Fill in this information to identify the case:

Debtor name **Pioneer Health Systems LLC**

United States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) **24-10279**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule*
- ■ *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 **February 21, 2024**

X DocuSigned by: Colin Chenault

Signature of individual signing on behalf of debtor

Colin Chenault

Printed name

Chief Financial Officer

Position or relationship to debtor

Fill in this information to Identify the case:	
Debtor Name:	Pioneer Health Systems LLC
United States Bankruptcy Court for the:	District of Delaware
Case Number (If known):	

☐ Check if this is an amended filing

Official Form 204

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

12/15

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

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	SYNDEOCARE 1250 CAPITAL OF TEXAS HIGHWAY SOUTH BUILDING 3, SUITE 400 AUSTIN, TX 78746	CONTACT: MICHAEL IGLINSKI PHONE: 920-253-5716 MIGLINSKI@SYNDEOCARE.COM	TRADE				$161,480.44
2	6125 PASEO DEL NORTE, LLC. 6125 PASEO DEL NORTE STE 210 CARLSBAD, CA 92011	CONTACT: SCOTT LEGGETT SCOTT@SURGERYONE.COM	TRADE				$154,245.42
3	BREG, INC. 2885 LOKER AVENUE EAST CARLSBAD, CA 92010	CONTACT: GLORIA PEREZ PHONE: 760-828-0450 FAX: 760-795-5294 GPEREZ@BREG.COM	TRADE				$138,397.34
4	GUY CONCES 4137 COLGATE AVENUE DALLAS, TX 75225	CONTACT: GUY CONCES PHONE: 214-789-7494 GUY@GCONCES.COM	TRADE				$135,000.00
5	ZTHERNET, LLC 1333 CORPORATE DRIVE SUITE 240 IRVING, TX 75038	CONTACT: GREG HOUGH PHONE: 214-997-1435 GHOUGH@ZTHERNET.COM	TRADE				$108,463.43
6	MOUNTAIN CITY COMMERCIAL TRUST ACCOUNT 2036 S. LINCOLN AVE STE 101B OGDEN, UT 84401	CONTACT: JENNY ASTLE PHONE: 801-394-2299 JENNY@MTNCITYCO.COM	TRADE				$107,051.63
7	800 CRYSTAL FALLS, LLC 4851 LBJ FREEWAY 10TH FLOOR DALLAS, TX 75244	CONTACT: STACEY BARR SBARR@NAIRL.COM	TRADE				$70,840.00

Debtor: Pioneer Health Systems LLC Case Number (if known):

Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
8	KALIDY LLC 14205 NORTH BROADWAY EXTENSION EDMOND, OK 73013	CONTACT: PATRICIA LEON PHONE: 405-816-2722 PATRICIA.LEON@KALIDY.COM	TRADE				$67,733.33
9	SAVLAN HC NORMAN OK LLC 4000 HOLLYWOOD BOULEVARD STE N-730 HOLLYWOOD, FL 33021	CONTACT: MICHELLE BRADY PHONE: 786-582-6485 MICHELLE@SAVLANCAPITAL.COM	TRADE				$59,919.91
10	510 LASSEN, LLC P.O. BOX 4053 LOS ALTOS, CA 94024	CONTACT: NADINE MATITYAHU CNADINE@ICLOUD.COM	TRADE				$56,720.80
11	SYNDEOCARE OHIO 7 EASTON OVAL COLUMBUS, OH 43219	CONTACT: MICHAEL IGLINSKI MIGLINSKI@SYNDEOCARE.COM	TRADE				$52,366.19
12	D A HEARN MANAGEMENT LLC 528 MONTEZUMA STREET RIO VISTA, CA 94571	CONTACT: DAVID HEARD PHONE: 707-738-5413 HEARND5@GMAIL.COM	TRADE				$49,498.15
13	PRO HEALTH MEDICAL STAFFING, LLC 700 MILAM SUITE 1300 HOUSTON, TX 77002	CONTACT: CINDY HANSON PHONE: 713-859-2844 CINDY@PHMSTAFFING.COM	TRADE				$38,440.65
14	COMMONSTATE, LLC 397 EAGLE ROCK CIRCLE HOT SPRINGS, AR 71901	CONTACT: SPENCER BRADSHAW PHONE: 423-802-3879 SPENCER@COMMONSTATEAGENCY.COM	TRADE				$31,899.00
15	ALPHA SERVICES CORPORATION JANI-KING 4535 SUNBELT DRIVE STE A ADDISON, TX 75001-5205	CONTACT: JOSE OLGUIN PHONE: 972-380-0800 JOLGUIN@JANIKINGDFW.COM	TRADE				$31,509.41
16	ZTHERNET, LLC 600 E. JOHN CARPENTER FREEWAY SUITE 300 IRVING, TX 75062	CONTACT: GREG HOUGH FAX: 214-997-1430 GHOUGH@ZTHERNET.COM	TRADE				$27,060.45
17	OLIVE AI INC 99 E. MAIN STREET COLUMBUS, OH 43215	CONTACT: ZARA IVANOVA ZARA.IVANOVA@OLIVEAI.COM	TRADE				$26,000.00
18	MEG HEALTH CARE, INC 12900 PRESTON RD., STE. 525 DALLAS, TX 75230	CONTACT: MELISSA GREEN MELISSA@MEGHEALTHCARE.COM	TRADE				$25,455.78
19	ALPHA II LLC 2074 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	CONTACT: BRYNN TONN PHONE: 850-402-3472 BRYNN.TONN@ALPHAII.COM	TRADE				$22,275.00
20	GUADALUPE STREET RETAIL TGPXI, LLC 1055 EAST COLORADO BOULEVARD SUITE 500 PASADENA, CA 91106	CONTACT: MICHAEL ALLEN PHONE: 512-222-5249 MICHAEL@DMAXMGMT.COM	TRADE				$20,409.23