

112 Life Care St Johns
3:16-bk-1347 (JAF)

Fill in this information to identify the case:

Debtor 1 Life Care St. Johns, Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Florida

Case number 3:16-bk-01347-JAF



Claim 1006

FILED VIA MAIL
JACKSONVILLE, FLORIDA

JUL 29 2016

CLERK, U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

04/16

Official Form 410

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Ring Power Corporation
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Ring Power Corporation</u>	_____
Name	Name
<u>10421 Fern Hill Drive</u>	_____
Number Street	Number Street
<u>Riverview FL 33578</u>	_____
City State ZIP Code	City State ZIP Code
Contact phone <u>813-671-3700</u>	Contact phone _____
Contact email _____	Contact email _____
Uniform claim Identifier for electronic payments in chapter 13 (if you use one): _____	

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* 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 date 07/27/2016
MM / DD / YYYY

Vicki Lynn Wood
Signature

Print the name of the person who is completing and signing this claim:

Name Vicki Lynn Wood
First name Middle name Last name

Title Credit Assistant

Company Ring Power Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 10421 Fern Hill Drive
Number Street

Riverview FL 33578
City State ZIP Code

Contact phone 813-671-3700 Email Vicki.wood@ringpower.com

10741
63-1392/630
66197

LIFECARE ST. JOHNS, INC.
DBA GLENMOOR
235 TOWER VIEW DR.
SAINT AUGUSTINE, FL 32092

BBVA COMPASS
COMPASS BANK
JACKSONVILLE, FLORIDA 10741

PAY

Five Thousand Three Hundred Fifty Nine Dollars and 02 Cents

DATE. AMOUNT
10/22/2014 \$5,359.02
VOID AFTER 90 DAYS

TO THE
ORDER
OF:

RING POWER CORPORATION
RING POWER CORP
P.O. BOX 935004
ATLANTA GA 31193-5004

Jennifer Stotter
AUTHORIZED SIGNATURE

⑈01074⑈ ⑆063013924⑆ 6723014385⑈

Details on Back
Security Features Included