

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

United States Bankruptcy Court for the:

DISTRICT OF MARYLAND

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

Check if this an amended filing

Official Form 201

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

4/16

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). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Advanced Pain Surgery Center, 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) 26-4227836

|                     |  |   |
|---------------------|--|---|
| 4. Debtor's address | Principal place of business            | Mailing address, if different from principal place of business              |
|                     | <u>1050 Key Parkway</u>                |   |
|                     | <u>Suite 103</u>                       |   |
|                     | <u>Frederick, MD 21702</u>             |   |
|                     | Number, Street, City, State & ZIP Code | P.O. Box, Number, Street, City, State & ZIP Code                            |
|                     | <u>Frederick</u>                       | Location of principal assets, if different from principal place of business |
|                     | County                                 |   |
|                     |  | Number, Street, City, State & ZIP Code                                      |

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor Advanced Pain Surgery Center, LLC  
Name

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

**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 \$2,566,050 (amount subject to adjustment on 4/01/19 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).
- 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.

If more than 2 cases, attach a separate list.

|                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

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

- No
- Yes.

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

|          |   |                       |                     |
|----------|---|-----------------------|---------------------|
| Debtor   | <u>Advanced Pain Management Services, LLC</u> | Relationship          | <u>Affiliate</u>    |
| District | <u>Maryland, Greenbelt Division</u>           | When                  | <u>5/01/17</u>      |
|          |   | Case number, if known | <u>17-16047-TJC</u> |

Debtor **Advanced Pain Surgery Center, LLC**  
Name

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

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 to unsecured creditors.

14. **Estimated number of creditors**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

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 type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" 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 checked="" 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 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          |

Debtor Advanced Pain Surgery Center, LLC  
Name

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

**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 June 29, 2017  
MM / DD / YYYY

**/s/ Khalid Kahloon**  
 Signature of authorized representative of debtor  
 Title Chief Executive Officer

**Khalid Kahloon**  
 Printed name

**18. Signature of attorney**

**/s/ Gary R. Greenblatt**  
 Signature of attorney for debtor

Date June 29, 2017  
MM / DD / YYYY

**Gary R. Greenblatt**  
 Printed name

**Mehlman, Greenblatt & Hare, LLC**  
 Firm name

**723 South Charles Street**  
**Suite LL3**  
**Baltimore, MD 21230**  
 Number, Street, City, State & ZIP Code

Contact phone (410) 547-0300 Email address \_\_\_\_\_

**02870**  
 Bar number and State

**Fill in this information to identify the case:**Debtor name Advanced Pain Surgery Center, LLCUnited States Bankruptcy Court for the: DISTRICT OF MARYLAND

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

 Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

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

Executed on June 29, 2017X /s/ Khalid Kahloon

Signature of individual signing on behalf of debtor

Khalid Kahloon

Printed name

Chief Executive Officer

Position or relationship to debtor

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

|   |  |
|---|--|
| Debtor name                             | <b>Advanced Pain Surgery Center, LLC</b> |
| United States Bankruptcy Court for the: | <b>DISTRICT OF MARYLAND</b>              |
| Case number (if known):                 | _____                                    |

Check if this is an amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

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

| Name of creditor and complete mailing address, including zip code                           | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim                   |   |                 |
|---|--|---|--|-----------------------------------|---|-----------------|
|   |  |   |  | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 67 Services LLC<br>1050 Key Parkway,<br>Suite 103<br>Frederick, MD 21702                    |  |   |  |                                   |   | \$0.00          |
| Cigna<br>Overpayment<br>Recovery Unit<br>P.O. Box 188012<br>Chattanooga, TN<br>37422        |  |   |  |                                   |   | \$0.00          |
| City of Frederick<br>Department of<br>Finance<br>101 N. Court Street<br>Frederick, MD 21701 |  |   |  |                                   |   | \$0.00          |
| City of Gaithersburg<br>P.O. Box 10579<br>Rockville, MD 20849                               |  |   |  |                                   |   | \$0.00          |
| DHMH-OCSA<br>Division of Drug<br>Control<br>4201 Patterson<br>Avenue<br>Baltimore, MD 21215 |  |   |  |                                   |   | \$0.00          |
| Hall & Dettor, LLP<br>551 E. Genesse<br>Street<br>P.O. Box 423<br>Fayetteville, NY<br>13066 |  |   |  |                                   |   | \$0.00          |
| Internal Revenue<br>Service<br>P.O. Box 7346<br>Philadelphia, PA<br>19101-7346              |  |   |  |                                   |   | Unknown         |
| Montgomery County<br>P.O. Box 10549<br>Rockville, MD 20849                                  |  |   |  |                                   |   | Unknown         |

Debtor Advanced Pain Surgery Center, LLC  
Name \_\_\_\_\_

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 claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim                   |   |                 |
|---|--|---|--|-----------------------------------|---|-----------------|
|   |  |   |  | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| State of Maryland<br>Comptroller of<br>Maryland<br>Revenue<br>Administration<br>Division<br>110 Carroll Street<br>Annapolis, MD<br>21411-0001 |  |   |  |                                   |   | Unknown         |
| State of Maryland<br>Comptroller of<br>Treasury<br>Revenue<br>Administration<br>Division<br>P.O. Box 17251<br>Baltimore, MD 21297             |  |   |  |                                   |   | Unknown         |
| SunTrust Bank<br>Bankruptcy<br>Department<br>P.O. Box 85092<br>Richmond, VA<br>23286  |  | All assets of<br>debtor   |  | \$1,708,642.53                    | \$0.00                                      | \$1,708,642.53  |

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

Debtor name Advanced Pain Surgery Center, LLC

United States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (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. <b>Schedule A/B: Assets-Real and Personal Property</b> (Official Form 206A/B)    |    |                   |
| 1a. <b>Real property:</b><br>Copy line 88 from <i>Schedule A/B</i> .....            | \$ | <u>0.00</u>       |
| 1b. <b>Total personal property:</b><br>Copy line 91A from <i>Schedule A/B</i> ..... | \$ | <u>150,000.00</u> |
| 1c. <b>Total of all property:</b><br>Copy line 92 from <i>Schedule A/B</i> .....    | \$ | <u>150,000.00</u> |

**Part 2: Summary of Liabilities**

|  |     |                     |
|--|-----|---------------------|
| 2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)<br>Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> ..... | \$  | <u>1,708,642.53</u> |
| 3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)   |     |                     |
| 3a. <b>Total claim amounts of priority unsecured claims:</b><br>Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....  | \$  | <u>0.00</u>         |
| 3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b><br>Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....                                 | +\$ | <u>0.00</u>         |
| 4. <b>Total liabilities</b> .....<br>Lines 2 + 3a + 3b   | \$  | <u>1,708,642.53</u> |





Debtor Advanced Pain Surgery Center, LLC  
Name

Case number (If known) \_\_\_\_\_

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$96,000.00****Part 4: Investments**13. **Does the debtor own any investments?**

- No. Go to Part 5.  
 Yes Fill in the information below.

**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.

**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)?**

- No. Go to Part 7.  
 Yes Fill in the information below.

**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.

**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.

**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.

**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.

**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**

Debtor Advanced Pain Surgery Center, LLC  
Name

Case number (If known) \_\_\_\_\_

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**  
**Proselect Insurance Company: healthcare entity professional liability, healthcare provider professional liability, sexual misconduct legal expense reimbursement and regulatory liability and information security and privacy coverage** Unknown

**Hartford Casualty Insurance Company: property, general liability and umbrella coverage** Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.** \$0.00  
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**  
 No  
 Yes

Debtor **Advanced Pain Surgery Center, LLC**  
Name

Case number (if known)

**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. <b>Cash, cash equivalents, and financial assets.</b><br><i>Copy line 5, Part 1</i>                  | <b>\$54,000.00</b>                 |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>  | <b>\$0.00</b>                      |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>  | <b>\$96,000.00</b>                 |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>  | <b>\$0.00</b>                      |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>  | <b>\$0.00</b>                      |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | <b>\$0.00</b>                      |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | <b>\$0.00</b>                      |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | <b>\$0.00</b>                      |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>  |                                    | <b>\$0.00</b>                  |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | <b>\$0.00</b>                      |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>  | <b>\$0.00</b>                      |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column   | <b>\$150,000.00</b>                | <b>\$0.00</b>                  |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                                  |                                    | <b>\$150,000.00</b>            |

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

Debtor name Advanced Pain Surgery Center, LLC

United States Bankruptcy Court for the: DISTRICT OF MARYLAND

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

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

|  |  | Column A                               | Column B                                     |
|--|--|--|--|
|  |  | Amount of claim                        | Value of collateral that supports this claim |
|  |  | Do not deduct the value of collateral. |  |
| <p>2.1 <b>SunTrust Bank</b></p> <p><small>Creditor's Name</small></p> <p><b>Bankruptcy Department</b></p> <p><b>P.O. Box 85092</b></p> <p><b>Richmond, VA 23286</b></p> <p><small>Creditor's mailing address</small></p><br><p><small>Creditor's email address, if known</small></p><br><p><b>Date debt was incurred</b></p><br><p><b>Last 4 digits of account number</b></p><br><p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> | <p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>All assets of debtor</b></p><br><p><b>Describe the lien</b></p> <p><b>Consensual blanket lien</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p><br><p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> | <p><b>\$1,708,642.53</b></p>           | <p><b>\$0.00</b></p>                         |

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,708,642.53**  
**3**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address   | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|--|---|---|
| <p><b>Jordan M. Spivok, Esquire</b></p> <p><b>Portas, Spivok &amp; Collins, LLC</b></p> <p><b>4330 East West Highway, Suite 900</b></p> <p><b>Bethesda, MD 20814</b></p> | <p>Line <u>2.1</u></p>                                      |   |

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

Debtor name Advanced Pain Surgery Center, LLC

United States Bankruptcy Court for the: DISTRICT OF MARYLAND

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

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.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|     |  | Total claim   | Priority amount |
|-----|--|---|-----------------|
| 2.1 | Priority creditor's name and mailing address<br><b>City of Frederick</b><br><b>Department of Finance</b><br><b>101 N. Court Street</b><br><b>Frederick, MD 21701</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i>                                     | <b>Unknown</b>  |
|     |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$0.00</b>   |
|     | Date or dates debt was incurred  | Basis for the claim:  |                 |
|     | Last 4 digits of account number  | Is the claim subject to offset?   |                 |
|     | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                 |
| 2.2 | Priority creditor's name and mailing address<br><b>City of Gaithersburg</b><br><b>P.O. Box 10579</b><br><b>Rockville, MD 20849</b>                                   | As of the petition filing date, the claim is:<br><i>Check all that apply.</i>                                     | <b>Unknown</b>  |
|     |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$0.00</b>   |
|     | Date or dates debt was incurred  | Basis for the claim:  |                 |
|     | Last 4 digits of account number  | Is the claim subject to offset?   |                 |
|     | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                 |

Debtor **Advanced Pain Surgery Center, LLC** Case number (if known) \_\_\_\_\_  
Name

2.3 Priority creditor's name and mailing address **Internal Revenue Service** As of the petition filing date, the claim is: **Unknown** **Unknown**  
**P.O. Box 7346** *Check all that apply.*  
**Philadelphia, PA 19101-7346**  Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred \_\_\_\_\_ Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  
 Specify Code subsection of PRIORITY  No  
 unsecured claim: 11 U.S.C. § 507(a) (8)  Yes

2.4 Priority creditor's name and mailing address **Montgomery County** As of the petition filing date, the claim is: **Unknown** **Unknown**  
**P.O. Box 10549** *Check all that apply.*  
**Rockville, MD 20849**  Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred \_\_\_\_\_ Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  
 Specify Code subsection of PRIORITY  No  
 unsecured claim: 11 U.S.C. § 507(a) (8)  Yes

2.5 Priority creditor's name and mailing address **State of Maryland** As of the petition filing date, the claim is: **Unknown** **Unknown**  
**Comptroller of Maryland** *Check all that apply.*  
**Revenue Administration Division**  Contingent  
**110 Carroll Street**  Unliquidated  
**Annapolis, MD 21411-0001**  Disputed

Date or dates debt was incurred \_\_\_\_\_ Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  
 Specify Code subsection of PRIORITY  No  
 unsecured claim: 11 U.S.C. § 507(a) (8)  Yes

2.6 Priority creditor's name and mailing address **State of Maryland** As of the petition filing date, the claim is: **Unknown** **Unknown**  
**Comptroller of Treasury** *Check all that apply.*  
**Revenue Administration Division**  Contingent  
**P.O. Box 17251**  Unliquidated  
**Baltimore, MD 21297**  Disputed

Date or dates debt was incurred \_\_\_\_\_ Basis for the claim: \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  
 Specify Code subsection of PRIORITY  No  
 unsecured claim: 11 U.S.C. § 507(a) (8)  Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

Debtor **Advanced Pain Surgery Center, LLC** Case number (if known) \_\_\_\_\_  
Name

|     |  |   |                |
|-----|--|---|----------------|
| 3.1 | <b>Nonpriority creditor's name and mailing address</b><br><b>67 Services LLC</b><br><b>1050 Key Parkway, Suite 103</b><br><b>Frederick, MD 21702</b><br><br>Date(s) debt was incurred __<br>Last 4 digits of account number __ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> __<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
|-----|--|---|----------------|

|     |  |   |                |
|-----|--|---|----------------|
| 3.2 | <b>Nonpriority creditor's name and mailing address</b><br><b>Cigna</b><br><b>Overpayment Recovery Unit</b><br><b>P.O. Box 188012</b><br><b>Chattanooga, TN 37422</b><br><br>Date(s) debt was incurred __<br>Last 4 digits of account number __ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> __<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
|-----|--|---|----------------|

|     |   |   |                |
|-----|---|---|----------------|
| 3.3 | <b>Nonpriority creditor's name and mailing address</b><br><b>DHMH-OCSA</b><br><b>Division of Drug Control</b><br><b>4201 Patterson Avenue</b><br><b>Baltimore, MD 21215</b><br><br>Date(s) debt was incurred __<br>Last 4 digits of account number __ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> __<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
|-----|---|---|----------------|

|     |   |   |                |
|-----|---|---|----------------|
| 3.4 | <b>Nonpriority creditor's name and mailing address</b><br><b>Hall &amp; Dettor, LLP</b><br><b>551 E. Genesee Street</b><br><b>P.O. Box 423</b><br><b>Fayetteville, NY 13066</b><br><br>Date(s) debt was incurred __<br>Last 4 digits of account number __ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> __<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>Unknown</b> |
|-----|---|---|----------------|

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--------------------------|---|---|
|                          |   |   |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

|  |     |                               |             |
|--|-----|-------------------------------|-------------|
|  |     | <b>Total of claim amounts</b> |             |
| 5a. Total claims from Part 1                                     | 5a. | \$                            | <b>0.00</b> |
| 5b. Total claims from Part 2                                     | 5b. | + \$                          | <b>0.00</b> |
| 5c. Total of Parts 1 and 2<br><small>Lines 5a + 5b = 5c.</small> | 5c. | \$                            | <b>0.00</b> |



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

Debtor name Advanced Pain Surgery Center, LLC

United States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (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, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

No. Check this box and file this form 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 contacts of 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**

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

State the term remaining **2 years**

List the contract number of any government contract \_\_\_\_\_

**Parkway Key, LLC  
 7420 Hayward Road  
 Frederick, MD 21702**

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

Debtor name Advanced Pain Surgery Center, LLC

United States Bankruptcy Court for the: DISTRICT OF MARYLAND

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

Check if this is an amended filing

**Official Form 206H  
Schedule H: Your 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. Do you 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 <b>Advanced Anesthesiology Associates LLC</b> | <b>1050 Key Parkway, Suite 103<br/>Frederick, MD 21702</b> | <b>SunTrust Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.2 <b>Advanced Pain Management Services, LLC</b> | <b>1050 Key Parkway, Suite 103<br/>Frederick, MD 21702</b> | <b>SunTrust Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.3 <b>Advanced Spine Surgery Center LLC</b>      | <b>1050 Key Parkway, Suite 103<br/>Frederick, MD 21702</b> | <b>SunTrust Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.4 <b>American Spine Center, LLC</b>             | <b>1050 Key Parkway, Suite 103<br/>Frederick, MD 21702</b> | <b>SunTrust Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.5 <b>Atif Malik, MD</b>                         | <b>22913 Davis Mills Road<br/>Germantown, MD 20876</b>     | <b>SunTrust Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |

Debtor Advanced Pain Surgery Center, LLC

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

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

|     |                             |   |               |  |
|-----|-----------------------------|---|---------------|--|
| 2.6 | Estate of Sandeep Sherlekar | 14005 Steed Court<br>Germantown, MD 20874 | SunTrust Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|-----------------------------|---|---------------|--|

|     |                                    |  |               |  |
|-----|------------------------------------|--|---------------|--|
| 2.7 | Seneca Meadows Surgery Center, LLC | 1050 Key Parkway, Suite 103<br>Frederick, MD 21702 | SunTrust Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|------------------------------------|--|---------------|--|

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

Debtor name Advanced Pain Surgery Center, LLC  
 United States Bankruptcy Court for the: DISTRICT OF MARYLAND  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

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 1/01/2017 to **Filing Date**

Operating a business  
 Other \_\_\_\_\_

\$279,465.00

**For prior year:**  
From 1/01/2016 to 12/31/2016

Operating a business  
 Other \_\_\_\_\_

\$831,352.00

**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)

**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 \$6,425. (This amount may be adjusted on 4/01/19 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 of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Advanced Pain Surgery Center, LLC**

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

| Creditor's Name and Address | Dates          | Total amount of value | Reasons for payment or transfer<br><i>Check all that apply</i>   |
|-----------------------------|----------------|-----------------------|--|
| 3.1. <b>Various</b>         | <b>Various</b> | <b>Unknown</b>        | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input checked="" type="checkbox"/> Other <b>The debtor is investigating these transfers to determine the payments made to creditors within 90 days</b> |

**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 \$6,425. (This amount may be adjusted on 4/01/19 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.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

**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

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

**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

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

**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<br>Case number  | Nature of case   | Court or agency's name and address              | Status of case  |
|--|--|---|---|
| 7.1. <b>United States v. Sherlekar, et al.<br/>13-CD-00324-MJG</b> | <b>Criminal - although case is not against this debtor but against members and former officers</b> | <b>US District Court for the District of MD</b> | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

**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.

Debtor **Advanced Pain Surgery Center, LLC**

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

None

**Part 4: Certain Gifts and Charitable Contributions**

9. 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 |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss<br><small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.<br/><br/>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small> | Dates of loss | Value of property lost |
|--|--|---------------|------------------------|
|--|--|---------------|------------------------|

**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?<br>Address  | If not money, describe any property transferred | Dates   | Total amount or value |
|--|---|---------|-----------------------|
| 11.1. Mehlman, Greenblatt & Hare, LLC<br>723 South Charles Street,<br>Suite LL3<br>Baltimore, MD 21230 |   | 6/26/17 | \$4,452.50            |

Email or website address \_\_\_\_\_

Who made the payment, if not debtor? \_\_\_\_\_

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.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

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.

Debtor **Advanced Pain Surgery Center, LLC**

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

None.

| Who received transfer?<br>Address | Description of property transferred or<br>payments received or debts paid in exchange | Date transfer<br>was made | Total amount or<br>value |
|-----------------------------------|---|---------------------------|--------------------------|
|-----------------------------------|---|---------------------------|--------------------------|

**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<br>From-To |
|---------|-------------------------------|
|---------|-------------------------------|

**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.  
 Yes. Fill in the information below.

| Facility name and address   | Nature of the business operation, including type of services<br>the debtor provides  | If debtor provides meals<br>and housing, number of<br>patients in debtor's care  |
|---|--|--|
| 15.1. <b>Advanced Pain Surgery<br/>Center, LLC<br/>1050 Key Parkway<br/>Suite 103<br/>Frederick, MD 21702</b> | <b>Surgery and treatment for injuries</b>  |  |
|   | <b>Location where patient records are maintained</b> (if different from<br>facility address). If electronic, identify any service provider.<br><b>Office</b> | <b>How are records kept?</b><br><i>Check all that apply:</i><br><input checked="" type="checkbox"/> Electronically<br><input type="checkbox"/> Paper |

**Part 9: Personally 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.

**Protected health information**

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**

**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,

Debtor **Advanced Pain Surgery Center, LLC**

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

cooperatives, associations, and other financial institutions.

None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

**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

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|---|-----------------------------|-----------------------|
|---|---|-----------------------------|-----------------------|

**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

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

**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 Environment 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.

| Case title<br>Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|----------------------------------|--------------------|----------------|
|---------------------------|----------------------------------|--------------------|----------------|

**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.



Debtor **Advanced Pain Surgery Center, LLC**

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

|                       |                                    |                             |                |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

|                       |                                    |                             |                |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|

**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 address | Describe the nature of the business | Employer Identification number<br><small>Do not include Social Security number or ITIN.</small> |
|                       |                                     | Dates business existed  |

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  | Date of service<br>From-To |
|---|----------------------------|
| 26a.1. <b>Ann Komoroski</b><br><b>1050 Key Parkway, Suite 103</b><br><b>Frederick, MD 21702</b> |                            |
| 26a.2. <b>Joana Gomes</b><br><b>1050 Key Parkway, Suite 103</b><br><b>Frederick, MD 21702</b>   |                            |

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  | Date of service<br>From-To |
|---|----------------------------|
| 26b.1. <b>Hall &amp; Dettor, LLP</b><br><b>551 E. Genessee Street</b><br><b>P.O. Box 423</b><br><b>Fayetteville, NY 13066</b> |                            |

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 |
|---|--|
| 26c.1. <b>Hall &amp; Dettor, LLP</b><br><b>551 E. Genessee Street</b><br><b>P.O. Box 423</b><br><b>Fayetteville, NY 13066</b> |  |

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.

Debtor **Advanced Pain Surgery Center, LLC**

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

None

Name and address \_\_\_\_\_

**27. Inventories**

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

No

Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
|---|-------------------|--|

**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.**

| Name                        | Address   | Position and nature of any interest | % of interest, if any |
|-----------------------------|---|-------------------------------------|-----------------------|
| Atif Malik                  | 22913 Davis Mills Road<br>Germantown, MD 20876        | Managing Member                     | 50%                   |
| Khalid Kahloon              | 600 W. Main Street, Suite 500<br>Louisville, KY 40202 | CEO                                 |                       |
| Estate of Sandeep Sherlekar | 14005 Steed Court<br>Germantown, MD 20874             | Economic interest only              | 50%                   |

**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?**

No

Yes. Identify below.

| Name              | Address                                   | Position and nature of any interest | Period during which position or interest was held |
|-------------------|---|-------------------------------------|---|
| Sandeep Sherlekar | 14005 Steed Court<br>Germantown, MD 20874 | Member until death                  | Until 9/30/16                                     |

**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?

No

Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

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

No

Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

Debtor **Advanced Pain Surgery Center, LLC**

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

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

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor **Advanced Pain Surgery Center, LLC**

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

**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 **June 29, 2017**

**/s/ Khalid Kahloon**  
Signature of individual signing on behalf of the debtor

**Khalid Kahloon**  
Printed name

Position or relationship to debtor **Chief Executive Officer**

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

- No
- Yes

**United States Bankruptcy Court  
District of Maryland**

In re Advanced Pain Surgery Center, LLC

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder                                    | Security Class | Number of Securities | Kind of Interest                      |
|---|----------------|----------------------|---------------------------------------|
| <b>Atif Malik</b><br><b>22913 Davis Mills Road</b><br><b>Germantown, MD 20876</b>             |                |                      | <b>50% interest - managing member</b> |
| <b>Estate of Sandeep Sherlekar</b><br><b>14005 Steed Court</b><br><b>Germantown, MD 20874</b> |                |                      | <b>50% economic interest only</b>     |

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 29, 2017Signature /s/ Khalid Kahloon  
**Khalid Kahloon**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Maryland**

In re Advanced Pain Surgery Center, LLC

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: June 29, 2017

/s/ Khalid Kahloon

**Khalid Kahloon/Chief Executive Officer**

Signer/Title

67 Services LLC  
1050 Key Parkway, Suite 103  
Frederick, MD 21702

Advanced Anesthesiology Associates LLC  
1050 Key Parkway, Suite 103  
Frederick, MD 21702

Advanced Pain Management Services, LLC  
1050 Key Parkway, Suite 103  
Frederick, MD 21702

Advanced Spine Surgery Center LLC  
1050 Key Parkway, Suite 103  
Frederick, MD 21702

American Spine Center, LLC  
1050 Key Parkway, Suite 103  
Frederick, MD 21702

Atif Malik, MD  
22913 Davis Mills Road  
Germantown, MD 20876

Cigna  
Overpayment Recovery Unit  
P.O. Box 188012  
Chattanooga, TN 37422

City of Frederick  
Department of Finance  
101 N. Court Street  
Frederick, MD 21701

City of Gaithersburg  
P.O. Box 10579  
Rockville, MD 20849

DHMH-OCSA  
Division of Drug Control  
4201 Patterson Avenue  
Baltimore, MD 21215

Estate of Sandeep Sherlekar  
14005 Steed Court  
Germantown, MD 20874

Hall & Dettor, LLP  
551 E. Genessee Street  
P.O. Box 423  
Fayetteville, NY 13066

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Jordan M. Spivok, Esquire  
Portas, Spivok & Collins, LLC  
4330 East West Highway, Suite 900  
Bethesda, MD 20814

Montgomery County  
P.O. Box 10549  
Rockville, MD 20849

Parkway Key, LLC  
7420 Hayward Road  
Frederick, MD 21702

Seneca Meadows Surgery Center, LLC  
1050 Key Parkway, Suite 103  
Frederick, MD 21702



State of Maryland  
Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

State of Maryland  
Comptroller of Treasury  
Revenue Administration Division  
P.O. Box 17251  
Baltimore, MD 21297

SunTrust Bank  
Bankruptcy Department  
P.O. Box 85092  
Richmond, VA 23286

**United States Bankruptcy Court  
District of Maryland**

In re **Advanced Pain Surgery Center, LLC**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Advanced Pain Surgery Center, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

**June 29, 2017**

Date

**/s/ Gary R. Greenblatt**

**Gary R. Greenblatt 02870**

Signature of Attorney or Litigant

Counsel for **Advanced Pain Surgery Center, LLC**

**Mehlman, Greenblatt & Hare, LLC**

**723 South Charles Street**

**Suite LL3**

**Baltimore, MD 21230**

**(410) 547-0300 Fax:(410) 547-7474**