA 95812-2952 Comments: EXPUNGED DOCKET: 739 (06/21/2023)

Date: 12/04/2023

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Name of proof of claims where to

FRANCHISE TAX BOARD Claim Number: 90 ATTN BANKRUPTCY SECTION MS A340 Claim Date: 05/03/2023 PO BOX 2952 Debtor: DBHG HOLDING COMPANY, LLC SACRAMENTO, CA 95812-2952 Comments: ALLOWED DOCKET: 739 (06/21/2023) **PRIORITY** Claimed: \$800.00 UNLIQ Claimed: Allowed: \$4,010.01 UNSECURED \$4,010.01 UNLIQ GORDON REES SCULLY MANSUKHANI LLP Claim Number: 10064 1111 BROADWAY, STE 1700 Claim Date: 04/12/2023 OAKLAND, CA 94607 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 724 (06/14/2023) UNSECURED Claimed: \$331.50 GORDON REES SCULLY MANSUKHANI LLP Claim Number: 10095 1111 BROADWAY, STE 1700 Claim Date: 04/27/2023 OAKLAND, CA 94607 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: AMENDS CLAIM #10064 \$331.50 UNSECURED Claimed: Claim Number: 10043 GREATAMERICA FINANCIAL SERVICES ATTN PEGGY UPTON Claim Date: 03/28/2023 PO BOX 609 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC CEDAR RAPIDS, IA 52406 Comments: ALLOWED DOCKET: 417 (04/20/2023) \$968.71 **UNSECURED** Claimed: \$5,346.71 Scheduled: Allowed: \$5,346.71 GREATAMERICA FINANCIAL SERVICES Claim Number: 10044 ATTN PEGGY UPTON Claim Date: 03/28/2023 PO BOX 609 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC CEDAR RAPIDS, IA 52406 Comments: EXPUNGED DOCKET: 418 (04/20/2023) **UNSECURED** Claimed: \$5,346.71

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Name of proof of claims where to

Claim Number: 10045-01 GREATAMERICA FINANCIAL SERVICES ATTN PEGGY UPTON Claim Date: 03/28/2023 PO BOX 609 Debtor: SBH HAVERHILL, LLC CEDAR RAPIDS, IA 52406 Comments: EXPUNGED DOCKET: 428 (04/21/2023) **UNSECURED** Claimed: \$35,381.57 Allowed: \$35,381.57 GREATAMERICA FINANCIAL SERVICES Claim Number: 10045-02 ATTN PEGGY UPTON Claim Date: 03/28/2023 PO BOX 609 Debtor: SBH HAVERHILL, LLC CEDAR RAPIDS, IA 52406 Comments: ALLOWED DOCKET: 463 (04/24/2023) \$1,432.34 **UNSECURED** Claimed: \$19,002.23 Scheduled: Allowed: \$19,002.23 Claim Number: 36 HANOVER ASSOCIATES C/O WILENTZ GOLDMAN & SPITZER PA Claim Date: 03/31/2023 ATTN DAVID H STEIN, ESQ Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY 90 WOODBRIDGE CENTER DR, BOX 10 Comments: ALLOWED WOODBRIDGE, NJ 07095 DOCKET: 557 (05/10/2023) **ADMINISTRATIVE** Claimed: \$1,233.97 **SECURED** Claimed: \$36,436.00 **UNSECURED** Claimed: \$65,569.30 Scheduled: \$1,233.97 Allowed: \$103,239.27 Claim Number: 37 HANOVER ASSOCIATES C/O WILENTZ GOLDMAN & SPITZER PA Claim Date: 03/31/2023 ATTN DAVID H STEIN, ESQ Debtor: SUMMIT AT FLORHAM PARK, LLC 90 WOODBRIDGE CENTER DR, BOX 10 Comments: EXPUNGED WOODBRIDGE, NJ 07095 DOCKET: 558 (05/10/2023) **ADMINISTRATIVE** Claimed: \$1,233.97 **SECURED** Claimed: \$36,436.00 UNSECURED Claimed: \$65,569.30 HARMONY HILLS BEHAVIORAL HEALTH LLC Claim Number: 10085 C/O KOZYAK TROPIN & THROCKMORTON LLP Claim Date: 04/17/2023 ATTN BERNICE LEE, ESQ Debtor: PALM BEACH RECOVERY, LLC 2525 PONCE DE LEON BLVD, 9TH FL Comments: DOCKET: 469 (04/24/2023) MIAMI, FL 33134 **UNSECURED** Claimed: \$556,392.00

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Name of proof of claims where to

**CLIENT ID 8** Claim Number: 10036 ADDRESS REDACTED Claim Date: 03/20/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: EXPUNGED DOCKET: 639 (05/19/2023) **UNSECURED** Claimed: \$0.00 UNDET **CLIENT ID 3** Claim Number: 10009 ADDRESS REDACTED Claim Date: 02/22/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: EXPUNGED DOCKET: 682 (05/26/2023) **UNSECURED** Claimed: \$52,000.00 Claim Number: 10061 CLIENT ID 16 ADDRESS ON FILE Claim Date: 04/12/2023 Debtor: MARYLAND HOUSE DETOX, LLC UNSECURED Claimed: \$5,000.00 Scheduled: \$5,000.00 INFINITY BEHAVIORAL HEALTH SERVICES LLC Claim Number: 10023 C/O POLSINELLI PC Claim Date: 03/09/2023 ATTN MARK JOACHIM Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC 1401 EYE ST NW, STE 800 WASHINGTON, DC 20005 UNSECURED Claimed: \$446,118.45 Scheduled: \$417,702.28 DISP IRONSHORE SPECIALTY INSURANCE COMPANY Claim Number: 10068 C/O LIBERTY MUTUAL INSURANCE Claim Date: 04/13/2023 ATTN J LAWSON Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC 100 LIBERTY WAY Comments: EXPUNGED **DOVER, NH 03820** DOCKET: 705 (06/07/2023) Claimed: \$0.00 UNDET UNSECURED

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Name of proof of claims where to

CLIENT ID 19 Claim Number: 55 ADDRESS ON FILE Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 703 (06/06/2023) **UNSECURED** Claimed: \$8,000.00 JEFFERSON CAPITAL SYSTEMS LLC Claim Number: 45 PO BOX 7999 Claim Date: 04/11/2023 SAINT CLOUD, MN 56302-9617 Debtor: ROGERS LEARNING, LLC Comments: EXPUNGED DOCKET: 702 (06/06/2023) UNSECURED Claimed: \$400.00 Claim Number: 10008 JOHN'S SEWER 4 BREED AVE Claim Date: 02/22/2023 WOBURN, MA 01801 Debtor: 61 BROWN STREET HOLDINGS, LLC Comments: ALLOWED DOCKET: 728 (06/14/2023) **ADMINISTRATIVE** Claimed: \$495.00 \$495.00 **UNSECURED** Scheduled: \$495.00 Allowed: JPMORGAN CHASE BANK NA Claim Number: 19 S/B/M/T CHASE BANK USA NA Claim Date: 03/06/2023 C/O NATIONAL BANKRUPTCY SERVICES LLC Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC PO BOX 9013 Comments: EXPUNGED ADDISON, TX 75001 DOCKET: 610 (05/18/2023) **UNSECURED** Claimed: \$21,564.51 JPMORGAN CHASE BANK NA Claim Number: 47 S/B/M/T CHASE BANK USA NA Claim Date: 04/13/2023 C/O NATIONAL BANKRUPTCY SERVICES LLC Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC PO BOX 9013 Comments: EXPUNGED ADDISON, TX 75001 DOCKET: 715 (06/08/2023) **UNSECURED** Claimed: \$21,531.66

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

**K&L GATES LLP** Claim Number: 10089 ATTN JASON SEKERAK Claim Date: 04/17/2023

210 SIXTH AVE Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

PITTSBURGH, PA 15222

**UNSECURED** Claimed: \$25,577.50 Scheduled: \$25,577.50

LANCASTER, WAYESHA Claim Number: 10037 ADDRESS ON FILE Claim Date: 03/21/2023

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Date: 12/04/2023

Comments: EXPUNGED DOCKET: 643 (05/19/2023)

**UNSECURED** \$2,184.00 LIFE INSURANCE COMPANY OF NORTH AMERICA Claim Number: 49 SUBSIDIARY OF NEW YORK LIFE INSURANCE CO Claim Date: 04/13/2023

Claimed:

ATTN LISA DURRENBERGER, SR SPECIALIST Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

51 MADISON AVE, 10TH FL Comments: EXPUNGED NEW YORK CITY, NY 10010 DOCKET: 705 (06/07/2023)

**PRIORITY** Claimed: \$5,025.39 UNSECURED Claimed: \$1,054.46

LOCHNESS MEDICAL SUPPLIES INC Claim Number: 10063 2775 BROADWAY, STE 100 Claim Date: 04/12/2023

BUFFALO, NY 14227 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

**UNSECURED** Claimed: \$3,305.45 Scheduled: \$3,305.45

MARLIN LEASING CORP/PEAC SOLUTIONS Claim Number: 38 300 FELLOWSHIP RD Claim Date: 04/06/2023 MOUNT LAUREL, NJ 08054

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: EXPUNGED DOCKET: 705 (06/07/2023)

**UNSECURED** Claimed: \$88,489.36

Page: 32 Epiq Bankruptcy Solutions, LLC

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

MASSACHUSETTS DEPAR ATTN BANKRUPTCY UNIT PO BOX 7090 BOSTON, MA 02204-7090		Claim Number: 10093 Claim Date: 04/24/2023 Debtor: DR PARENT, LLC Comments: ALLOWED DOCKET: 822 (07/14/2023)		
PRIORITY	Claimed: Claimed:	\$14,693.37 UNLIQ	Allowed: Allowed:	\$149.37
UNSECURED  MASSACHUSETTS DEPAR: ATTN BANKRUPTCY UNIT PO BOX 7090 BOSTON, MA 02204-7090	TMENT OF REVENUE	\$412.13 UNLIQ  Claim Number: 10094  Claim Date: 04/24/2023  Debtor: SBH HAVERHILL, LLC  Comments: WITHDRAWN  DOCKET: 659 (05/22/2023)	Allowed:	\$412.13
ADMINISTRATIVE	Claimed:	\$7,096.77		
MASSACHUSETTS ELECTF C/O NATIONAL GRID 300 ERIE BLVD W SYRACUSE, NY 13202	RIC COMPANY	Claim Number: 10091 Claim Date: 04/18/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 704 (06/06/2023)		
UNSECURED	Claimed:	\$27,409.20		
MAXIM HEALTHCARE STA C/O STINSON LLP ATTN TRACEY M OHM 1775 PENNSYLVANIA AVE WASHINGTON, DC 20006	E NW, STE 800	Claim Number: 10074 Claim Date: 04/14/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC		
UNSECURED	Claimed:	\$23,817.80		
CLIENT ID 20 ADDRESS ON FILE		Claim Number: 91 Claim Date: 05/08/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 738 (06/21/2023)		
UNSECURED	Claimed:	\$20,000.00		

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

MCDERMOTT WILL & E 444 W LAKE ST, STE 40 CHICAGO, IL 60606		Claim Number: 48 Claim Date: 04/13/2023 Debtor: DELPHI BEHAVIORAL Comments: ALLOWED DOCKET: 508 (04/27/2023)	L HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$689,360.53	Scheduled:	\$614,941.77	Allowed:	\$689,360.53
CLIENT ID 13 ADDRESS REDACTED		Claim Number: 15 Claim Date: 03/02/2023 Debtor: DELPHI BEHAVIORAI Comments: EXPUNGED DOCKET: 640 (05/19/2023)	L HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$7,850.00				
MCKESSON MEDICAL-S 6651 GATE PKWY JACKSONVILLE, FL 322		Claim Number: 10048 Claim Date: 03/30/2023 Debtor: DELPHI BEHAVIORAI Comments: ALLOWED DOCKET: 406 (04/19/2023)	L HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$4,776.22	Scheduled:	\$4,082.69	Allowed:	\$4,726.90
MCKESSON MEDICAL-S 6651 GATE PKWY JACKSONVILLE, FL 322		Claim Number: 10049 Claim Date: 03/30/2023 Debtor: SBH HAVERHILL, LLC Comments: ALLOWED DOCKET: 406 (04/19/2023)				
UNSECURED	Claimed:	\$1,676.56	Scheduled:	\$3,737.05	Allowed:	\$1,661.83
MCKESSON MEDICAL-S 6651 GATE PKWY JACKSONVILLE, FL 322		Claim Number: 10050 Claim Date: 03/30/2023 Debtor: DELPHI BEHAVIORAI	L HEALTH GROUP, LLC			
ADMINISTRATIVE UNSECURED	Claimed:	\$1,874.57	Scheduled:	\$1,063.09		

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claim Number: 10051 MCKESSON MEDICAL-SURGICAL INC 6651 GATE PKWY Claim Date: 03/30/2023

JACKSONVILLE, FL 32256 Debtor: SBH HAVERHILL, LLC

**ADMINISTRATIVE** Claimed: \$2,089.95

UNSECURED Scheduled: \$1,406.37

CLIENT ID 22 Claim Number: 10129 ADDRESS ON FILE Claim Date: 05/30/2023

Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY

Date: 12/04/2023

Comments: EXPUNGED DOCKET: 862 (08/02/2023)

**UNSECURED** Claimed: \$0.00 UNDET

NEW YORK STATE DEPARTMENT OF LABOR Claim Number: 28 STATE CAMPUS BLDG 12, RM 256 Claim Date: 03/21/2023

ALBANY, NY 12240 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

\$605.34 **PRIORITY** Claimed:

Claim Number: 10086 NORTHERN BUSINESS MACHINES INC 24 TERRY AVE Claim Date: 04/17/2023 **BURLINGTON, MA 01803** 

Debtor: SBH HAVERHILL, LLC

\$230.41 \$330.78 **UNSECURED** Claimed: Scheduled:

Claim Number: 50 NWI HAVERHILL HOSPITAL LP C/O MELTZER PURTILL & STELLE LLC Claim Date: 02/13/2023

ATTN TIMOTHY W BRINK Debtor: DELPHI INTERMEDIATE HEALTHCO, LLC

125 S WACKER DR, STE 2900 Comments: EXPUNGED CHICAGO, IL 60606 DOCKET: 753 (06/27/2023)

Scheduled: **UNSECURED** Claimed: \$0.00 UNDET \$0.00 UNLIQ

Page: 35 Epiq Bankruptcy Solutions, LLC

Name of proof of claims where to Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 36 of 55

\$4,000.00

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

**UNSECURED** 

Claimed:

NWI HAVERHILL HOSPITAL LP Claim Number: 10072 C/O MELTZER PURTILL & STELLE LLC Claim Date: 04/14/2023 ATTN TIMOTHY W BRINK Debtor: SBH HAVERHILL, LLC 125 S WACKER DR, STE 2900 Comments: EXPUNGED CHICAGO, IL 60606 DOCKET: 753 (06/27/2023) **UNSECURED** Claimed: \$0.00 UNDET Scheduled: \$16,517.62 NY STATE DEPT OF TAXATION AND FINANCE Claim Number: 27 ATTN BANKRUPTCY SECTION Claim Date: 03/21/2023 PO BOX 5300 Debtor: DR SUB, LLC ALBANY, NY 12205-0300 **PRIORITY** Claimed: \$226.37 **UNSECURED** Claimed: \$2,000.00 NYS DEPARTMENT OF LABOR Claim Number: 20 ATTN UNEMPLOYMENT INSURANCE DIVISION Claim Date: 03/13/2023 **GOVERNOR W AVERELL HARRIMAN** Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC STATE OFFICE BLDG CAMPUS BLDG 12, RM 256 Comments: EXPUNGED ALBANY, NY 12240 DOCKET: 745 (06/22/2023) PRIORITY Claimed: \$605.34 Claim Number: 10046 CLIENT ID 5 ADDRESS REDACTED Claim Date: 03/28/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 663 (05/23/2023) **UNSECURED** Claimed: \$5,000.00 CLIENT ID 5 Claim Number: 10055 ADDRESS ON FILE Claim Date: 04/03/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 663 (05/23/2023)

Date: 12/04/2023

\$3,000.00

Allowed:

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

**CLIENT ID 5** Claim Number: 2 ADDRESS REDACTED Claim Date: 02/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 663 (05/23/2023) **UNSECURED** Claimed: \$0.00 UNDET ODP BUSINESS SOLUTIONS LLC Claim Number: 10000 ATTN BANKRUPTCY PROCESSING Claim Date: 02/10/2023 6600 N MILITARY TRL Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC BOCA RATON, FL 33496 **ADMINISTRATIVE** Claimed: \$2,164.06 Claimed: **UNSECURED** \$1,425.38 PALM BEACH COUNTY TAX COLLECTOR Claim Number: 10038 ATTN LEGAL SERVICES Claim Date: 03/21/2023 PO BOX 3715 Debtor: PALM BEACH RECOVERY, LLC WEST PALM BEACH, FL 33402-3715 Comments: WITHDRAWN DOCKET: 506 (04/26/2023) **SECURED** Claimed: \$135,567.58 Claim Number: 10058 PEREZ, ANTHONY ADDRESS ON FILE Claim Date: 04/10/2023 Debtor: SBH HAVERHILL, LLC Comments: EXPUNGED DOCKET: 710 (06/07/2023) **PRIORITY** Claimed: \$0.00 **SECURED** Claimed: \$3,500.00 PITNEY BOWES GLOBAL FINANCIAL SERVICES Claim Number: 10142 27 WATERVIEW DR Claim Date: 08/23/2023 SHELTON, CT 06484 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: DOCKET: 919 (10/16/2023) **UNSECURED** Claimed: \$1,932.44

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

PRANGE, VINCENT M ADDRESS ON FILE		Claim Number: 10071 Claim Date: 04/14/2023 Debtor: PALM BEACH RECOVE Comments: ALLOWED DOCKET: 736 (06/21/2023)	ERY, LLC			
PRIORITY UNSECURED	Claimed:	\$1,200.00	Scheduled:	\$1,200.00	Allowed:	\$1,200.00
CLIENT ID 2 ADDRESS REDACTED		Claim Number: 10006 Claim Date: 02/19/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 681 (05/26/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$0.00 UNDET				
CLIENT ID 2 ADDRESS ON FILE		Claim Number: 10130 Claim Date: 05/30/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 859 (08/02/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$10,000.00				
PRINTING FULFILLMENT 77 OSWEGO TRL MEDFORD LAKES, NJ 080		Claim Number: 10010 Claim Date: 02/27/2023 Debtor: DELPHI BEHAVIORAL Comments: ALLOWED DOCKET: 399 (04/18/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$802.90			Allowed:	\$553.40
PROTECTIVE MEASURES 285 US HWY 46 DOVER, NJ 07801		Claim Number: 10007 Claim Date: 02/21/2023 Debtor: DELPHI BEHAVIORAL Comments: ALLOWED DOCKET: 737 (06/21/2023)	HEALTH GROUP, LLC			
PRIORITY	Claimed:	\$110.87				
UNSECURED	Claimed:	\$851.90	Scheduled:	\$1,986.37	Allowed:	\$962.77

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claim Number: 10011 PURELINQ LLC 3769 OLD LIGHTHOUSE CIR Claim Date: 02/28/2023 WELLINGTON, FL 33414 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: ALLOWED DOCKET: 402 (04/19/2023) **UNSECURED** Claimed: \$60,000.00 Scheduled: \$35,357.14 Allowed: \$50,000.00 OUAKERBRIDGE INVESTMENT GROUP LLC Claim Number: 10070 ATTN JOHN SIMONE JR Claim Date: 04/13/2023 100 FEDERAL CITY RD, STE C101 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY LAWRENCEVILLE, NJ 08648 Comments: Claim Out of Balance Claim out of balance **SECURED** Claimed: \$3,000.00 **UNSECURED** Scheduled: \$1,752.82 **TOTAL** Claimed: \$876.41 RAKER, IRMA S Claim Number: 3 ADDRESS ON FILE Claim Date: 02/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 642 (05/19/2023) **UNSECURED** Claimed: \$1,950.00 RHODE ISLAND DIVISION OF TAXATION Claim Number: 10137 ONE CAPITOL HILL Claim Date: 07/26/2023 PROVIDENCE, RI 02908 Debtor: DR SUB, LLC **PRIORITY** Claimed: \$883.57 \$36.00 **UNSECURED** Claimed: RHODE ISLAND DIVISION OF TAXATION Claim Number: 10138 ONE CAPITOL HILL Claim Date: 07/26/2023 PROVIDENCE, RI 02908 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC **PRIORITY** Claimed: \$2,682.03

Epiq Bankruptcy Solutions, LLC Page: 39

\$248.00

**UNSECURED** 

Claimed:

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

RIVERSIDE COUNTY TAX ATTN ADELINA ABRIL 4080 LEMON ST, 4TH FL RIVERSIDE, CA 92501		Claim Number: 120 Claim Date: 07/31/2023 Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC Comments: Claim Out of Balance Claim out of balance
PRIORITY UNSECURED TOTAL	Claimed: Claimed: Claimed:	\$1,928.70 \$1,928.70 \$1,928.70
ROLLOVER REP 302 WASHINGTON ST, # SAN DIEGO, CA 92103		Claim Number: 79 Claim Date: 05/02/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 726 (06/14/2023)
UNSECURED	Claimed:	\$0.00 UNDET Scheduled: \$4,800.00
CLIENT ID 10 ADDRESS REDACTED		Claim Number: 29 Claim Date: 03/27/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 677 (05/26/2023)
PRIORITY	Claimed:	\$5,000.00
SALESFORCE INC C/O BIALSON BERGEN 8 ATTN LAWRENCE SCHW 830 MENLO AVE, STE 20 MENLO PARK, CA 94025	AB; GAYE HECK 11	Claim Number: 10053 Claim Date: 04/02/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: WITHDRAWN DOCKET: 560 (05/10/2023)
ADMINISTRATIVE	Claimed:	\$265,374.88
SALESFORCE INC C/O BIALSON BERGEN 8 ATTN LAWRENCE SCHW 830 MENLO AVE, STE 20 MENLO PARK, CA 94025	AB; GAYE HECK 11	Claim Number: 10054 Claim Date: 04/02/2023 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: WITHDRAWN DOCKET: 559 (05/10/2023)
ADMINISTRATIVE	Claimed:	\$194,672.26

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

SENTIENT SOLUTIONS LT T/A SCOREBUDDY ATTN ELIZABETH KAVANA 151 THOMAS ST DUBLIN, D08 PY5E, IRELAND		Claim Number: 46 Claim Date: 04/12/2023 Debtor: DELPHI BEHAVIOI	RAL HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$1,485.90				
SIEGEL, MAGDALANA ADDRESS ON FILE		Claim Number: 5 Claim Date: 02/27/2023 Debtor: SBH HAVERHILL, Comments: EXPUNGED DOCKET: 643 (05/19/2023				
UNSECURED	Claimed:	\$500.00				
SOCALGAS PO BOX 30337 LOS ANGELES, CA 90030		Claim Number: 30 Claim Date: 03/28/2023 Debtor: DELPHI BEHAVIOI Comments: ALLOWED DOCKET: 678 (05/26/2023	•			
UNSECURED	Claimed:	\$1,902.70	Scheduled:	\$850.40	Allowed:	\$1,004.30
SPECTRUM 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 10015 Claim Date: 03/03/2023 Debtor: DELPHI HEALTH C Comments: ALLOWED DOCKET: 414 (04/20/2023	,			
UNSECURED	Claimed:	\$413.93	Scheduled:	\$603.83	Allowed:	\$410.40
SPECTRUM 1600 DUBLIN RD COLUMBUS, OH 43215		Claim Number: 10016 Claim Date: 03/03/2023 Debtor: DELPHI BEHAVIOI Comments: EXPUNGED DOCKET: 415 (04/20/2023	·			
UNSECURED	Claimed:	\$1,078.13				

Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 42 of 55 Name of proof of claims where to

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claim Number: 13

**SPECTRUM** Claim Number: 10017 1600 DUBLIN RD Claim Date: 03/03/2023 COLUMBUS, OH 43215

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: ALLOWED DOCKET: 416 (04/20/2023)

**UNSECURED** Claimed: \$1,078.13 Allowed: \$648.88

Date: 12/04/2023

STATE OF FLORIDA - DEPARTMENT OF REVENUE

ATTN FREDERICK F RUDZIK, ESQ Claim Date: 02/23/2023

PO BOX 6668

Debtor: LAS OLAS RECOVERY LLC TALLAHASSEE, FL 32314-6668 Comments: POSSIBLY AMENDED BY 107

**PRIORITY** Claimed: \$469.03 \$300.00 **UNSECURED** Claimed:

STATE OF FLORIDA - DEPARTMENT OF REVENUE

Claim Number: 107 C/O FREDERICK F RUDZIK, ESQ Claim Date: 06/20/2023

PO BOX 6668 TALLAHASSEE, FL 32314-6668 Debtor: LAS OLAS RECOVERY LLC

Comments:

AMENDS CLAIM #13

**PRIORITY** \$0.00 UNDET Claimed:

STATE OF NEW JERSEY - DIV OF TAXATION

Claim Number: 93

PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: POSSIBLY AMENDED BY 111

**PRIORITY** Claimed: \$2,500.00 UNLIQ

STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 94 PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695 Debtor: DR PARENT, LLC

Comments: POSSIBLY AMENDED BY 122

\$4,000.00 **PRIORITY** Claimed:

Page: 42 Epiq Bankruptcy Solutions, LLC

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claimed:

Claim Number: 95

\$804,000.00 UNLIQ

Name of proof of claims where to

PRIORITY

STATE OF NEW JERSEY - DIV OF TAXATION

PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695 Debtor: DR SUB, LLC Comments: POSSIBLY AMENDED BY 123 **PRIORITY** Claimed: \$2,000.00 UNLIQ STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 96 PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695 Debtor: LAS OLAS RECOVERY LLC Comments: POSSIBLY AMENDED BY 110 **PRIORITY** Claimed: \$12,000.00 UNLIQ STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 97 PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695 Debtor: QBR DIAGNOSTICS, LLC Comments: POSSIBLY AMENDED BY 113

STATE OF NEW JERSEY - DIV OF TAXATION
PO BOX 245
TRENTON, NJ 08695
Claim Date: 05/24/2023
Debtor: SBH UNION IOP LLC
Comments: POSSIBLY AMENDED BY 116

PRIORITY
Claimed: \$412,000.00 UNLIQ

STATE OF NEW JERSEY - DIV OF TAXATION
PO BOX 245
Claim Number: 99
Claim Number: 99
Claim Date: 05/24/2023

Po BOX 245
Claim Date: 05/24/2023

Po Box 245
Claim Date: 05/24/2023

TRENTON, NJ 08695

Debtor: SUMMIT AT FLORHAM PARK, LLC
Comments: POSSIBLY AMENDED BY 115

PRIORITY Claimed: \$724,000.00 UNLIQ

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claimed:

**PRIORITY** 

STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 100 PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: POSSIBLY AMENDED BY 112 **PRIORITY** Claimed: \$84,000.00 UNLIQ STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 101 PO BOX 245 Claim Date: 05/24/2023 TRENTON, NJ 08695 Debtor: UNION FRESH START LLC Comments: POSSIBLY AMENDED BY 114 **PRIORITY** Claimed: \$1,204,000.00 UNLIQ STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 110 PO BOX 245 Claim Date: 06/29/2023 TRENTON, NJ 08695 Debtor: LAS OLAS RECOVERY LLC Comments: AMENDS CLAIM #96 **PRIORITY** Claimed: \$0.00 STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 111 PO BOX 245 Claim Date: 06/29/2023 TRENTON, NJ 08695 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: AMENDS CLAIM #93 **PRIORITY** Claimed: \$0.00 STATE OF NEW JERSEY - DIV OF TAXATION Claim Number: 112 PO BOX 245 Claim Date: 06/29/2023 TRENTON, NJ 08695 Debtor: SUMMIT BEHAVIORAL HEALTH LIMITED LIABILI LIABILITY COMPANY Comments: AMENDS CLAIM #100

Epiq Bankruptcy Solutions, LLC Page: 44

\$0.00

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

STATE OF NEW JERSEY - PO BOX 245 TRENTON, NJ 08695	DIV OF TAXATION	Claim Number: 113 Claim Date: 06/29/2023 Debtor: QBR DIAGNOSTICS, LLC Comments: AMENDS CLAIM #97	
PRIORITY	Claimed:	\$0.00	
STATE OF NEW JERSEY - PO BOX 245 TRENTON, NJ 08695	DIV OF TAXATION	Claim Number: 114 Claim Date: 06/29/2023 Debtor: UNION FRESH START LLC Comments: AMENDS CLAIM #101	
PRIORITY	Claimed:	\$0.00	
STATE OF NEW JERSEY - PO BOX 245 TRENTON, NJ 08695	DIV OF TAXATION	Claim Number: 115 Claim Date: 06/29/2023 Debtor: SUMMIT AT FLORHAM PARK, LLC Comments: AMENDS CLAIM #99	
PRIORITY	Claimed:	\$0.00	
STATE OF NEW JERSEY - 3 JOHN FITCH WAY, FL 5 PO BOX 245 TRENTON, NJ 08695		Claim Number: 116 Claim Date: 06/29/2023 Debtor: SBH UNION IOP LLC Comments: AMENDS CLAIM #98	
PRIORITY	Claimed:	\$0.00	
STATE OF NEW JERSEY - 3 JOHN FITCH WAY, FL 5 PO BOX 245 TRENTON, NJ 08695		Claim Number: 117 Claim Date: 07/13/2023 Debtor: SBH UNION IOP LLC Comments: POSSIBLE DUPLICATE OF 116 AMENDS CLAIM #98	
PRIORITY	Claimed:	\$0.00	

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

STEWART, CHARLES ADDRESS ON FILE		Claim Number: 10039 Claim Date: 03/21/2023 Debtor: UNION FRESH START Comments: ALLOWED DOCKET: 405 (04/19/2023)	LLC			
UNSECURED	Claimed:	\$1,330.00	Scheduled:	\$790.00	Allowed:	\$790.00
STUP, DAVID ADDRESS ON FILE		Claim Number: 59 Claim Date: 04/18/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 723 (06/14/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$250,000.00				
STUP, DAVID ADDRESS ON FILE		Claim Number: 61 Claim Date: 04/21/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 723 (06/14/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$250,000.00				
STUP, DAVID ADDRESS ON FILE		Claim Number: 64 Claim Date: 04/20/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 723 (06/14/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$250,000.00				
STUP, DAVID ADDRESS ON FILE		Claim Number: 10088 Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL Comments: EXPUNGED DOCKET: 711 (06/07/2023)	HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$250,000.00				
i						

Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 47 of 55 Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

SUBURBAN PROPANE 240 RTE 10 W WHIPPANY, NJ 07981		Claim Number: 10022 Claim Date: 03/09/2023 Debtor: MARYLAND HOUSE Comments: ALLOWED DOCKET: 729 (06/14/2023)	DETOX, LLC			
ADMINISTRATIVE UNSECURED	Claimed:	\$6,319.89	Scheduled:	\$6,319.89	Allowed:	\$6,319.89
SYSCO METRO NEW YO C/O JACK LUNDSTEDT 655 BUTTERCUP TRCE JOHNS CREEK, GA 300		Claim Number: 10056 Claim Date: 04/05/2023 Debtor: UNION FRESH STAR Comments: ALLOWED DOCKET: 706 (06/07/2023)	RT LLC			
UNSECURED	Claimed:	\$5,353.77	Scheduled:	\$2,605.08	Allowed:	\$2,605.08
CLIENT ID 11 ADDRESS REDACTED		Claim Number: 35 Claim Date: 03/30/2023 Debtor: DELPHI BEHAVIORA Comments: EXPUNGED DOCKET: 679 (05/26/2023)	L HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$0.00				
TRUPATH HOLDINGS L C/O THOMAS G ZEICH 2385 EXECUTIVE CENT BOCA RATON, FL 3343	MAN, ESQ FER DR, STE 250	Claim Number: 10096 Claim Date: 04/28/2023 Debtor: DELPHI BEHAVIORA	L HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$710,000.00				
ULINE 12575 ULINE DR PLEASANT PRAIRIE, W	 /I 53158	Claim Number: 18 Claim Date: 03/06/2023 Debtor: DELPHI BEHAVIORA	L HEALTH GROUP, LLC			
UNSECURED	Claimed:	\$357.13	Scheduled:	\$357.13		

Date: 12/04/2023

Name of proof of claims where to Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 48 of 55

Date: 12/04/2023

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

UNIDINE CORPORATION Claim Number: 10075 C/O COMPASS GROUP Claim Date: 04/14/2023

ATTN JOHN HANEY
Debtor: PALM BEACH RECOVERY, LLC
4721 MORRISON DR, STE 300

MOBILE, AL 36609

UNSECURED Claimed: \$63,576.95 Scheduled: \$50,785.68

UNIDINE CORPORATION Claim Number: 10076 C/O COMPASS GROUP Claim Date: 04/14/2023

ATTN JOHN HANEY Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC

4721 MORRISON DR, STE 300 MOBILE, AL 36609

UNSECURED Claimed: \$54,329.48 Scheduled: \$40,686.23

UNIDINE CORPORATION Claim Number: 10077
C/O COMPASS GROUP Claim Date: 04/14/2023

ATTN JOHN L HANEY Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC

4721 MORRISON DR, STE 300 MOBILE, AL 36609

UNSECURED Claimed: \$6,492.57 Scheduled: \$7,400.00

UNIDINE CORPORATION Claim Number: 10079
C/O COMPASS GROUP Claim Date: 04/14/2023

ATTN JOHN L HANEY Debtor: MARYLAND HOUSE DETOX, LLC

4721 MORRISON DR, STE 300 MOBILE, AL 36609

UNSECURED Claimed: \$67,369.23 Scheduled: UNIDINE CORPORATION Claim Number: 10080

C/O COMPASS GROUP

Claim Date: 04/14/2023

ATTN JOHN HANEY Debtor: OCEAN BREEZE DETOX, LLC

4721 MORRISON DR, STE 300 MOBILE, AL 36609

<u>UNSECURED</u> Claimed: \$53,051.04 Scheduled: \$43,325.80

\$55,726.23

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Claim Number: 10081 UNIDINE CORPORATION C/O COMPASS GROUP Claim Date: 04/14/2023 ATTN JOHN HANEY Debtor: SBH HAVERHILL, LLC 4721 MORRISON DR, STE 300 Comments: ALLOWED MOBILE, AL 36609 DOCKET: 733 (06/20/2023) **UNSECURED** Claimed: \$120,645.64 Scheduled: \$84,095.08 Allowed: \$110,316.33 UNIDINE CORPORATION Claim Number: 10082 C/O COMPASS GROUP Claim Date: 04/14/2023 ATTN JOHN HANEY Debtor: UNION FRESH START LLC 4721 MORRISON DR, STE 300 Comments: ALLOWED MOBILE, AL 36609 DOCKET: 733 (06/20/2023) **UNSECURED** Claimed: \$71,521.59 Scheduled: \$83,286.51 Allowed: \$65,339.60 UNITEDHEALTHCARE INSURANCE COMPANY Claim Number: 6 ATTN CDM/BANKRUPTCY Claim Date: 02/27/2023 185 ASYLUM ST, #03B Debtor: CALIFORNIA ADDICTION TREATMENT CENTER LL LLC HARTFORD, CT 06103 Comments: ALLOWED DOCKET: 504 (04/26/2023) **UNSECURED** Claimed: \$542.66 Allowed: \$500.00 UNITEDHEALTHCARE INSURANCE COMPANY Claim Number: 7 ATTN CDM/BANKRUPTCY Claim Date: 02/27/2023 185 ASYLUM ST, #03B Debtor: CALIFORNIA VISTAS ADDICTION TREATMENT LLC HARTFORD, CT 06103 Comments: ALLOWED DOCKET: 504 (04/26/2023) **UNSECURED** Claimed: \$18,348.82 Allowed: \$14,000.00 UNITEDHEALTHCARE INSURANCE COMPANY Claim Number: 8 ATTN CDM/BANKRUPTCY Claim Date: 02/27/2023 185 ASYLUM ST, #03B Debtor: LAS OLAS RECOVERY LLC HARTFORD, CT 06103 Comments: ALLOWED DOCKET: 504 (04/26/2023) Claimed: \$2,000.00 UNSECURED \$4,702.49 Allowed:

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

UNITEDHEALTHCARE INSU ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103	JRANCE COMPANY	Claim Number: 9 Claim Date: 02/27/2023 Debtor: MARYLAND HOUSE DETOX, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$14,426.89	Allowed:	\$3,000.00
UNITEDHEALTHCARE INSU ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103	JRANCE COMPANY	Claim Number: 10 Claim Date: 02/27/2023 Debtor: OCEAN BREEZE DETOX, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$12,525.59	Allowed:	\$4,000.00
UNITEDHEALTHCARE INSU ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103	JRANCE COMPANY	Claim Number: 11 Claim Date: 02/27/2023 Debtor: OCEAN BREEZE RECOVERY, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$745.14	Allowed:	\$500.00
UNITEDHEALTHCARE INSU ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103	JRANCE COMPANY	Claim Number: 21 Claim Date: 03/14/2023 Debtor: PALM BEACH RECOVERY, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$26,924.00	Allowed:	\$22,000.00
UNITEDHEALTHCARE INSU ATTN CDM/BANKRUPTCY 185 ASYLUM ST, #03B HARTFORD, CT 06103	JRANCE COMPANY	Claim Number: 22 Claim Date: 03/14/2023 Debtor: SBH HAVERHILL, LLC Comments: ALLOWED DOCKET: 504 (04/26/2023)		
UNSECURED	Claimed:	\$10,871.20	Allowed:	\$4,000.00

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Name of proof of claims where to

Claim Number: 23 UNITEDHEALTHCARE INSURANCE COMPANY ATTN CDM/BANKRUPTCY Claim Date: 03/14/2023 185 ASYLUM ST, #03B Debtor: UNION FRESH START LLC HARTFORD, CT 06103 Comments: ALLOWED DOCKET: 504 (04/26/2023) **UNSECURED** Claimed: \$29,110.70 Allowed: \$25,000.00 **UPSTART NETWORK INC** Claim Number: 102 PO BOX 1931 Claim Date: 05/31/2023 BURLINGAME, CA 94011 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 860 (08/02/2023) **UNSECURED** Claimed: \$13,427.49 Claim Number: 10065 VIDEAU LLC 1187 FALLING PINE CT Claim Date: 04/13/2023 WINTER SPRINGS, FL 32708 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC UNSECURED Claimed: \$49,500.00 UNLIQ VITAL RECORDS CONTROL Claim Number: 10059 5384 POPLAR AVE, STE 500 Claim Date: 04/11/2023 MEMPHIS, TN 38119 Debtor: UNION FRESH START LLC **SECURED** Claimed: \$153.90 \$75.28 UNSECURED Scheduled: VOGEL, DAVID Claim Number: 10083 ADDRESS ON FILE Claim Date: 04/17/2023 Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC Comments: EXPUNGED DOCKET: 903 (09/18/2023) **UNSECURED** Claimed: \$344,523.52

Name of proof of claims where to
Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

VOGEL, DAVID		Claim Number: 10132		
ADDRESS ON FILE		Claim Date: 06/28/2023		
		Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC		
		Comments: EXPUNGED		
		DOCKET: 903 (09/18/2023)		
PRIORITY	Claimed:	\$344,523.52		
SECURED	Claimed:	\$344,523.52		
TOTAL	Claimed:	\$344,523.52		
VOGEL, DAVID		Claim Number: 10133		
ADDRESS ON FILE		Claim Date: 06/29/2023		
		Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC		
		Comments: EXPUNGED		
		DOCKET: 903 (09/18/2023)		
PRIORITY	Claimed:	\$362,096.25		
SECURED	Claimed:	\$362,096.25		
TOTAL	Claimed:	\$362,096.25		
VOGEL, DAVID		Claim Number: 10136		
ADDRESS IS REDACTE	ED .	Claim Date: 07/24/2023		
		Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC		
		Comments: ALLOWED		
		DOCKET: 905 (09/25/2023)		
PRIORITY	Claimed:	\$362,096.25		
SECURED	Claimed:	\$362,096.25		
UNSECURED			Allowed:	\$362,096.25
TOTAL	Claimed:	\$362,096.25		\$0.00
WASTE MANAGEMENT	INC	Claim Number: 10073		<u> </u>
2550 W UNION HILLS	DR	Claim Date: 04/14/2023		
PHOENIX, AZ 85027		Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC		
UNSECURED	Claimed:	\$1,192.18		
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Name of proof of claims where to Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 53 of 55

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

Date: 12/04/2023

WESTERN EXTERMINATOR C/O RENTOKIL NORTH AMERICA ATTN BANKRUPTCY TEAM 1125 BERKSHIRE BLVD, STE 150 READING, PA 19610

ADDRESS ON FILE

31329 AVE I

BIG PINE KEY, FL 33043

Claim Number: 10047 Claim Date: 03/29/2023

Debtor: DESERT VIEW RECOVERY COMMUNITY, LLC

UNSECURED Claimed: \$116.40 Scheduled: \$116.40

WILSON ELSER MOSKOWITZ EDELMAN & DICKER 1133 WESTCHESTER AVE WHITE PLAINS, NY 10604

Claim Number: 10131 Claim Date: 06/15/2023

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: DOCKET: 790 (06/29/2023)

UNSECURED Claimed: \$9,655.00
CLIENT ID 17 Claim Number: 53

Claim Date: 04/14/2023

Debtor: PALM BEACH RECOVERY, LLC Comments: DOCKET: 545 (05/09/2023)

UNSECURED Claimed: \$80,000.00

XOJET AVIATION LLC

1901 W CYPRESS CREEK RD, STE 600
FORT LAUDERDALE, FL 33309

Claim Number: 10078
Claim Date: 04/14/2023
Debtor: DELPHI BEHAVI

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: WITHDRAWN DOCKET: 751 (06/26/2023)

UNSECURED Claimed: \$1,950,601.22 UNLIQ
YOGA 4 CHANGE INC Claim Number: 10097

Claim Date: 05/02/2023

Debtor: OCEAN BREEZE DETOX, LLC

Comments: EXPUNGED DOCKET: 725 (06/14/2023)

UNSECURED Claimed: \$975.00 Scheduled: \$975.00

Name of proof of claims where to Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 54 of 55

Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

YOGA 4 CHANGE INCORPORATED

ATTN MICHELLE LECLAIR 31329 AVENUE L

BIG PINE KEY, FL 33043

Claim Number: 10060 Claim Date: 04/11/2023

Debtor: DELPHI BEHAVIORAL HEALTH GROUP, LLC

Comments: ALLOWED DOCKET: 524 (05/04/2023)

<u>UNSECURED</u> Claimed: \$975.00 Allowed: \$975.00

Date: 12/04/2023

Case 23-10945-PDR Doc 980 Filed 12/08/23 Page 55 of 55 Name of proof of claims where to

Date: 12/04/2023 Alphabetical Claims Register for Delphi Behavioral Health Group (ALL CASES)

## **Summary Page**

Total Number of Filed Claims: 265

	Claimed Amount	Allowed Amount
Administrative:	\$487,692.33	\$0.00
Priority:	\$8,350,831.00	\$674,083.28
Secured:	\$2,463,884.27	\$0.00
Unsecured:	\$180,424,022.71	\$25,044,257.62
Total:	\$191,726,430.31	\$25,718,340.90

<sup>\*</sup>Where allowed amount of unsecured claims shows a total of \$25,044,257.62, as per the agreed orders referenced in the individual comment line items above, those allowed claims shall not receive distributions.