

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

United States Bankruptcy Court for the:

Southern District of Texas  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11 \_\_\_\_\_

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/25

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 the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Heights Healthcare of Texas, LLC

2. All other names debtor used in the last 8 years \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Include any assumed names, trade names, and *doing business* as names \_\_\_\_\_  
 \_\_\_\_\_

3. Debtor's federal Employer Identification Number (EIN) 9 3 - 3 7 4 0 1 1 8

4. Debtor's address

<p>Principal place of business</p> <p><u>9440 Poppy Drive</u></p> <p>Number Street</p> <hr/> <p><u>Dallas TX 75218</u></p> <p>City State ZIP Code</p> <hr/> <p><u>United States of America</u></p> <p>County</p>	<p>Mailing address, if different from principal place of business</p> <p><u>10601 Clarence Drive</u></p> <p>Number Street</p> <hr/> <p><u>Suite 250</u></p> <p>P.O. Box</p> <hr/> <p><u>Frisco TX 75033</u></p> <p>City State ZIP Code</p> <hr/> <p>Location of principal assets, if different from principal place of business</p> <p>_____</p> <p>Number Street</p> <hr/> <p>_____</p> <p>City State ZIP Code</p>
--	---

5. Debtor's website (URL) N/A

Debtor Heights Healthcare of Texas, LLC  
Name

Case number (if known) \_\_\_\_\_

**6. Type of debtor**

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: \_\_\_\_\_

**7. Describe debtor's business**

A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. *Check all that apply:*

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes> .

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- Chapter 7
- Chapter 9

Chapter 11. *Check all that apply:*

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

Debtor Heights Healthcare of Texas, LLC  
Name

Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No

Yes.

Debtor Platinum Heights, LP

Relationship Affiliate

District Southern District of Texas

When 02/06/2025

List all cases. If more than 1, attach a separate list.

Case number, if known 25-90012

MM / DD / YYYY

**11. Why is the case filed in this district?**

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

1-49

1,000-5,000

25,001-50,000

50-99

5,001-10,000

50,001-100,000

100-199

10,001-25,000

More than 100,000

200-999

Debtor Heights Healthcare of Texas, LLC  
Name

Case number (if known) \_\_\_\_\_

- 15. Estimated assets**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million             | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million           | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million          | <input type="checkbox"/> More than \$50 billion        |

- 16. Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million              | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million             | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million           | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement 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.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition 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 01/21/2026  
MM / DD / YYYY

**X** /s/ Mirza Baig

Signature of authorized representative of debtor

Mirza Baig

Printed name

Title Managing Member

**18. Signature of attorney**

**X** /s/ Omar Alaniz

Signature of attorney for debtor

Date 01/21/2026

MM / DD / YYYY

Omar Alaniz

Printed name

Reed Smith, LLP

Firm name

2850 N. Harwood St. Suite 1500

Number Street

Dallas

City

TX

State

75201

ZIP Code

(469) 680-4292

Contact phone

Oalaniz@reedsmith.com

Email address

24040402

Bar number

TX

State

**RESOLUTIONS OF  
HEIGHTS HEALTHCARE OF TEXAS, LLC**

**January 21, 2026**

The undersigned, being the only manager (the “**Manager**”) of HEIGHTS HEALTHCARE OF TEXAS, LLC, a Texas limited liability company (the “**Company**”), hereby signs this instrument (this “**Resolution**”), to evidence its consent to the resolutions set forth below.

**WHEREAS**, the Manager, in consultation with the Company’s professionals, believes that the filing of a petition in the United States Bankruptcy Court for the Southern District of Texas (the “**Bankruptcy Court**”) seeking relief under chapter 11 of title 11 of the United States Code (the “**Bankruptcy Code**”) is in the best interest of the Company and its stakeholders;

**RESOLUTIONS**

**NOW THEREFORE, BE IT RESOLVED**, that on this **21st** day of January, 2026, the Manager hereby authorizes the filing of a voluntary petition for relief under the Bankruptcy Code, such voluntary petition to be filed with petitions of related affiliates reflected in Schedule 1 (the “**Chapter 11 Cases**”) in the Bankruptcy Court; and

**RESOLVED**, that Dr. Mirza Baig, the CRO (defined below), and Rashid Syed (the “**Authorized Persons**”) are authorized to prosecute the Chapter 11 Cases, including, to negotiate or cause to be negotiated, to prepare or cause to be prepared, and to execute, verify, and file or cause to be executed, verified, or filed all documents necessary, including all affidavits, schedules, motions, lists, applications, pleadings, exhibits, disclosures, plans, agreements, instruments, and other papers, that the Company deems necessary, proper, or desirable in connection with the Chapter 11 Cases; and it is further

**RESOLVED**, that, the Company is hereby authorized, and the Authorized Persons shall be, and hereby are, authorized and directed on behalf of the Company, to seek to have these Chapter 11 Cases jointly administered by the Bankruptcy Court; and it is further

**RESOLVED**, that, the Authorized Persons shall be, and hereby are, authorized, directed, and empowered, with full power of delegation, on behalf of and in the name of the Company (including each subsidiary thereof), to take all actions necessary or appropriate for the Company to obtain post-petition financing (such transaction, the “**DIP Financing**”) from White Heights Medical Holdings, LLC (the “**DIP Lender**”), including under one or more debtor-in-possession credit facilities, and to effectuate the foregoing, to enter into such loan agreements, documents, notes, guaranties, security agreements, pledge agreements and all other documents, agreements or instruments (collectively, the “**DIP Credit Documents**”) as may be deemed necessary or appropriate by the Authorized Persons, in consultation with the Company’s Advisors (as defined below); and it is further

**RESOLVED**, that the granting by such Company of liens on and security interests in any or all of its assets to secure any obligations under the DIP Credit Documents and Additional DIP Credit Documents and the filing and recording of any UCC financing statements, fixture filings, intellectual property filings, or any other documents and the taking of any other actions necessary, advisable, desirable, or appropriate to perfect such security interests, are, authorized and approved, and the Authorized Persons shall be, and hereby are, authorized, directed, and empowered, with full power of delegation, on behalf of and in the name of the Company to execute and deliver any such other perfection documents or instruments, including continuation statements, and pay such fees, taxes, and expenses, as necessary; and it is further

**RESOLVED**, that, the Authorized Persons shall be, and hereby are, authorized, directed, and empowered, with full power of delegation, on behalf of and in the name of the Company, to take all actions necessary or appropriate for the Company to negotiate and execute a Restructuring Support Agreement (the “**RSA**”) with the DIP Lender, as may be deemed necessary or appropriate by any Authorized Person; and it is further

**RESOLVED**, that the Authorized Persons shall be, and hereby are, authorized, directed, and empowered, with full power of delegation, on behalf of and in the name of the Company, to employ and retain the law firm of Reed Smith LLP to act as attorneys in connection with these Chapter 11 Cases, HMP Advisory Holdings, LLC, dba Harney Partners to act as financial advisors in connection with these Chapter 11 Cases, and Epiq Corporate Restructuring, LLC to act as claims, noticing, and solicitation agent in connection with these Chapter 11 Cases and, in connection therewith, is hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed appropriate applications for authority to retain the services of Reed Smith LLP, Harney Partners, and Epiq Corporate Restructuring, LLC (collectively, the “**Advisors**”); and it is further

**RESOLVED**, that, the Authorized Persons shall be, and hereby are, authorized, directed, and empowered, with full power of delegation on behalf of and in the name of the Company, to employ and retain such further legal, restructuring, financial, accounting and bankruptcy services firms as may be deemed necessary or appropriate by any Authorized Person to assist the Company in carrying out their responsibilities in these Chapter 11 Cases, and, in connection therewith, are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed appropriate applications for authority to retain the services of any other professionals as necessary; and it is further

**RESOLVED**, that, the Authorized Persons, in consultation with the Advisors, shall be, and hereby are, authorized, directed, and empowered, with full power of delegation on behalf of and in the name of the Company, to take or cause to be taken any and all such further action and to execute and deliver or cause to be executed or delivered, and to amend, supplement or otherwise modify from time to time, all such further agreements, documents, certificates, statements, notices, undertakings and other writings, and to incur and to pay or direct payment of all such fees and expenses, as in the judgment of an Authorized Person shall be necessary, appropriate or advisable to effectuate the purpose and intent of any and all of the foregoing resolutions; and it is further

**RESOLVED**, that, any and all actions, whether previously or subsequently taken by the Authorized Persons or any other person authorized to act by the Authorized Persons or as otherwise

specified herein, that are consistent with the intent and purpose of the foregoing resolutions or in connection with any matters referred to herein, shall be, and the same hereby are, in all respects, ratified, approved and confirmed; and it is further

**RESOLVED**, that the Manager hereby appoints Erik White to the position of Chief Restructuring Officer (the “**CRO**”) of the Company; and it is further

**RESOLVED**, that the CRO will retain authority to execute his duties and responsibilities while the Company remains in chapter 11 or his authority is rescinded by further resolution; and it is further

**RESOLVED**, that the Manager hereby authorizes and directs the Company’s officers, employees, and advisors to cooperate fully with the CRO and to provide him with all information, access, and assistance that he may reasonably request or require in connection with his services; and it is further

**RESOLVED**, that these resolutions be filed in the book and records of the Company.

**MANAGER**

/s/ Mirza Baig  
Mirza Baig

Schedule 1

Affiliates filing the Chapter 11 Cases

- NCP Management, LLC
- White Rock Medical Center, LLC
- North Houston Surgical Hospital, LLC
- National Payroll Services LLC
- City Hospital Physician Group
- Heights Healthcare of Houston, LLC
- Ashland Healthcare, LLC

Fill in this information to Identify the case:

Debtor Name: Heights Healthcare of Texas, LLC

United States Bankruptcy Court for the: Southern District of Texas

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 30 Largest Unsecured Claims and Are Not Insiders**

12/15

A consolidated list of creditors holding the 30 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 30 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 REILS INC. 990 BISCAYNE BLVD OFFICE 501 MIAMI, FL 33132	CONTACT: FRANK KIMBALL PHONE: 305-990-0076 KIMBALL@REILS.COM	GAP FINANCING				\$17,000,000.00
2 DALLAS COUNTY HOSPITAL DISTRICT D/B/A PARKLAND HEALTH SYSTEM 5200 HARRY HINES BLVD. DALLAS, TX 75235	CONTACT: JAMES BLASINGAME PHONE: 214-590-4174 JAMES.BLASINGAME@PHHS. ORG	DELINQUENT PAYMENTS TO LPPF				\$12,736,870.41
3 STRATEGIC MANAGEMENT AND CAPITAL LLC 778 LIBERTY RD SUITE B FLOWOOD, MS 39232	CONTACT: TERRY THORNTON PHONE: 601-594-4392 TTHORNTON@STRATEGICSO LUTIONSCO.COM	PROMISSORY NOTE				\$5,000,000.00
4 INTERNAL REVENUE SERVICES CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101-7346	PHONE: 800-973-0424	TAX CLAIM	C,U,D			\$3,811,891.00
5 9330 POPPY DR LLC 4500 DORR ST. TOLEDO, OH 43615	CONTACT: CHERYL L SURGO PHONE: 214-810-4331 LAKEWOODPRIMARYCAREW ELLNESS@GMAIL.COM	REAL PROPERTY LEASE OBLIGATIONS				\$2,895,083.76
6 GMR EAST DALLAS LAND LLC 2 BETHESDA METRO CTR STE 440 BETHESDA, MD 20814		REAL PROPERTY LEASE OBLIGATIONS				\$2,695,968.80
7 ALTERA DIGITAL HEALTH INC PO BOX 735183 CHICAGO, IL 60673-5183	CONTACT: MIA AVENA MIA.AVENA@ALTERAHEALT H.COM	TRADE DEBT	Disputed			\$2,045,592.63

Debtor: White Rock Medical Center, 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 TEXAS HEALTH AND HUMAN SERVICES P.O. BOX 13247 AUSTIN, TX 78711-3247	PHONE: 512-424-6500 DHHS.MAILBOX@HHS.TEXAS.GOV	RECOUPMENT				\$2,009,513.54
9 ABBOTT LABORATORIES INC. 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064-6400	PHONE: 224-667-6100 ADCMALJO@ABBOTT.COM	TRADE DEBT				\$924,168.53
10 WRIGHT MEDICAL TECHNOLOGY 1023 CHERRY ROAD MEMPHIS, TN 38117	PHONE: 901-867-9971	TRADE DEBT				\$480,400.97
11 MCKESSON 6555 NORTH STATE HIGHWAY 161 IRVING, TX 75039-2402	PHONE: 972-446-4800 BOARDCHAIR@MCKESSON.COM	TRADE DEBT				\$436,974.75
12 Strategic Solutions, LLC	CONTACT: TERRY THORNTON PHONE: 601-594-4392 TTHORNTON@STRATEGICSOLUTIONSCO.COM	TRADE DEBT				\$388,206.04
13 CALIFORNIA HEALTHCARE INSURANCE CO, INC. 9229 SIERRA COLLEGE BOULEVARD ROSEVILLE, CA 95661	PHONE: 916-773-3992	LITIGATION	C,U,D			UNDETERMINED
14 CIGNA HEALTH AND LIFE INSURANCE COMPANY AND/OR AFFILIATED CIGNA ENTITIES 900 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	PHONE: 800-997-1654	LITIGATION / CLAIM	Disputed			UNDETERMINED
15 CONSTELLATION NEWENERGY, INC. 1310 POINT STREET BALTIMORE, MD 21231	PHONE: 844-636-3749 HOME@CONSTELLATION.COM	LITIGATION	C,U,D			UNDETERMINED
16 DALLAS COUNTY 411 ELM STREET, SUITE 300 DALLAS, TX 75202	CONTACT: FELICIA PITRE PHONE: 214-653-7949 FPITRE@DALLASCOUNTY.ORG	LITIGATION	C,U,D			UNDETERMINED
17 DEPARTMENT OF TREASURY U.S. DEPARTMENT OF THE TREASURY BUREAU OF THE FISCAL SERVICE PO BOX 830794 BIRMINGHAM, AL 35283-0794		LITIGATION	C,U,D			UNDETERMINED
18 DIRECT ENERGY BUSINESS, LLC 803 CARNEGIE CENTER PRINCETON, NJ 08540	CONTACT: JOYCE JONES PHONE: 888-925-9115 JOYCE.JONES@DIRECTENERGY.COM	LITIGATION	C,U,D			UNDETERMINED
19 FINTHRIVE REVENUE SYSTEMS, LLC 7950 LEGACY DRIVE, SUITE 900 PLANO, TX 75024	PHONE: 800-390-7459 NOTICES@FINTHRIVE.COM	LITIGATION	C,U,D			UNDETERMINED
20 FLORES, MARIA (INDIVIDUALLY AND AS NEXT FRIEND VF AND AS)	CONTACT: ROBERT PAINTER, GENERAL COUNSEL PHONE: 281-580-8800	LITIGATION	C,U,D			UNDETERMINED
21 HASWAH, MUIN C/O HANSEN & ASSOCIATES 1101-A N LITTLE SCHOOL RD ARLINGTON, TX 76017	CONTACT: JEFFREY E. HANSEN PHONE: 817-429-0956	LITIGATION	C,U,D			UNDETERMINED

Debtor: White Rock Medical Center, 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
22 HEALTHCARE NETWORK TEXAS INC. PO BOX 809088 ATTN TAX DEPT DALLAS, TX 75380-9088	WCNET@TDI.TEXAS.GOV	LITIGATION	C,U,D			UNDETERMINED
23 HHS FACILITIES MANAGEMENT LLC 12495 SILVER CREEK RD DRIPPING SPRINGS, TX 78620-5584	INFO@HSMANAGE.COM	LITIGATION	C,U,D			UNDETERMINED
24 NEWMAN & HASWAH	CONTACT: ADAM S. GREENFIELD, OF COUNSEL PHONE: 817-415-3529 ADAM.GREENFIELD@UWLA W.COM	LITIGATION	C,U,D			UNDETERMINED
25 ORTHOFIX MEDICAL INC (SUCCESSOR BY NAME CHANGE) 3451 PLANO PARKWAY LEWISVILLE, TX 75056	CONTACT: JULIE DEWEY PHONE: 214-937-2000 JULIEDEWEY@ORTHOFIX.CO M	LITIGATION	C,U,D			UNDETERMINED
26 SPRING SURGICAL HOSPITAL PARTNERS LLC 10857 KUYKENDAHL RD STE 200 THE WOODLANDS, TX 77382-2936	CONTACT: TOM PISULA PHONE: 888-826-3127	LITIGATION	C,U,D			UNDETERMINED
27 STAR MD OF ARLINGTON & STAR ED OF ARLINGTON 2201 LONG PRAIRIE RD, PMB 300 FLOWER MOUND, TX 75022	CONTACT: SRIKANTH JYOTHINAGARAM PHONE: 214-324-6100 INFO@STARMD.ORG	LITIGATION	C,U,D			UNDETERMINED
28 VALLEY MEDICAL STAFFING, INC. 1100 MORAGA WAY, SUITE 108 MORAGA, CA 94556	PHONE: 925-297-6200 TMORROW@VMSTAFFING.C OM	LITIGATION	C,U,D			UNDETERMINED
29 VILLAGE EMERGENCY ROOM LLC 2320 S SHEPHERD DR HOUSTON, TX 77019-7014	CONTACT: HORTENCIA LUNA PHONE: 832-978-6353 CCER3725@GMAIL.COM	LITIGATION	C,U,D			UNDETERMINED
30 XOBIOLOGIX LLC 609 CASTLE RIDGE RD STE 400 AUSTIN, TX 78746-5126	CONTACT: MAYA HILES PHONE: 512-351-9123 MAYA@XOBIOLOGIX.COM	LITIGATION	C,U,D			UNDETERMINED

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

Debtor Name Heights Healthcare of Texas, LLC  
 United States Bankruptcy Court for the: Southern District of Texas  
(State)  
 Case number (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 01/21/2026  
MM / DD / YYYY

**X** /s/ Mirza N. Baig  
Signature of individual signing on behalf of debtor

Mirza N. Baig  
Printed name

Managing Member  
Position or relationship to debtor