

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

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	<u>Clinical Pet of Ocala, LLC</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names	_____	
3. Debtor's federal Employer Identification Number (EIN)	<u>86-1093368</u>	
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>3143 SW 32nd Avenue, Suite 100</u> <u>Ocala, FL 34474</u> Number, Street, City, State & ZIP Code	_____
	<u>Marion</u> County	Location of principal assets, if different from principal place of business

		Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	<u>http://www.clinicalpet.com/</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor Clinical Pet of Ocala, 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	<u>Middle District of Florida</u>	When	<u>4/22/08</u>	Case number	<u>3:08-bk-02214-JAF</u>
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	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor Clinical Pet of Ocala, 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 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

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 Clinical Pet of Ocala, 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 December 22, 2016
MM / DD / YYYY

X /s/ S. Ali Karim
Signature of authorized representative of debtor

Title President

S. Ali Karim
Printed name

18. Signature of attorney

X /s/ Robert Altman
Signature of attorney for debtor

Date **December 22, 2016**
MM / DD / YYYY

Robert Altman
Printed name

Robert Altman, P.A.
Firm name

5256 Silver Lake Drive
Palatka, FL 32177
Number, Street, City, State & ZIP Code

Contact phone 3863254691 Email address robertaltman@bellsouth.net

0346861
Bar number and State

Fill in this information to identify the case:

Debtor name **Clinical Pet of Ocala, LLC**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**
 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 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
1st Manatee Bank 12215 US 301 North Parrish, FL 34219		all accounts, inventory, equipment, fixtures, et al		\$4,600,000.00	\$1,600,000.00	\$4,600,000.00
Accuray, Inc. 1310 Chesapeake terrace PO Box 182202 Sunnyvale, CA 94089			Contingent Unliquidated Disputed			\$187,094.04
Cardinal Health P.O. Box 70609 Chicago, IL 60673-0609		pharmacy services				\$1,776.63
Dana Plaza Condo Assn. Bosshardt Property Managemen 2102 SW 20th Place, Ste 402 Ocala, FL 34471			Contingent Unliquidated Disputed			\$6,000.00
DVI Financial Services, Inc. P.O. Box 264 Marshall, MN 56258			Contingent Unliquidated Disputed			\$40,000.00
IBA Molecular North America ATTN: Accounts Receivable P.O. Box 95000-2515 Philadelphia, PA 19195						\$16,000.00
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101		2 years of payroll taxes				\$270,000.00

Debtor **Clinical Pet of Ocala, 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 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
Law Offices of Matthew Birk 309 NE 1st St Gainesville, FL 32601		legal services				\$1,140.00
McKesson P.O. Box 660266 Dallas, TX 75266-0266		medical supplier				\$18,148.50
Mimvista Corp. Scranton Gillette Communicat 3030 W. Salt Creek Lane Suite 201 Arlington Heights, IL 60005						\$6,000.00
National Radiology Solutions NRAD 310 Hiwassee Rd. Townville, SC 29689						\$49,959.00
Pitney Bowes Global Financia P.O. Box 371896 Pittsburgh, PA 15250						\$2,600.00
Premier Medical Associates 2120 SW 55th St., Rd. Ocala, FL 34471			Contingent Unliquidated Disputed			\$55,000.00
Receivable Management Servic P.O. Box 361598 Columbus, OH 43236						\$1,014.15
Roetzel 222 S. Main St. Akron, OH 44308-1500		legal services				\$5,922.50
Ruby Nagpal 5771 Rutland Trace Lithonia, GA 30058						\$78,636.00
Sam's Club P.O. Box 4596 Carol Stream, IL 60197						\$5,000.00

Debtor **Clinical Pet of Ocala, 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 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
Sumter County Tax Collector Randy Mask, Tax Collector 2201 E. McCollum Ave. Bushnell, FL 33513		tangible property tax on equipment which used to be located in Sumter County, Florida				\$4,000.00
Warner Sechrest and Butts PA 5200 SW 91st Terrace Suite 101 Gainesville, FL 32608		legal services				\$3,008.50
X-Ray Repair and Sales, Inc. 4321 SE 31st Place Ocala, FL 34480		Judgment				\$86,528.23

**United States Bankruptcy Court
Middle District of Florida**

In re Clinical Pet of Ocala, 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
Atlantis Program Manager of Southeast, LLC 2113 Ruby Red Blvd., Suite E Clermont, FL 34714			90%
David Catalono, MD P.O. Box 95-1987 Lake Mary, FL 32795			10%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** 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 December 22, 2016

Signature /s/ S. Ali Karim
S. Ali Karim

*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
Middle District of Florida**

In re Clinical Pet of Ocala, LLC Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President 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: December 22, 2016

/s/ S. Ali Karim
S. Ali Karim/President
Signer/Title

Clinical Pet of Ocala, LLC
3143 SW 32nd Avenue, Suite 100
Ocala, FL 34474

Arora, Ganesh D. and Shiwani
3143 SW 32nd Avenue
Ocala, FL 34474

George Albright
Tax Collector, Marion County
P.O. Box 63
Ocala, FL 34478-0063

Robert Altman
Robert Altman, P.A.
5256 Silver Lake Drive
Palatka, FL 32177

Capital Office Products
210 Fentress Blvd.
Daytona Beach, FL 32114

Hug Family Partnership, LLC
3233 SW 33rd Rd. Suite 300
Ocala, FL 34474

1st Manatee Bank
12215 US 301 North
Parrish, FL 34219

Cardinal Health
P.O. Box 70609
Chicago, IL 60673-0609

IBA Molecular North America
ATTN: Accounts Receivable
P.O. Box 95000-2515
Philadelphia, PA 19195

A&A of Marion County, LLC
3143 SW 32nd Avenue
Ocala, FL 34474

Catalono, David
P.O. Box 95-1987
Lake Mary, FL 32795

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Accuray, Inc.
1310 Chesapeake terrace
PO Box 182202
Sunnyvale, CA 94089

Dana Plaza Condo Assn.
Bosshardt Property Management
2102 SW 20th Place, Ste 402
Ocala, FL 34471

K2 Capital Group
dba Super Dimension Capital
6500 City West Parkway
Suite 401
Eden Prairie, MN 55344

ADT Security Services, Inc.
P.O. Box 371967
Pittsburgh, PA 15250-7967

DEX Imaging, Inc.
P.O. Box 17299
Clearwater, FL 33762-0299

KSR X-Ray Supplies, Inc.
P.O. Box 970668
Boca Raton, FL 33497

Advanced Data Systems Corp
15 Prospect St.
Paramus, NJ 07652

DVI Financial Services, Inc.
P.O. Box 264
Marshall, MN 56258

Law Offices of Matthew Birk
309 NE 1st St
Gainesville, FL 32601

Airgas South
P.O. Box 532609
Atlanta, GA 30353-2609

Ellison Rental Trust
Ellison Property Management
2233 BSE SE Ft. Kings St.
Ocala, FL 34471

McKesson
P.O. Box 660266
Dallas, TX 75266-0266

Arora, Ganesh & Shiwani

G&S of Marion County, LLC
3143 SW 32nd Avenue
Ocala, FL 34474

Mimvista Corp.
Scranton Gillette Communicat
3030 W. Salt Creek Lane
Suite 201
Arlington Heights, IL 60005

National Radiology Solutions
NRAD
310 Hiawassee Rd.
Townville, SC 29689

Roetzel
222 S. Main St.
Akron, OH 44308-1500

Neurological & Cardiovascular
Imaging Center, LLC
3143 SW 32nd Avenue
Suite 100
Ocala, FL 34474

Rotiki, LLC
816 Hawk Landing
Fruitland Park, FL 34731

PET Cardiovascular Imaging
Center, LLC
3143 SW 32nd Avenue
Suite 100
Ocala, FL 34474

Ruby Nagpal
5771 Rutland Trace
Lithonia, GA 30058

Pitney Bowes Global Financia
P.O. Box 371896
Pittsburgh, PA 15250

Sam's Club
P.O. Box 4596
Carol Stream, IL 60197

Premier Medical Associates
2120 SW 55th St., Rd.
Ocala, FL 34471

Sumter County Tax Collector
Randy Mask, Tax Collector
2201 E. McCollum Ave.
Bushnell, FL 33513

Radiation Med Physicians, PA
P.O. Box 95-1987
Lake Mary, FL 32795

USDA
Joseph M. Mueller, Director
2441 NE 3rd St., Suite 204-1
Ocala, FL 34470

Radiation Oncology Consultin
328 Mapleview Court
Lake Mary, FL 32746

Warner Sechrest and Butts PA
5200 SW 91st Terrace
Suite 101
Gainesville, FL 32608

Radiological Institute
of the Villages, LLC
11960 CR 101
The Villages, FL 32162

Wells Fargo Financial Leasin
800 Walnut St.
Des Moines, IA 50309

Receivable Management Servic
P.O. Box 361598
Columbus, OH 43236

X-Ray Repair and Sales, Inc.
4321 SE 31st Place
Ocala, FL 34480

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Middle District of Florida**

In re Clinical Pet of Ocala, LLC Debtor(s) Case No. _____ Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>8,283.00</u>
Prior to the filing of this statement I have received	\$	<u>8,283.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 0.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:
 Debtor Other (specify):

4. The source of compensation to be paid to me is:
 Debtor Other (specify): **Both the debtor and Corp. owner Atlantis Program Manager of Southeast, LLC as well as a principal of the Corp. owner S. Ali Karim**

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 d. [Other provisions as needed]
Specific terms of representation are contained in Agreement for Services but generally the fee charged for all work performed in Chapter 11 will be at \$400/hr. The retainer will be billed monthly until used and all fees will be subject to review and approval of the bankruptcy court.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>December 22, 2016</u> Date	<u>/s/ Robert Altman</u> Robert Altman 0346861 <i>Signature of Attorney</i> Robert Altman, P.A. 5256 Silver Lake Drive Palatka, FL 32177 3863254691 Fax: 3863259765 <u>robertaltman@bellsouth.net</u> <i>Name of law firm</i>