

Fill in this information to identify the case:

Debtor Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number 24-10279
(if known)☒ 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*

NOT APPLICABLE

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

\$3,310,497.39

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

\$3,310,497.39

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*

\$350,000.00

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

NOT APPLICABLE

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

+

\$11,769,643.95

4. **Total liabilities**

Lines 2 + 3a + 3b

\$12,119,643.95

Fill in this information to identify the case:

Debtor Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 24-10279☒ 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. CHASE BANK

CHECKING

1168

\$135,875.64

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.

\$135,875.64

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

(Name)

Current value of
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

9 Total of Part 2.

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

NOT APPLICABLE

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**

OVER 90 DAYS	\$1,165,184.00	-	\$0.00	=	➔	\$1,165,184.00
	face amount		doubtful or uncollectable accounts			

12 Total of Part 3.

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

\$1,165,184.00

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 valueCurrent 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. DOC CORPORATE GROUP LLC	100%	N/A	UNDETERMINED
15.2. DOC LLC	100%	N/A	UNDETERMINED
ADDITION			
15.3. INTEGRATED CARE TECHNOLOGIES, LLC	50%	N/A	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.

(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
19. RAW MATERIALS				
20. WORK IN PROGRESS				
21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE				
22. OTHER INVENTORY OR SUPPLIES				
23 Total of Part 5. ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				NOT APPLICABLE
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Book value _____ Valuation method _____ Current value _____				
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 <i>EXAMPLES:</i> 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			
40. OFFICE FIXTURES			
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
42. COLLECTIBLES <i>EXAMPLES:</i> 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			
43. Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			NOT APPLICABLE
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> 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			
48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES <i>EXAMPLES:</i> 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.			NOT APPLICABLE

(Name)

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: REAL PROPERTY**54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?**

- ☒ No. Go to Part 10.
☐ 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

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.

NOT APPLICABLE

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY**59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?**

- ☒ No. Go to Part 11.
☐ 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

60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS**61. INTERNET DOMAIN NAMES AND WEBSITES****62. LICENSES, FRANCHISES, AND ROYALTIES****63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS****64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY****65. GOODWILL****66 Total of Part 10.**

ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.

NOT APPLICABLE

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

(Name)

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ 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.

☐ No. Go to Part 12.

☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. NOTES RECEIVABLE

DESCRIPTION (INCLUDE NAME OF OBLIGOR)

ARISE PROMISSORY NOTE	\$592,385.00	-	\$592,385.00	=	\$0.00
	total face amount		doubtful or uncollectable accounts		

72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

NONE

73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES

NONE

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

ADDITION

74.1.	MSC HOLDINGS, LLC D/B/A/ SYNDEOCARE	UNDETERMINED
Nature of claim	OFFSETS AND COUNTER-CLAIMS.	
Amount requested	\$200,000.00	

ADDITION

74.2.	PSG MID-CITIES MEDICAL CENTER, LLC	\$1,200,000.00
Nature of claim	BREACH OF CONTRACT. BANKRUTPCY PROOF OF CLAIM FILED.	
Amount requested	\$1,200,000.00	

ADDITION

74.3.	SURGICAL HOSPITAL OF OKLAHOMA, LLC	\$100,000.00
Nature of claim	BREACH OF CONTRACT. TENTATIVE SETTLEMENT VALUE.	
Amount requested	\$2,500,000.00	

ADDITION

74.4.	WESTLAKE SURGICAL, L.P.	\$709,437.75
Nature of claim	BREACH OF CONTRACT. BANKRUTPCY PROOF OF CLAIM FILED.	
Amount requested	\$709,437.75	

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

(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

NONE

78 **Total of Part 11.**
ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

\$2,009,437.75

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>	\$135,875.64	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>		
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,165,184.00	
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>		
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>		
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>		
88. Real property. <i>Copy line 56, Part 9.</i> →		N/A
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>		
90. All other assets. <i>Copy line 78, Part 11.</i>	+	\$2,009,437.75
91. Total. Add lines 80 through 90 for each column. 91a.	\$3,310,497.39	+ 91b. N/A
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$3,310,497.39

Fill in this information to identify the case:

Debtor Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 24-10279☒ 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.**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

Do any creditors have nonpriority unsecured claims? (See 11 U.S.C. § 507).

☐ No.☒ Yes.

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

AUSTIN LLC
4027 W. QUAIL HILL CT.
BOISE, ID 83703

Date or dates debt was incurred

Last 4 digits of account number:

As of the petition filing date, the claim is:

\$9,806.96

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

CONVERTIBLE NOTE

Is the claim subject to offset?

- ☒ No
☐ Yes

AMENDED

3.2 Nonpriority creditor's name and mailing address

BLAKE LYMAN
ADDRESS REDACTED

Date or dates debt was incurred

Last 4 digits of account number:

As of the petition filing date, the claim is:

\$224,853.10

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NOTE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Amount of claim

3.3	Nonpriority creditor's name and mailing address BLAKE LYMAN ADDRESS REDACTED Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,750.00
AMENDED			
3.4	Nonpriority creditor's name and mailing address BRANDI JONES ADDRESS REDACTED Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,191.96
3.5	Nonpriority creditor's name and mailing address BRANDI JONES ADDRESS REDACTED Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,750.00
AMENDED			
3.6	Nonpriority creditor's name and mailing address BRYAN A FORD 2329 TREADWELL ST LIVERMORE, CA 94550 Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211,105.83
3.7	Nonpriority creditor's name and mailing address COLIN CHENAULT ADDRESS REDACTED Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103,020.48

Part 2:

Additional Page

			Amount of claim
3.8	Nonpriority creditor's name and mailing address DAN MELVIN 2477 E. GLOUCESTER STREET BOISE, ID 83706 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103,020.48
AMENDED			
3.9	Nonpriority creditor's name and mailing address DARRYL THOMAS ADDRESS REDACTED Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,191.96
AMENDED			
3.10	Nonpriority creditor's name and mailing address DAVID HASSINGER ADDRESS REDACTED Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,586,670.04
3.11	Nonpriority creditor's name and mailing address DAVID HASSINGER ADDRESS REDACTED Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,013,184.20
3.12	Nonpriority creditor's name and mailing address DAVID HASSINGER ADDRESS REDACTED Date or dates debt was incurred 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: WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,804.02

Part 2:

Additional Page

Amount of claim

AMENDED

3.13	Nonpriority creditor's name and mailing address DEAN KENNEDY C/O DENTONS US LLP ATT: BARRY F. CANNADAY 2000 MCKINNEY AVENUE, SUITE 1900 DALLAS, TX 75201-1358 Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211,105.83
3.14	Nonpriority creditor's name and mailing address HALLETT & PERRIN, P.C. 1445 ROSS AVENUE SUITE 2400 DALLAS, TX 75202 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,048.00
3.15	Nonpriority creditor's name and mailing address HOWARD & CAROLEE WHITE 431 BURGESS DR 200 MENLO PARK, CA 94025 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,922.70
AMENDED			
3.16	Nonpriority creditor's name and mailing address JAMES P GRIFFIN ADDRESS REDACTED Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$658,258.12
3.17	Nonpriority creditor's name and mailing address JAMES P GRIFFIN ADDRESS REDACTED Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585,918.45

Part 2:

Additional Page

			Amount of claim
3.18	Nonpriority creditor's name and mailing address JOHN HINE 1147 SANTA MARIA DR BOISE, ID 83712 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,250.00
3.19	Nonpriority creditor's name and mailing address KALIDY, LLC 14205 NORTH BROADWAY EXTENSION EDMOND, OK 73013 Date or dates debt was incurred 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
AMENDED			
3.20	Nonpriority creditor's name and mailing address KIRE 3300 DALLAS PKWY SUITE 200 PLANO, TX 75093 Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,209,073.40
3.21	Nonpriority creditor's name and mailing address MARK & CANDACE URNESS 2224 N RAM AVE BOISE, ID 83616 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,133.68
3.22	Nonpriority creditor's name and mailing address MEDIVEST LLC 200 E SPRING VALLEY RD RICHARDSON, TX 75081 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,262.50

Part 2:

Additional Page

Amount of claim

AMENDED

3.23 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$516,173.52
MERRITT A PEMBER
ADDRESS REDACTED
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Date or dates debt was incurred
Basis for the claim:
NOTE PAYABLE
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

3.24 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$58,680.90
MERRITT A PEMBER
ADDRESS REDACTED
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Date or dates debt was incurred
Basis for the claim:
CONVERTIBLE NOTE
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

AMENDED

3.25 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$74,469.18
MICHAEL C MCELHANEY
ADDRESS REDACTED
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Date or dates debt was incurred
Basis for the claim:
NOTE PAYABLE
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

3.26 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN
MSC HOLDINGS, LLC D/B/A SYNDEOCARE
8040 EXCELSIOR DRIVE, SUITE 300
MADISON, WI 53717
Check all that apply.
☒ Contingent
☒ Unliquidated
☒ Disputed
Date or dates debt was incurred
Basis for the claim:
LITIGATION
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

AMENDED

3.27 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$140,737.22
NANCY M HASSINGER
151 SILVER CIRCLE
BRECKENRIDGE, CO 80424
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
Date or dates debt was incurred
Basis for the claim:
NOTE PAYABLE
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

Part 2:

Additional Page

Amount of claim

3.28	Nonpriority creditor's name and mailing address PIONEER HEALTH HOLDING LLC 4113 EMERSON AVENUE UNIT 4 DALLAS, TX 75205 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROMISSORY NOTE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$203,037.68
AMENDED			
3.29	Nonpriority creditor's name and mailing address RED TRACTOR LLC 6590 W NORWOOD DR BOISE, ID 83704 Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,767.84
AMENDED			
3.30	Nonpriority creditor's name and mailing address ROMAN SCHWARTSMAN 6590 W. NORWOOD DRIVE BOISE, ID 83704 Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148,086.57
3.31	Nonpriority creditor's name and mailing address RS TRUST 6590 W. NORWOOD DRIVE BOISE, ID 83704 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134,375.00
AMENDED			
3.32	Nonpriority creditor's name and mailing address SEAN HASSINGER ADDRESS REDACTED Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,081,830.92

Part 2:

Additional Page

			Amount of claim
3.33	Nonpriority creditor's name and mailing address SEAN HASSINGER ADDRESS REDACTED Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$628,712.68
3.34	Nonpriority creditor's name and mailing address TAURUS COMMERCIAL 12200 FORD ROAD SUITE 492 DALLAS, TX 75234 Date or dates debt was incurred 5/26/2022 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,844.90
3.35	Nonpriority creditor's name and mailing address TOM LARK 10096 W. FAIRVIEW AVE, SUITE 160 BOISE, ID 83704 Date or dates debt was incurred 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: CONVERTIBLE NOTE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,500.00
AMENDED			
3.36	Nonpriority creditor's name and mailing address WILLIAM STAPLETON C/O DENTONS US LLP ATT: BARRY F. CANNADAY 2000 MCKINNEY AVENUE, SUITE 1900 DALLAS, TX 75201-1358 Date or dates debt was incurred 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: NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211,105.83

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.	NOT APPLICABLE
5b. Total claims from Part 2	5b. +	\$11,769,643.95
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$11,769,643.95

Fill in this information to identify the case:Debtor Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number 24-10279
(if known)☒ 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****ADDITION**

2.1 **State what the contract or lease is for and the nature of the debtor's interest**

PURCHASE AGREEMENT FOR EMPLOYEE RETENTION TAX CREDIT. SCHEDULING OF THIS AGREEMENT ON SCHEDULE G IS NOT A CONCESSION THAT THE AGREEMENT IS IN FACT EXECUTORY.

State the term remaining

List the contract number of any government contract

1861 ACQUISITION LLC
C/O FIELD POINT SERVICING LLC
5 GREENWICH OFFICE PARK, STE 440
GREENWICH, CT 06831

ADDITION

2.2 **State what the contract or lease is for and the nature of the debtor's interest**

GUARANTEE OF LEASE AGREEMENT - 800 CRYSTAL FALLS PKWY, LEANDER, TX 78641

State the term remaining

List the contract number of any government contract

800 CRYSTAL FALLS LLC
C/O ROBERT LYNN MANAGEMENT COMPANY, LTD.
ATTN: STACEY BARR
4851 LBJ FREEWAY, 10TH FLOOR
DALLAS, TX 75244

ADDITION

2.3 **State what the contract or lease is for and the nature of the debtor's interest**

GUARANTEE OF LEASE AGREEMENT - 2218 NW 164TH STREET, EDMOND, OK 73013

State the term remaining

List the contract number of any government contract

KALIDY LLC
PATRICIA LEON
14205 NORTH BROADWAY EXTENSION
EDMOND, OK 73013

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

ADDITION

2.4

State what the contract or lease is for and the nature of the debtor's interest

GUARANTEE OF LEASE AGREEMENT -
3132 ALTAMESA BLVD, FORT WORTH,
TX 76133

REALTYNET TIC INVESTMENTS LLC
4636 BOX MEADOW CIRCLE
HERRIMAN, UT 84096

State the term remaining

List the contract number of any government contract

ADDITION

2.5

State what the contract or lease is for and the nature of the debtor's interest

GUARANTEE OF LEASE AGREEMENT -
9500 DALLAS PARKWAY, SUTIE 100,
FRISCO, TX 75034

TRIANGLE B PROPERTIES LLC
4851 LBJ FREEWAY
10TH FLOOR
DALLAS, TX 75244

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:Debtor Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number 24-10279
(if known)☒ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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	DOC CORPORATE GROUP LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	DAVID HASSINGER	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
AMENDED				
2.2	DOC LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	800 CRYSTAL FALLS LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3	DOC LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	DAVID HASSINGER	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
AMENDED				
2.4	DOC LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	KALIDY LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
AMENDED				
2.5	DOC LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	REALTYNET TIC INVESTMENTS LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
AMENDED				
2.6	DOC LLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	TRIANGLE B PROPERTIES LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.7	DOCTX3 PLLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	DAVID HASSINGER	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8	PAS SERVICES PLLC	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	DAVID HASSINGER	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number 24-10279
(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 05/15/2024
MM / DD / YYYY

✕

/s/ 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 Pioneer Health Systems LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 24-10279☒ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
FROM THE BEGINNING OF THE FISCAL YEAR TO FILING DATE: From 1/1/2024 To 2/21/2024	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$272,000.00
FOR PRIOR YEAR: From 1/1/2023 To 12/31/2023	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$1,472,000.00
FOR THE YEAR BEFORE THAT: From 1/1/2022 To 12/31/2022	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$7,195,528.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
FROM THE BEGINNING OF THE FISCAL YEAR TO FILING DATE: From 1/1/2023 To 12/31/2023	SALE OF ERTC REFUND	\$2,433,038.89

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/1/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
INTRALINKS INC. PO BOX 392134 PITTSBURGH, PA 15251	12/18/2023	\$3,502.76	VENDOR
	01/10/2024	\$3,502.75	VENDOR
	01/17/2024	\$541.26	VENDOR
	01/25/2024	\$3,449.35	VENDOR
TOTAL FOR INTRALINKS INC.		<u>\$10,996.12</u>	

(Name)

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
PCD BUILDING CORP.	01/31/2024	\$53,661.87	GC - CONSTRUCTION
ATTN: PAUL C. DOUGHERTY	01/31/2024	\$48,120.13	GC - CONSTRUCTION
1503 CHRISTY AVENUE	01/31/2024	\$25,420.00	GC - CONSTRUCTION
ORLANDO, FL 32803			
TOTAL FOR PCD BUILDING CORP.		\$127,202.00	

GRAND TOTAL: \$138,198.12**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/1/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
DAVID HASSINGER	03/01/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
3300 DALLAS PARKWAY	03/29/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
SUITE 200	05/01/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
PLANO, TX 75093	07/27/2023	\$80,583.26	ACCRUED BUT UNPAID INTEREST
Relationship to Debtor	07/27/2023	\$49,166.66	INDEPENDENT CONTRACTOR PAYMENT
CHIEF EXECUTIVE OFFICER	08/30/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
	10/04/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
	10/17/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
	11/17/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
	12/18/2023	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
	01/19/2024	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
	02/20/2024	\$24,583.33	INDEPENDENT CONTRACTOR PAYMENT
TOTAL FOR DAVID HASSINGER		\$375,583.22	

JIM GRIFFIN	07/27/2023	\$18,168.04	ACCRUED BUT UNPAID INTEREST
3300 DALLAS PARKWAY			
SUITE 200			
PLANO, TX 75093			
Relationship to Debtor			
PARTNER/FORMER CHIEF OPERATING			
OFFICER			

TOTAL FOR JIM GRIFFIN \$18,168.04

SEAN HASSINGER	03/01/2023	\$13,333.33	INDEPENDENT CONTRACTOR PAYMENT
3300 DALLAS PARKWAY	07/27/2023	\$32,828.29	ACCRUED BUT UNPAID INTEREST
SUITE 200			
PLANO, TX 75093			
Relationship to Debtor			
PARTNER/BROTHER OF DAVID			
HASSINGER			

TOTAL FOR SEAN HASSINGER \$46,161.62**GRAND TOTAL: \$439,912.88****5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

(Name)

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity-within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
KALIDY, LLC V. DOC, LLC AND PIONEER HEALTH SYSTEMS LLC Case number CJ 2023-6802	BREACH OF LEASE	STATE OF OKLAHOMA, OKLAHOMA COUNTY DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
MSC HOLDINGS, LLC D/B/A SYNDEOCARE V. PAS SERVICES PLLC, PIONEER HEALTH SYSTEMS, LLC AND DOC, LLC Case number A-23-868970-C	DISPUTE REGARDING PAYMENTS PURSUANT TO A SERIES OF RECEIVABLES FACTORING AGREEMENTS	STATE OF NEVADA, CLARK COUNTY DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
PIONEER HEALTH SYSTEMS LLC VS. REALTYNET TIC INVESTMENTS LLC Case number 3:23CV382	BREACH OF CONTRACT	ADDED UNITED STATES DISTRICT COURT, TEXAS NORTHERN	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PIONEER HEALTH SYSTEMS LLC VS. REALTYNET TIC INVESTMENTS LLC Case number 352-341143	BREACH OF CONTRACT	ADDED TEXAS DISTRICT & COUNTY COURT, TARRANT COUNTY DISTRICT	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PIONEER HEALTH SYSTEMS LLC VS. REALTYNET TIC INVESTMENTS LLC Case number 4:23CV184	BREACH OF CONTRACT	ADDED UNITED STATES DISTRICT COURT, TEXAS NORTHERN	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PIONEER HEALTH SYSTEMS, LLC VS. ARISE HEALTHCARE SYSTEMS, LLC, WESTLAKE SURGICAL L.P. Case number D-1-GN-23-000624	BREACH OF CONTRACT	ADDED TEXAS DISTRICT & COUNTY COURT, TRAVIS COUNTY	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PIONEER HEALTH SYSTEMS, LLC VS. BANK OF AMERICA CORPORATION Case number D-1-GN-23-007904	GARNISHMENT AGAINST ARISE HEALTHCARE	ADDED TEXAS DISTRICT & COUNTY COURT, TRAVIS COUNTY	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PIONEER HEALTH SYSTEMS, LLC VS. PLAINSCAPITAL BANK Case number D-1-GN-23-002883	GARNISHMENT AGAINST ARISE HEALTHCARE	ADDED TEXAS DISTRICT & COUNTY COURT, TRAVIS COUNTY	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

(Name)

Case title	Nature of case	Court or agency's name and address	Status of case
PIONEER HEALTH SYSTEMS, LLC VS. PSG MID-CITIES MEDICAL CENTER, LLC	ADDED		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number DC-22-03083	BREACH OF CONTRACT	TEXAS DISTRICT & COUNTY COURT, DALLAS DISTRICT	
PIONEER HEALTH SYSTEMS, LLC, VS. SURGICAL HOSPITAL OF OKLAHOMA, LLC.	ADDED		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 01-23-0002-8624	BREACH OF CONTRACT	AMERICAN ARBITRATION ASSOCIATION	
PIONEER HEALTH SYSTEMS, LLC, VS. SURGICAL HOSPITAL OF OKLAHOMA, LLC.	ADDED		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number CJ-2023-950	BREACH OF CONTRACT	OKLAHOMA DISTRICT COURT, OKLAHOMA COUNTY	

8. **Assignments and receivership**
List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions9. **List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
UKRAINE RELIEF LOWER DANUBE CENTER FOR CIVIC INITIATIVES 51-YI PEREKOPSKOI DYVIZII BUILDING 2, FLAT 4 IZMAIL, ODESKA 68609 UKRAINE	DONATION	5/13/2022	\$5,000.00
Recipient's relationship to debtor NONE			

Part 5: Certain Losses10. **All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None**Part 6: Certain Payments or Transfers**11. **Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or
DORSEY & WHITNEY LLC 167 HAMILTON AVENUE, SUITE 200 PALO ALTO, CA 94301		12/26/2023	\$100,000.00
Email or website address WWW.DORSEY.COM			

(Name)

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or
EPIQ CORPORATE RESTRUCTURING LLC 777 THIRD AVE 12TH FLOOR NEW YORK, NY 10017 Email or website address WWW.EPIQGLOBAL.COM Who made the payment, if not debtor? DORSEY & WHITNEY LLC		2/20/2024	\$25,000.00

12. Self-settled trusts of which the debtor is a beneficiary
List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.
☒ None

13. Transfers not already listed on this statement
List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs.
Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.
☒ None

Part 7: Previous Locations

14. Previous addresses
List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.
☐ Does not apply

Address	Dates of occupancy
5040 ADDISON CIRCLE, SUITE 400 ADDISON, TX 75001	From 2/19/19 To 12/23/23

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies
Is the debtor primarily engaged in offering services and facilities for :
— diagnosing or treating injury, deformity, or disease, or
— providing any surgical, psychiatric, drug treatment, or obstetric care?
☒ No. Go to Part 9.

Part 9: Personal Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?
☐ No.
☒ Yes. State the nature of the information collected and retained.

NAME, ADDRESS, EMAIL ADDRESS, PHONE NUMBER, DATE OF BIRTH, GENDER, SSN AND/OR DRIVERS LICENSE NUMBER, DATES OF SERVICES, HEALTH INSURANCE NUMBER, HEALTH CARE PROVIDER, CONTACT INFORMATION OF THEIR PERSONAL REP. (IF APPLICABLE).

Does the debtor have a privacy policy about that information?
☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?
☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

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(Name)

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No☐ Yes. Provide details below.**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Provide details below.**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None**Business name and address**

DOC CORPORATE GROUP LLC
3300 DALLAS PARKWAY
SUITE 200
PLANO, TX 75093

Describe the nature of the business

MANAGEMENT COMPANY

Employer identification number

Do not include Social Security number or ITIN.

81-1370970

Date business existed

From: 1/8/2016

To: PRESENT

(Name)

Business name and address DOC LLC 3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	Describe the nature of the business ORTHOPEDIC CLINICS	Employer identification number Do not include Social Security number or ITIN. 36-4830729 Date business existed From: 1/8/2016 To: PRESENT
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
VENTURITY FINANCIAL PARTNERS 14131 MIDWAY ROAD, SUITE 112 ADDISON, TX 75001	From JUNE 2016 To PRESENT

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
GROW RASMUSSEN LLP 12550 W EXPLORER DRIVE SUITE 200 BOISE, ID 83713-1890	From 2020 To PRESENT

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed .

☐ None

Name and address	If any books of account and records are unavailable, explain why
GROW RASMUSSEN LLP 12550 W EXPLORER DRIVE SUITE 200 BOISE, ID 83713-1890	
VENTURITY FINANCIAL PARTNERS 14131 MIDWAY ROAD, SUITE 112 ADDISON, TX 75001	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
PLAINS CAPITAL BANK 18111 PRESTON RD, STE 450 DALLAS, TX 75252

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ None

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

☐ None

Name	Address	Position and nature of any interest	% of interest, if any
DAVID HASSINGER	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF EXECUTIVE OFFICER, DIRECTOR	41.5%
SEAN HASSINGER	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	PARTNER	14.7%
JIM GRIFFIN	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	PARTNER/OFFICER	10.0%

(Name)

Name	Address	Position and nature of any interest	% of interest, if any
ROMAN SCHWARTSMAN (RS TRUST)	ADDRESS REDACTED	EQUITY HOLDER	5.9%
MICHAEL MANDERSON	ADDRESS REDACTED	EQUITY HOLDER	5.8%
MERRITT PEMBER	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF CLINICAL OFFICER	4.4%
COLIN CHENAULT	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	CHIEF FINANCIAL OFFICER	2.5%
CHANCE MCELHANEY	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	PARTNER/EMPLOYEE	2.5%
BRANNON FRANK	ADDRESS REDACTED	PIONEER DEBTHOLDER AND PRIOR EMPLOYEE	1.7%
DAN MELVIN	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	PARTNER/EMPLOYEE	1.5%
JOSHUA LYON	3300 DALLAS PARKWAY SUITE 200 PLANO, TX 75093	PARTNER/EMPLOYEE	0.5%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ None

30. Payments, distributions, or withdrawals credited or given to insiders
Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ None

SEE RESPONSE TO QUESTION 4

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☐ None

Name of the parent corporation	Employer identification number of the parent corporation.
PIONEER HEALTH SYSTEMS LLC	83-2334107

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ None

Part 14: Signature and Declaration

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on 05/15/2024.

X /s/ Colin Chenault	Colin Chenault
Signature of individual signing on behalf of the debtor	Printed Name
Chief Financial Officer	
Position or relationship to debtor	

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes