

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
FORT MYERS DIVISION**

www.flmb.uscourts.gov

In re: Landmark Holdings of Florida, LLC, Landmark Management Services of Florida, LLC, Landmark Rehabilitation Hospital of Columbia, LLC, Landmark Hospital of Athens, LLC, Landmark Hospital of Cape Girardeau, LLC, Landmark Hospital of Columbia, LLC, Landmark Hospital of Joplin, LLC, Landmark Hospital of Savannah, LLC, Debtors. ¹	Chapter 11 Case No. 2:25-bk-00397 Jointly Administered With Case No. 2:25-bk-00398 Case No. 2:25-bk-00399 Case No. 2:25-bk-00400 Case No. 2:25-bk-00401 Case No. 2:25-bk-00402 Case No. 2:25-bk-00403 Case No. 2:25-bk-00404
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**GLOBAL NOTES, METHODOLOGY, AND SPECIFIC DISCLOSURES
REGARDING THE DEBTORS’ SCHEDULES OF ASSETS AND
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Landmark Holdings of Florida, LLC and its affiliated debtors and debtors in possession in the above-captioned chapter 11 cases (each, a “Debtor,” and collectively, the “Debtors”) are filing their respective Schedules of Assets and Liabilities (collectively, the “Schedules”) and Statements of Financial Affairs (collectively, the “Statements,” and together with the Schedules, the “Schedules and Statements”) in the United States Bankruptcy Court for the Middle District of Florida (the “Court”). The Debtors prepared the Schedules and Statements in accordance with section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the “Bankruptcy Code”),

¹ The Debtors in these cases, along with the last four digits of each Debtor’s federal tax identification number, are: Landmark Holdings of Florida, LLC (1217); Landmark Management Services of Florida, LLC (7031); Landmark Rehabilitation Hospital of Columbia, LLC (5424); Landmark Hospital of Athens, LLC (2745); Landmark Hospital of Cape Girardeau, LLC (1155); Landmark Hospital of Columbia, LLC (5424); Landmark Hospital of Joplin, LLC (9493); and, Landmark Hospital of Savannah, LLC (8003).

Rule 1007 of the Federal Rules of Bankruptcy Procedure, and Rule 1007-1 of the Local Rules of the United States Bankruptcy Court for the Middle District of Florida.

These *Global Notes, Methodology, and Specific Disclosures Regarding the Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs* (these "Global Notes") are incorporated by reference herein, and comprise an integral part of the Debtors' respective Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.

GLOBAL NOTES AND OVERVIEW OF METHODOLOGY

1. **Description of These Chapter 11 Cases and "As of" Information Date.** On March 9, 2025 (the "Petition Date"), each of the Debtors commenced a voluntary case under chapter 11 of the Bankruptcy Code. To the best of the Debtors' knowledge, the information included in the Schedules and Statements is presented as of the Petition Date, unless otherwise indicated.
2. **General Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements. However, inadvertent errors or omissions may exist. Additionally, the Schedules and Statements contain significant unaudited information. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including to (a) amend them with respect to any claim (each, a "Claim") description or designation; (b) dispute or otherwise assert offsets or defenses to any Claim as to amount, liability, priority, status, or classification; (c) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or (d) object to the extent, validity, enforceability, priority, security, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of (i) liability, or (ii) amounts due or owing, if any, by the Debtors. Nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to these chapter 11 cases, including issues involving Claims, substantive consolidation, defenses, equitable subordination, or causes of action including those arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant bankruptcy or non-bankruptcy laws to recover assets or avoid transfers.
3. **Basis of Presentation.** The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles and are not intended to reconcile fully to any financial statements prepared by the Debtors. Additionally, the Schedules and Statements reflect the Debtors' reasonable best efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.
4. **Book Value.** Except as otherwise noted, each asset and liability is shown at net book value in accordance with each Debtor's accounting books and records. Therefore, the Schedules and Statements are not based on any estimate of the current market values of the Debtors' assets and liabilities unless otherwise noted herein.

5. **Litigation.** The inclusion of any Litigation Action (“Litigation Action”) in the Schedules and Statements does not constitute an admission by the Debtors of liability, the validity of any Litigation Action, the amount of any related potential claim, or the amount and treatment of any potential claim resulting from any Litigation Action pending or that may arise.
6. **First Day Orders.** Pursuant to various “first day” orders (each, a “First Day Order,” and collectively, the “First Day Orders”) entered by the Court, the Debtors and their estates are authorized to (a) pay certain prepetition wages, salaries, employee benefits, expenses, and other compensation, and (b) honor prepetition obligations related to existing refund programs, including the Debtors’ extended repayment schedules (“ERS”) with the Centers for Medicare & Medicaid Services. To the extent certain prepetition Claims were paid or other prepetition obligations honored pursuant to the relief granted by the First Day Orders, such Claims have been omitted from the Schedules and Statements. Additionally, certain Claims on the Schedules and Statements may have been, or may in the future be, satisfied pursuant to the First Day Orders or other orders of the Court.
7. **Intercompany Payables and Receivables.** The operation of the Debtors’ cash management system gives rise to certain intercompany payables and receivables between individual Debtors. Schedules A/B and E/F, respectively, set out the gross balance of each payable and receivable between each party. The listing by each Debtor of any account between a Debtor and another affiliate reflects the balances in the Debtors’ books and records. It does not reflect any admission or conclusion of any Debtor regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a Claim, an Interest, or not allowed. The Debtors and all parties in interest reserve all rights with respect to such accounts.
8. **Executory Contracts and Unexpired Leases.** The Debtors have not included executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors’ estates. Rather, the Debtors have included executory contracts and unexpired leases solely on Schedule G. The Debtors reserve all of their rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G. The inclusion of a contract on Schedule G does not constitute an admission as to the executory nature (or non-executory nature) of the item, or an admission as to the existence or validity of any Claims held by the counterparty to such contract.
9. **Employees.** The Debtors’ executed a Corporate Professional Employer Organization (“CPEO”) agreement with ADP TotalSource (“TotalSource”) in March 2024. Pursuant to the CPEO agreement, TotalSource manages certain of the Debtors’ employee benefits programs and provides employees and employee payroll services to the Debtors. Debtor Landmark Management Services of Florida, LLC (“LMS”) executed the CPEO agreement on behalf of all Debtors with employees subject to the CPEO arrangement. Accordingly, the Debtors have listed all TotalSource contracts on only LMS’s Schedule G. All payments related to Employee obligations, excluding to certain third party and independent contractor personnel, are remitted by the Debtors to TotalSource. TotalSource contracts directly with all benefit providers except

for the Debtor-sponsored 401K plan which is administered by Landmark Holdings of Florida, LLC (“LHF”).

10. **Insiders.** The listing of a party as an “insider” or the inclusion of transactions with any party designated as such in the Schedules and Statements is not intended to be a legal characterization of such party as an insider or reflect any legal conclusions made by the Debtors and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are hereby expressly reserved.
11. **Accounts Payable and Disbursement Systems.** The Debtors maintain a centralized cash management system to collect and disburse funds in the ordinary course. A description of the cash management system is set forth in the Debtors’ Cash Management Motion filed at Docket No. 23.

SPECIFIC DISCLOSURES WITH RESPECT TO THE DEBTORS’ SCHEDULES

A. Schedule A/B – Real and Personal Property

Item 3. Accounts Receivable: The Debtors record receivables from various payors including Medicare, Medicaid, Medicare Advantage, Commercial insurers and Other parties. The Debtors pursue collection of all accounts but are not assured payment for various reasons. To estimate the Current Value of the Debtors’ Interests in their Accounts Receivable (“A/R”), the Debtors used the A/R aging closest to the Petition Date, the report dated March 18, 2025, and made adjustments to approximate the March 9, 2025, gross balance. The Debtors netted estimates of Doubtful or Uncollectible accounts against the gross balances to arrive at the estimated Current Value. The Debtors reserve all rights to pursue any accounts which may have been included in the estimate of Doubtful or Uncollectible amounts.

Item 74. Causes of Action: Despite their commercially reasonable efforts to identify all known assets, the Debtors may not have listed all their respective causes of action or potential causes of action against third parties as assets in Schedule A/B, Part 11, Item 74, including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws. The Debtors and their estates reserve all rights with respect to any Claims and causes of action that they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims and causes of actions, or in any way waive, prejudice, impair, or otherwise affect the assertion of such claims and causes of action.

B. Schedule D – Creditors Who Have Claims Secured by Property

The Debtors and their estates reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D of the Debtors. Moreover, although the Debtors may have scheduled Claims of various creditors as secured Claims, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor’s Claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor’s Claim.

C. Schedule E/F – Creditors Who Have Unsecured Claims

Part 2: Creditors Holding Non-Priority Unsecured Claims. While the Debtors have used reasonable efforts to list all general unsecured Claims, additional Claims may exist.

The amounts listed on Schedule E/F do not reflect any rights of setoff or recoupment, and the Debtors reserve all rights to assert any such setoff or recoupment rights.

Schedule E/F does not include rejection damage Claims of the counterparties to the executory contracts that may be rejected, to the extent such damage Claims exist.

D. Schedule G – Executory Contracts

The Debtors reserve all rights to dispute the validity, status, or enforceability of any contract or agreement set forth in Schedule G. The contracts and agreements listed on Schedule G may have expired or been modified, amended, or supplemented by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract, without respect to whether such agreement, instrument, or other document is listed thereon.

In the ordinary course of business, and in connection with the proposed sale process, the Debtors may have entered into confidentiality agreements. To the extent that such confidentiality agreements constitute executory contracts, they are not listed individually on Schedule G.

SPECIFIC DISCLOSURES WITH RESPECT TO THE DEBTORS' STATEMENTS

General. Several Statements require dates of service for individual's employment. For any entry without a "to" date, the individual remains employed by the Debtors.

Statement 3. LMS made a \$600K payment to its insurance broker, Arthur J Gallagher, on 1/16/2025 from Amerant account 5906. The payment was returned and redeposited on 1/30/2025 to Landmark Amerant account 5706. While there was no net disbursement, the Debtors have included the payment in Statement 3 to disclose all disbursements in the 90-day period.

The detail herein includes 890 cash transfers totaling \$36,455,871.65 between Debtors as part of the Debtors' ordinary course business operations. As described in further detail in the Debtors' cash management motion, the Debtors maintain a centralized cash management system, but account for any intercompany transfers in their books and records. Disbursements to third parties are therefore overstated by the amount of any such intercompany transfer.

Statement 11. Debtor, LHF made certain payments related to bankruptcy within 1 year before the filing of these cases. While those payments and the services of the professional firms were for the benefit of all Debtors, the transfers are detailed on LHF's SOFA only.

Statement 13. LMS houses the senior leadership team that provides healthcare management services to each of the Debtors. All compensation and related disbursements for such management personnel are made through LMS.

Statement 25. LHF held an interest in Landmark Hospital of Salt Lake City, LLC ("LHSLC") C4252 Birkhill Blvd., Murray, UT 84107. LHSLC was dissolved on 4/20/2019 and has no ongoing operations.

Statement 30. Unless otherwise indicated in a Debtors' specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

END OF GLOBAL NOTES

SCHEDULES AND STATEMENTS BEGIN ON THE FOLLOWING PAGE

Fill in this information to identify the case:

Debtor name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida (State)
 Case number (if known): 2:25-bk-00402

Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. Real property: Copy line 88 from <i>Schedule A/B</i></p>	<div style="border: 1px solid black; padding: 2px;">\$ <u>134,422.53</u></div>
<p>1b. Total personal property: Copy line 91A from <i>Schedule A/B</i></p>	<div style="border: 1px solid black; padding: 2px;">\$ <u>5,931,521.04</u></div>
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i></p>	<div style="border: 1px solid black; padding: 2px;">\$ <u>6,065,943.57</u></div>

Part 2: Summary of Liabilities

<p>2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i></p>	<div style="border: 1px solid black; padding: 2px;">\$ <u>31,286,816.42</u></div>
<p>3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)</p> <p>3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i></p>	<div style="border: 1px solid black; padding: 2px;">\$ <u>400.00</u></div>
<p>3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i></p>	<div style="border: 1px solid black; padding: 2px;">+\$ <u>20,122,700.37</u></div>
<p>4. Total liabilities</p> <p>Lines 2 + 3a + 3b</p>	<div style="border: 1px solid black; padding: 2px;">\$ <u>51,409,916.79</u></div>

Fill in this information to identify the case:

Debtor name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00402

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Montgomery Bank</u>	<u>Checking</u>	<u>0 5 3 3</u>	\$ 32,011.90
3.2. <u>See continuation sheet</u>			\$ 100.00

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____
 4.2. _____ \$ _____

5. Total of Part 1

\$ 32,111.90

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:	<u>2,510,736.03</u>	-	<u>8,712.51</u>	= →	\$ <u>2,502,023.52</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>8,670,974.52</u>	-	<u>5,853,449.50</u>	= →	\$ <u>2,817,525.02</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

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

\$ 5,319,548.54

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

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.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Medical Supplies	02/28/2025	42,567.84		42,567.84
	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5	Add lines 19 through 22. Copy the total to line 84.			\$ 42,567.84

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- No
- Yes. Is any of the debtor's property stored at the cooperative?
 - No
 - Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No
- Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- No
- Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No
- Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office Furniture	\$ 674.12	_____	\$ 674.12
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Computer Hardware/Software	\$ 14,461.20	_____	\$ 14,461.20
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 15,135.32

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
- Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
- Yes

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Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)
Medical and Other Healthcare Related Equipment

\$ 307,907.65	_____	\$ 307,907.65
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 307,907.65

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

- No
- Yes

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

- No
- Yes

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Part 9: Real property

54. Does the debtor own or lease any real property?
 No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1 Land - Schaumburg Subdivision Plat 1 Lot 4A, N Old Hwy 63		\$ 134,422.53		\$ 134,422.53
55.2 604 Old 63 N. Columbia, MO 65201	Lessee	\$ 0.00		\$ 0.00
55.3		\$ _____		\$ _____

56. Total of Part 9.
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 134,422.53

57. Is a depreciation schedule available for any of the property listed in Part 9?
 No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?
 No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?
 No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____		\$ _____
61. Internet domain names and websites	\$ _____		\$ _____
62. Licenses, franchises, and royalties <small>Missouri Certificate of Need</small>	\$ 0.00		Unknown
63. Customer lists, mailing lists, or other compilations	\$ _____		\$ _____
64. Other intangibles, or intellectual property <small>Domains, IP, Trademarks, Etc.</small>	\$ _____		Unknown
65. Goodwill	\$ _____		\$ _____

66. Total of Part 10.
 Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
 No
 Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
 No
 Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
 No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
 No. Go to Part 12.
 Yes. Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
 Description (include name of obligor) _____
 _____ 0.00 — 0.00 = → \$ 0.00
Total face amount doubtful or uncollectible amount

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

73. **Interests in insurance policies or annuities**
 _____ \$ _____

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
 _____ \$ _____
Nature of claim _____
Amount requested \$ _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
 _____ \$ _____
Nature of claim _____
Amount requested \$ _____

76. **Trusts, equitable or future interests in property**
 _____ \$ _____

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
Receivable due from White Oaks Real Estate Investments of Col. \$ 65,000.00
See continuation sheet \$ 149,249.79

78. **Total of Part 11.**
 Add lines 71 through 77. Copy the total to line 90.
 \$ **214,249.79**

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

Debtor

Name

Case number (if known)

2:25-bk-00402

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 32,111.90	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 5,319,548.54	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 42,567.84	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 15,135.32	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 307,907.65	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 134,422.53
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 214,249.79	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 5,931,521.04	+ 91b. \$ 134,422.53
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	6,065,943.57	\$ 6,065,943.57

Debtor 1

Landmark Hospital of Columbia, LLC

Case number (if known)

First Name

Middle Name

Last Name

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts**

General description	Type of account	Last 4 digits of account number
Montgomery Bank	Checking	0753
Balance: 0.00		
Montgomery Bank	Checking	4813
Balance: 0.00		
Amerant	Checking	7006
Balance: 0.00		
Amerant	Checking	1406
Balance: 100.00		
Citizens Bank	Checking	5053
Balance: 0.00		
Citizens Bank	Checking	6491
Balance: 0.00		

77) Other property of any kind not already listed

General description	Current value
InterCo Receivable due from Landmark Hospital of Savannah, LLC	6,695.79
InterCo Receivable due from Landmark Hospital of Joplin, LLC	142,554.00

Fill in this information to identify the case:

Debtor name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00402

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 Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name
Amerant Bank, N.A.

Creditor's mailing address
220 Alhambra Cir
Suite 206, Miami, FL 33144

Creditor's email address, if known

Date debt was incurred 12/9/2020

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien
All Assets

\$ <u>31,286,816.42</u>	\$ <u>Undetermined</u>
-------------------------	------------------------

Describe the lien

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

2.2 Creditor's name

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred _____
 Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Describe the lien

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 31,286,816.42

Fill in this information to identify the case:

Debtor Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number 2:25-bk-00402
 (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 City of Columbia 701 E. BROADWAY PO BOX 1676 Columbia, MO 65205 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)	As of the petition filing date, the claim is: \$ <u>400.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes & Other Government Units	\$ <u>400.00</u>

2.2	Priority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
------------	--	--	----------

2.3	Priority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> 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
3.1 Nonpriority creditor's name and mailing address 3M 2807 PAYSPHERE CIR CHICAGO, IL 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade payable	\$ 11,311.53
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 4.82
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 27.34
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 230.02
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 3.22
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 1.61
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address
 ACCELERATED MEDICAL STAFFING
 1939 WENTZVILLE PKWY STE 165
 WENTZVILLE, MO 63385

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 34,209.00

3.8 Nonpriority creditor's name and mailing address
 ADVANTIS MEDICAL STAFFING LLC
 20 SUNNYSIDE AVE STE E
 MILL VALLEY, CA 94941

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 9,402.40

3.9 Nonpriority creditor's name and mailing address
 AGILE CONSULTING GROUP, INC
 7535 S. SPALDING LAKE DR.
 ATLANTA, GA 30350

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 13,661.46

3.10 Nonpriority creditor's name and mailing address
 AIRGAS USA, LLC.
 PO BOX 734672
 DALLAS, TX 75373

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 26,857.75

3.11 Nonpriority creditor's name and mailing address
 ALL CLEAR PUMPING AND SEWER
 PO BOX 823
 JEFFERSON CITY, MO 65102

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 300.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,500.00

ALLIED-CERTIFIED MEDICAL WASTE
2600 W EXECUTIVE PARKWAY STE 300
LEHI, UT 84043

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ¹³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 5,441.29

AMEREN MISSOURI
PO BOX 88068
CHICAGO, IL 60680

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ¹⁴ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 15,600.00

ANALYTICAL PATHOLOGY SERVICE
10990 NEW HALLS FERRY RD
STE J BOX 104
SAINT LOUIS, MO 63136

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ¹⁵ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 406.60

APPLICCHAT LIMITED
7 LAPWING PARK
NEWTOWNARDS, UK

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ¹⁶ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,406.57

ASCEND CLINICAL, LLC
PO BOX 45021
SAN FRANCISCO, CA 94145

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 17 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 42,890.28
Check all that apply.
 BAXTER HEALTHCARE CORP Contingent
 PO BOX 70564 Unliquidated
 CHICAGO, IL 60673 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes

Last 4 digits of account number _____

3. 18 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 8,108.55
Check all that apply.
 BEMES, INC. Contingent
 808 SUN PARK DRIVE Unliquidated
 FENTON, MO 63026 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes

Last 4 digits of account number _____

3. 19 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 114,418.90
Check all that apply.
 BOONE HEALTH LAB SERVICES Contingent
 1600 EAST BROADWAY, BOX 17 Unliquidated
 COLUMBIA, MO 65201 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes

Last 4 digits of account number _____

3. 20 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 24,422.24
Check all that apply.
 BOONE HOSPITAL CENTER Contingent
 PO BOX 957935 Unliquidated
 ST. LOUIS, MO 63195 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes

Last 4 digits of account number _____

3. 21 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 22,906.24
Check all that apply.
 CAREFUSION SOLUTIONS LLC Contingent
 PYXIS PRODUCTS Unliquidated
 25082 NETWORK PLACE Disputed
 CHICAGO, IL 60673

Basis for the claim: Trade payable

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22 Nonpriority creditor's name and mailing address

CENTERS FOR MEDICARE & MEDICAID SERVICES
PO BOX 8788
MADISON, WI 53708

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 2,380,744.08

Basis for the claim: Accrued PIP repayment

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.23 Nonpriority creditor's name and mailing address

CHARLES KONTOR WIREDU MD
5102 BEACON FALLS DR
COLUMBIA, MO 65203

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 1,500.00

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.24 Nonpriority creditor's name and mailing address

CHECKR INC
1 MONTGOMERY ST, SUITE 2400
SAN FRANCISCO, CA 94104

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 121.80

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.25 Nonpriority creditor's name and mailing address

CITY OF COLUMBIA
701 E. BROADWAY
PO BOX 1676
COLUMBIA, MO 65205

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 11,392.84

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.26 Nonpriority creditor's name and mailing address

CLINICAL SOLUTIONS
1900 SCHUETZ ROAD
ST. LOUIS, MO 63146

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 625.50

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27 Nonpriority creditor's name and mailing address
 COALITION OF LONG-TERM ACUTE CARE HOSPITALS
 21351 GENTRY DRIVE SUITE 210
 STERLING, VA 20171

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$ 1,125.43

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.28 Nonpriority creditor's name and mailing address
 CONNECTED HEALTH CARE, LLC
 PO BOX 9487
 TYLER, TX 75711

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$ 193,471.16

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.29 Nonpriority creditor's name and mailing address
 CONNECTRIA, LLC
 10845 OLIVE BLVD.
 SAINT LOUIS, MO 63141

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$ 2,916.85

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.30 Nonpriority creditor's name and mailing address
 CROWN LINEN SERVICE
 PO BOX 597
 MEXICO, MO 65265

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$ 18,385.58

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.31 Nonpriority creditor's name and mailing address
 CURATORS OF THE UNIVERSITY OF
 PO BOX 802728
 KANSAS CITY, MO 64180

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

\$ 170,083.94

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³² Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,462.07
 DE LAGE LANDEN FINANCIAL SERV,
 PO BOX 41602
 PHILADELPHIA, PA 19101
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 763.33
 DIGITAL 1 GROUP, LLC
 112 EMERALD STAR LANE
 LAFAYETTE, LA 70506
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³⁴ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 791.74
 DOCTEGRITY
 3308 PRESTON ROAD 350-205
 PLANO, TX 75093
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³⁵ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 912.60
 DRFIRST.COM, INC
 8420 KEY WEST AVE, SUITE 101
 ROCKVILLE, MD 20850
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³⁶ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 66.15
 DT INTERPRETING
 PO BOX 65
 PEWAUKEE, WI 53072
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37 Nonpriority creditor's name and mailing address
DTG MEDICAL ELECTRONICS
8325 MELROSE DRIVE
LENEXA, KS 66214

As of the petition filing date, the claim is: \$ 7,968.56
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.38 Nonpriority creditor's name and mailing address
ECOLAB INC
PO BOX 70343
CHICAGO, IL 60673

As of the petition filing date, the claim is: \$ 945.88
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.39 Nonpriority creditor's name and mailing address
FAVORITE HEALTHCARE STAFFING
PO BOX 26225
OVERLAND PARK, KS 66225

As of the petition filing date, the claim is: \$ 6,204.15
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.40 Nonpriority creditor's name and mailing address
FIRST-CITIZENS BANK & TRUST CO
P.O. BOX 27131, M/C FCC07
RALEIGH, NC 27611

As of the petition filing date, the claim is: \$ 738.78
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.41 Nonpriority creditor's name and mailing address
FOOD MANAGEMENT GROUP INC
70 JESSE DUPONT HWY
BURGESS, VA 22432

As of the petition filing date, the claim is: \$ 99,964.92
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴² Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 18,435.22
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade payable
Is the claim subject to offset?
 No
 Yes
Date or dates debt was incurred _____
Last 4 digits of account number _____

3. ⁴³ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 38,588.13
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade payable
Is the claim subject to offset?
 No
 Yes
Date or dates debt was incurred _____
Last 4 digits of account number _____

3. ⁴⁴ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 33,552.56
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade payable
Is the claim subject to offset?
 No
 Yes
Date or dates debt was incurred _____
Last 4 digits of account number _____

3. ⁴⁵ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 24,000.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade payable
Is the claim subject to offset?
 No
 Yes
Date or dates debt was incurred _____
Last 4 digits of account number _____

3. ⁴⁶ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 46,465.60
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade payable
Is the claim subject to offset?
 No
 Yes
Date or dates debt was incurred _____
Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address
 GORDON & REES LLP
 1111 BROADWAY SUITE 1700
 OAKLAND, CA 94607

As of the petition filing date, the claim is: \$ 24,501.03
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁴⁸ Nonpriority creditor's name and mailing address
 GROVE MEDICAL
 1089 PARK WEST BLVD
 GREENVILLE, SC 29611

As of the petition filing date, the claim is: \$ 486.53
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁴⁹ Nonpriority creditor's name and mailing address
 HAMILTON MEDICAL, INC.
 201 EDISON WAY
 UNIT A
 RENO, NV 89502

As of the petition filing date, the claim is: \$ 8,925.65
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁵⁰ Nonpriority creditor's name and mailing address
 HEALTH CARE SYSTEM
 5755 CARMICHAEL PARKWAY
 MONTGOMERY, AL 36117

As of the petition filing date, the claim is: \$ 2,704.70
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁵¹ Nonpriority creditor's name and mailing address
 HEALTHLINK, INC.
 ATTN: FINANCE DEPT
 PO BOX 6501
 CAROL STREAM, IL 60197

As of the petition filing date, the claim is: \$ 34,985.14
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵² Nonpriority creditor's name and mailing address
 HOSPITAL MEDICINE CONSULTING,
 DELALI KWAME BUATSI
 6305 UPPER BRIDLE BEND DR.
 COLUMBIA, MO 65201

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 45,600.00

3. ⁵³ Nonpriority creditor's name and mailing address
 INTERMED GROUP, INC.
 13301 NW US HWY 441
 ALACHUA, FL 32615

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 5,473.11

3. ⁵⁴ Nonpriority creditor's name and mailing address
 IRON MOUNTAIN
 PO BOX 915004
 DALLAS, TX 75391

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 5,153.06

3. ⁵⁵ Nonpriority creditor's name and mailing address
 J&R FULLER, LLC
 DBA PHARMACARE SERVICES
 713 4TH ST
 BLANCO, TX 78606

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 623,522.34

3. ⁵⁶ Nonpriority creditor's name and mailing address
 JACKSON NURSE PROFESSIONALS
 3452 LAKE LYNDA DRIVE
 ORLANDO, FL 32817

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 51,456.90

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.57 Nonpriority creditor's name and mailing address
 KCI USA INC
 PO BOX 301557
 DALLAS, TX 75303

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 41,238.00

3.58 Nonpriority creditor's name and mailing address
 LANDMARK HOLDINGS OF FLORIDA, LLC
 2430 VANDERBILT BEACH ROAD
 SUITE 108-564
 NAPLES, FL 34109

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: InterCo transactions

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 65,458.65

3.59 Nonpriority creditor's name and mailing address
 LANDMARK HOSPITAL OF ATHENS, LLC
 775 SUNSET DRIVE
 ATHENS, GA 30606

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: InterCo transactions

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 34,394.07

3.60 Nonpriority creditor's name and mailing address
 LANDMARK HOSPITAL OF CAPE GIRARDEAU,
 LLC
 3255 INDEPENDENCE ST.
 CAPE GIRARDEAU, MO 63701

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: InterCo transactions

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 550,723.37

3.61 Nonpriority creditor's name and mailing address
 LANDMARK HOSPITALS OF SOUTHWEST
 FLORIDA, LLC
 1500 LEE BLVD
 LEHIGH ACRES, FL 33936

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Related entity transfers

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 132,023.05

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶² Nonpriority creditor's name and mailing address
 LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC
 5153 BLUEBONNET SUITE B
 BATON ROUGE, LA 70809

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: InterCo transactions

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 6,430,087.22

3. ⁶³ Nonpriority creditor's name and mailing address
 LANDMARK REAL ESTATE HOLDINGS, LLC
 2430 VANDERBILT BEACH ROAD SUITE 108-564
 BATON ROUGE, LA 70809

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Lease Obligations

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 4,286,830.67

3. ⁶⁴ Nonpriority creditor's name and mailing address
 LANDMARK REAL ESTATE HOLDINGS, LLC
 2430 VANDERBILT BEACH ROAD SUITE 108-564
 BATON ROUGE, LA 70809

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Accrued and Unpaid Lease Payments Related to Ventas Master Lease

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 3,250,000.00

3. ⁶⁵ Nonpriority creditor's name and mailing address
 LASHLY & BAER, PC
 714 LOCUST STREET
 ST LOUIS, MO 63101

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 227.50

3. ⁶⁶ Nonpriority creditor's name and mailing address
 LRS HEALTHCARE LLC
 2655 NORTHWINDS PARKWAY
 ALPHARETTA, GA 30009

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 125,700.14

Part 2: Additional Page

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Amount of claim

3. ⁶⁷ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,669.60

LSL INDUSTRIES, INC.
LSL HEALTHCARE
6200 W. HOWARD STREET
NILES, IL 60714

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁶⁸ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 185,417.00

MARVEL MEDICAL STAFFING, LLC
9394 WEST DODGE ROAD
SUITE 300
OMAHA, NE 68114

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁶⁹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 76,954.91

MED E QUIP LOCATORS, INC
325 LEFFINGWELL AVE
KIRKWOOD, MO 63122

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁷⁰ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,436.25

MEDIACOM
PO BOX 5744
CAROL STREAM, IL 60197

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁷¹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 6,309.57

MEDICAL BUSINESS CONSULTANTS
11605 SOUTHFORK AVE - STE B
BATON ROUGE, LA 70816

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.72 Nonpriority creditor's name and mailing address
 MEDLINE INDUSTRIES, INC
 DEPT CH 14400
 PALATINE, IL 60055

As of the petition filing date, the claim is: \$ 158,236.39
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.73 Nonpriority creditor's name and mailing address
 MICROAGE
 15210 S. 50TH STREET, SUITE 180
 PHOENIX, AZ 85044

As of the petition filing date, the claim is: \$ 617.94
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.74 Nonpriority creditor's name and mailing address
 MIDWEST ELECTRONIC SYSTEMS INC
 2000 FORUM BLVD STE 6
 COLUMBIA, MO 65203

As of the petition filing date, the claim is: \$ 94.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.75 Nonpriority creditor's name and mailing address
 MOBILE FEES, LLC
 923 NE WOODS CHAPEL
 STE 255
 LEE'S SUMMIT, MO 64064

As of the petition filing date, the claim is: \$ 7,505.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.76 Nonpriority creditor's name and mailing address
 MOBILEXUSA
 PO BOX 62510
 BALTIMORE, MD 21264

As of the petition filing date, the claim is: \$ 7,339.79
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷⁷ Nonpriority creditor's name and mailing address
 NORVIN EUGENE THOMAS MD
 5914 IVORY LANE
 COLUMBIA, MO 65201

As of the petition filing date, the claim is: \$ 10,800.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁷⁸ Nonpriority creditor's name and mailing address
 NOVA BIOMEDICAL CORPORATION
 200 PROSPECT ST
 WALTHAM, MA 02453

As of the petition filing date, the claim is: \$ 4,915.68
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁷⁹ Nonpriority creditor's name and mailing address
 NUANCE COMMUNICATIONS
 PO BOX 2561
 CAROL STREAM, IL 60132

As of the petition filing date, the claim is: \$ 2,726.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁸⁰ Nonpriority creditor's name and mailing address
 ORKIN PEST CONTROL
 130 CONWAY DR. SUITE B
 BOGART, GA 30622

As of the petition filing date, the claim is: \$ 125.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ⁸¹ Nonpriority creditor's name and mailing address
 OSAGE AMBULANCE DISTRICT
 PO BOX 557
 LINN, MO 65051

As of the petition filing date, the claim is: \$ 6,326.40
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁸² Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 32,771.34
 OUTSET MEDICAL, INC
 3052 ORCHARD DR
 SAN JOSE, CA 95134

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁸³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,230.00
 OZARK MECHANICAL, LLC
 PO BOX 1276
 LAKE OZARK, MO 65049

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁸⁴ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 24,118.85
 PEAK CLIMATE MECHANICAL
 16850 NORTH ROUTE Z
 CENTRALIA, MO 65240

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁸⁵ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,835.00
 PEAK MOBILE VASCULAR OF MIDWES
 2042 S BRENTWOOD BLVD
 SPRINGFIELD, MO 65804

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁸⁶ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 35.00
 PITNEY BOWES INC.
 PO BOX 371896
 PITTSBURGH, PA 15250

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁸⁷ Nonpriority creditor's name and mailing address
 PLANSOURCE BENEFITS ADMIN INC
 PO BOX 932330
 ATLANTA, GA 31193

As of the petition filing date, the claim is: \$ 1,876.89
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁸⁸ Nonpriority creditor's name and mailing address
 PRN HEALTHCARE CONSULTANTS
 50647 TROUT RD
 MILAN, MO 63556

As of the petition filing date, the claim is: \$ 3,150.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁸⁹ Nonpriority creditor's name and mailing address
 PROLINK HEALTHCARE, LLC
 4600 MONTGOMERY RD, SUITE 300
 CINCINNATI, OH 45212

As of the petition filing date, the claim is: \$ 60,276.19
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁹⁰ Nonpriority creditor's name and mailing address
 QUALITY CUT LAWN CARE
 600 HILLSDALE RD. SUITE 104
 COLUMBIA, MO 65201

As of the petition filing date, the claim is: \$ 10,480.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ⁹¹ Nonpriority creditor's name and mailing address
 QUENCH USA, INC
 630 ALLENDALE RD STE 200
 KING OF PRUSSIA, PA 19406

As of the petition filing date, the claim is: \$ 984.19
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹² Nonpriority creditor's name and mailing address
 RICOH, USA INC
 PO BOX 660342
 DALLAS, TX 75266

As of the petition filing date, the claim is: \$ 4,900.23
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.⁹³ Nonpriority creditor's name and mailing address
 ROYAL PAPERS
 PO BOX 39922
 2701 HEREFORD STREET
 SAINT LOUIS, MO 63139

As of the petition filing date, the claim is: \$ 141.97
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.⁹⁴ Nonpriority creditor's name and mailing address
 SANDBERG PHOENIX & VON GONTARD
 PO BOX 66726
 ST. LOUIS, MO 63166

As of the petition filing date, the claim is: \$ 801.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.⁹⁵ Nonpriority creditor's name and mailing address
 SLICED HEALTH
 151 E MARIETTA ST. SUITE D
 CANTON, GA 30114

As of the petition filing date, the claim is: \$ 1,800.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.⁹⁶ Nonpriority creditor's name and mailing address
 SOUTH WESTERN COMM INC
 4871 ROSEBUD LANE
 NEWBURGH, IN 47630

As of the petition filing date, the claim is: \$ 1,490.52
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹⁷ Nonpriority creditor's name and mailing address
 STAFF-SMART MEDICAL STAFF
 P.O. BOX 7971
 CAROL STREAM, IL 60197

As of the petition filing date, the claim is: \$ 69,971.10
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.⁹⁸ Nonpriority creditor's name and mailing address
 STAPLES ADVANTAGE
 DEPT DET
 PO BOX 660409
 DALLAS, TX 75266

As of the petition filing date, the claim is: \$ 4,168.23
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.⁹⁹ Nonpriority creditor's name and mailing address
 STERICYCLE INC
 PO BOX 6582
 CAROL STREAM, IL 60197

As of the petition filing date, the claim is: \$ 1,282.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.¹⁰⁰ Nonpriority creditor's name and mailing address
 SUPPLEMENTAL HEALTH CARE
 SHC SERVICES, INC
 PO BOX 677896
 DALLAS, TX 75267

As of the petition filing date, the claim is: \$ 117,344.72
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.¹⁰¹ Nonpriority creditor's name and mailing address
 SUPPLY CHAIN SOLUTIONS
 200 FIRST STREET SW
 ROCHESTER, MN 55905

As of the petition filing date, the claim is: \$ 616.73
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁰² Nonpriority creditor's name and mailing address
 SYSCO KANSAS CITY INC.
 1915 KANSAS CITY RD
 OLATHE, KS 66061

As of the petition filing date, the claim is: \$ 30,277.60
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹⁰³ Nonpriority creditor's name and mailing address
 TFG BILLING LLC
 19614 S MUIRFIELD CIRCLE
 BATON ROUGE, LA 70810

As of the petition filing date, the claim is: \$ 58,542.96
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁴ Nonpriority creditor's name and mailing address
 TFG COST REPORTS, LLC
 ALEXIS FREEMAN
 19614 SOUTH MUIRFIELD CIRCLE
 BATON ROUGE, LA 70810

As of the petition filing date, the claim is: \$ 8,000.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁵ Nonpriority creditor's name and mailing address
 THE FILE ROOM
 4107 RIDER TRAIL N
 EARTH CITY, MO 63045

As of the petition filing date, the claim is: \$ 225.85
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁶ Nonpriority creditor's name and mailing address
 TRI-ANIM HEALTH SERVICES
 25197 NETWORK PLAGE
 CHICAGO, IL 60673

As of the petition filing date, the claim is: \$ 219.60
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁰⁷ Nonpriority creditor's name and mailing address
 UNITED CARE TRANSPORT LLC
 1728 JESSE JAMES CT
 BOONVILLE, MO 65233

As of the petition filing date, the claim is: \$ 865.23
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁸ Nonpriority creditor's name and mailing address
 UPTODATE
 230 3RD AVE
 WALTHAM, MA 02451

As of the petition filing date, the claim is: \$ 2,081.46
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁹ Nonpriority creditor's name and mailing address
 US MED-EQUIP, INC
 PO BOX 4339
 HOUSTON, TX 77210

As of the petition filing date, the claim is: \$ 64,662.14
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹¹⁰ Nonpriority creditor's name and mailing address
 VAN DE VEN, LLC
 PO BOX 1090
 CAPE GIRARDEAU, MO 63702

As of the petition filing date, the claim is: \$ 3,895.05
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3. ¹¹¹ Nonpriority creditor's name and mailing address
 VENOPS, INC
 1395 SOUTH MARIETTA PKWY,
 BLDG 400 STE 104
 MARIETTA, GA 30067

As of the petition filing date, the claim is: \$ 1,666.65
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹¹² Nonpriority creditor's name and mailing address
 WELLSKY CORPORATION
 11300 SWITZER ROAD
 OVERLAND PARK, KS 66210

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 8,640.01

3. ¹¹³ Nonpriority creditor's name and mailing address
 WELLSKY HCS
 PO BOX 204176
 DALLAS, TX 75320

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 12,048.51

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 400.00
5b. Total claims from Part 2	5b. +	\$ 20,122,700.37
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 20,123,100.37

Fill in this information to identify the case:

Debtor name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00402 Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

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

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment to the Missouri Hosp. Mutual Aid agreement. Signed 2015 Purchaser</p>	<p>MO. Hospital Mutual aid agree amendment</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Printer / Copier lease agreement Purchaser</p>	<p>BDS - Kyocera ECOSYS 417 South Street Suite 9 Marlborough, MA, 01752</p>
	<p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lawn Care and Snow Removal Purchaser</p>	<p>Grizzly lawn and snow 2023 PO Box 7960 Columbia, MO, 65205</p>
	<p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Program for providing access to provider networks, PPO, HMMO, Health care plans Purchaser</p>	<p>Health Link 1831 Chestnut St Saint Louis, MO, 63103</p>
	<p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Missouri Care inc. Health pla. 2016 ID 1048294 Purchaser</p>	<p>Health Plan 133 South 11th Street Suite 200 Saint Louis, MO, 63102</p>
	<p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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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
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MR storage Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Iron Mountain</p> <p>2 Sun Court Norcross</p> <p>Norcross, GA, 30092</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Hardware purchases and software license agreement Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Healthland, Inc</p> <p>625 South Lake Shore Dr</p> <p>Glenwood, MN, 56334</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Disposal of medical waste Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Allied Medical Waste</p> <p>2600 W Executive Pkwy Ste 300</p> <p>Lehi, UT, 84043</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Cylinder Rentals Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Airgas</p> <p>1605 Copper Rd</p> <p>Holts Summit, MO, 65043</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PMm services Purchaser</p> <p>52 Days</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>InterMed</p> <p>13301 US HWY 441</p> <p>Alachua, FL, 32615</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Executed ICD-10 amendment to the agreement between HealthLink Inc. and LMH Columbia Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Healthlink</p> <p>1831 Chestnut St</p> <p>Saint Louis, MO, 63103</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Generator inspections Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Johnson controls columbia inspections</p> <p>11360 Lackland</p> <p>Saint Louis, MO, 63146</p>

Debtor

Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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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**

2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QIO for Missouri Purchaser</p> <p>Auto Renewal</p>	<p>Levanta</p> <p>5700 Lombardo Center Drd Suite 100</p> <p>Independence, OH, 44131</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Supplies Purchaser</p> <p>Auto Renewal</p>	<p>Grainger</p> <p>808 N Cedarbrook Ave.</p> <p>Springfield, MO, 65802</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Cable Television Service Purchaser</p> <p>Auto Renewal</p>	<p>Media Com</p> <p>1211 Wilkes Blvd</p> <p>Columbia, MO, 65201</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>IC prevention solutions program agreement with MedLine. Signed in 2023</p> <p>Purchaser</p> <p>Auto Renewal</p>	<p>Med Line IC</p> <p>Three Lakes Dr</p> <p>Winnetka, IL, 60093</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Missouri Hospital association. Signed in 2009</p> <p>Purchaser</p> <p>Auto Renewal</p>	<p>MHA-MDMS of the MO. Depart. SS admin. Federal reimbursement allowance program</p> <p>PO Box 6766</p> <p>Jefferson City, MO, 65102</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Aid in disasters. Statewide hospital mutual aid agreement. Signed 2011</p> <p>Purchaser</p> <p>Auto Renewal</p>	<p>Missouri Hospital mutual aid agreement</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pest Control Purchaser</p>	<p>Orkin services</p> <p>1020 Main Street</p> <p>Imperial, MO, 63052</p>

Debtor Landmark Hospital of Columbia, LLC
NameCase number (if known) 2:25-bk-00402**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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**

2.20	State what the contract or lease is for and the nature of the debtor's interest Purchase power effective 2021. for pitney bowes Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Pitney bowes purschase power only agreement 27 Waterview Dr Shelton, CT, 06484
2.21	State what the contract or lease is for and the nature of the debtor's interest Heating and AC services Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Peak Climate heating and AC 16850 North Route Z Centralia, MO, 65240
2.22	State what the contract or lease is for and the nature of the debtor's interest Preferred provider program - Blue Access PPO program Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Right CHOICE 1831 Chestnut St Saint Louis, MO, 63103
2.23	State what the contract or lease is for and the nature of the debtor's interest Trash dumpster in 2009 Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Roll off dumpster city of columbia 701 E Broadway PO Box 6015 Columbia, MO, 65205
2.24	State what the contract or lease is for and the nature of the debtor's interest Shredding services for confidential papers Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Shred it addendum 28883 Network Place Chicago, IL, 60673
2.25	State what the contract or lease is for and the nature of the debtor's interest food and services Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Sysco food and services 1915 Kansas City road Olathe, KS, 66061
2.26	State what the contract or lease is for and the nature of the debtor's interest Test control services signed 2010 Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Steves pest control 190 N Greenway Holts Summit, MO, 65043

Debtor Landmark Hospital of Columbia, LLC
NameCase number (if known) 2:25-bk-00402**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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**

2.27	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Sparkling water tower rental agreement 2019 Purchaser Auto Renewal	Waterlogic agreement-Culligan Quench 630 Allendale Road Suite 200 King Of Prussia, PA, 19406
2.28	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Lease for postage machines Purchaser Auto Renewal	Pitney Bowes Commercial Lease agreement 27 Waterview Dr Shelton, CT, 06484
2.29	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services-addendum Purchaser Auto Renewal	Accelerated Medical Staffing PO Box 4729 Winter Park, FL, 32793
2.30	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	RT Advantis Medical staffing 13155 Noel Rd Suite 300 Dallas, TX, 75240
2.31	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Connected Healthcare PO Box 9487 Tyler, TX, 75711
2.32	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Full Time Nurse Staffing Inc. 30 North Gould Street STE R Sheridan, WY, 82801
2.33	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Fusion Medical Staffing PO Box 30131 Omaha, NE, 68103

Debtor Landmark Hospital of Columbia, LLC
NameCase number (if known) 2:25-bk-00402**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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**

2.34	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Genie Healthcare staffing 50 Millstone Road Hightstown, NJ, 08520
2.35	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Marvel Medstaff staffing PO Box 2011424 Dallas, TX, 75320
2.36	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Lab services. Environmental lab Purchaser Auto Renewal	ASCEND Laboratory Services Ascend Clinical, LLC PO Box 45021 San Francisco, CA, 94145
2.37	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Blood bank-blood products Purchaser Auto Renewal	Boone Blood Bank agreement Boone Hospital center PO Box 804402 Kansas City, MO, 64180
2.38	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Gifted Healthcare PO Box 205426 Dallas, TX, 75320
2.39	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Jackson Nurse Professionals Atlanta, GA, 30384
2.40	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Placement for management Purchaser One Time	Leaderstat Ltd 1322 B Manning Pkwy Powell, OH, 43065

Debtor Landmark Hospital of Columbia, LLC
 Name

Case number (if known) 2:25-bk-00402

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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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
2.41	State what the contract or lease is for and the nature of the debtor's interest Staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	LRS Health care staffing nurses Wells Fargo PO Box 850349 Minneapolis, MN, 55485
2.42	State what the contract or lease is for and the nature of the debtor's interest Staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Staff Smart PO Box 7971 Carol Stream, IL, 60197
2.43	State what the contract or lease is for and the nature of the debtor's interest Staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	maxim MHSS Rate Amendment 12558 Collections Center Drive Chicago, IL, 60693
2.44	State what the contract or lease is for and the nature of the debtor's interest Staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Medical Solutions Aureus PO Box 850737 Minneapolis, MN, 55485
2.45	State what the contract or lease is for and the nature of the debtor's interest Staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	New Era Healthcare staffing PO Box 789087 Philadelphia, PA, 19178
2.46	State what the contract or lease is for and the nature of the debtor's interest Staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Prolink Staffing PO Box 789426 Philadelphia, PA, 19178
2.47	State what the contract or lease is for and the nature of the debtor's interest RT staffing services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	RRT Accelerated Staffing PO Box 4729 Winter Park, FL, 32793

Debtor Landmark Hospital of Columbia, LLC
NameCase number (if known) 2:25-bk-00402**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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**

2.48	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	All Nursing clinical staffing services Purchaser Auto Renewal	Superior Blessings 303N Stadium Blvd STE 205 Columbia, MO, 65203
2.49	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Supplemental Healthcare corp SHC Services Inc. PO Box 677896 Dallas, TX, 75267
2.50	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Staffing services Purchaser Auto Renewal	Updated Diamond contract-all clinical staff. Signature Staff Resources LLC 1460 T L Townsend DR #104 Rockwall, TX, 75032
2.51	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Reference lab Purchaser Auto Renewal	Boone Hospital Boone Hospital Center 1600 E Broadway Columbia, MO, 65201
2.52	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Reference lab Purchaser Auto Renewal	Boone Hospital Boone Hospital center PO Box 804402 Kansas City, MO, 64180
2.53	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Medical Equipment Purchaser Auto Renewal	Baxter Equipment PO Box 70564 Chicago, IL, 60673
2.54	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Respiratory Rental Purchaser Auto Renewal	Bemes Inc. Rental 808 Sun Park Drive Fenton, MO, 63026

Debtor Landmark Hospital of Columbia, LLC
NameCase number (if known) 2:25-bk-00402**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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**

2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ACLS, BLS provider Purchaser</p> <p>Auto Renewal</p>	<p>PRN Healthcare consultants LLC 50647 Trout Road Milan, MO, 63556</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Blood bank-blood products Purchaser</p> <p>Auto Renewal</p>	<p>Boone Blood Bank agreement Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Clinical and ancillary support services Purchaser</p> <p>Auto Renewal</p>	<p>Boone Hospital Center SSAS Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Clinical and ancillary support services Purchaser</p> <p>Auto Renewal</p>	<p>Boone Hospital Center SSAS Boone Hospital center PO Box 804402 Kansas City, MO, 64180</p>
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Imaging services for reading Purchaser</p> <p>Auto Renewal</p>	<p>Boone Hospital PAC's Storage Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Imaging services for reading Purchaser</p> <p>Auto Renewal</p>	<p>Boone Hospital PAC's Storage Boone Hospital center PO Box 804402 Kansas City, MO, 64180</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Covered entity agreement Purchaser</p> <p>Auto Renewal</p>	<p>Boone Hospital X-Ray Storage Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>

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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
2.62	<p>Covered entity agreement Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Boone Hospital X-Ray Storage Boone Hospital center PO Box 804402 Kansas City, MO, 64180</p>
2.63	<p>Radiology on site and off site Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Boone Hospital Radiology services agreement Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>
2.64	<p>Radiology on site and off site Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Boone Hospital Radiology services agreement Boone Hospital center PO Box 804402 Kansas City, MO, 64180</p>
2.65	<p>Allied services provided signed in 2011 Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Boone Hospital Allied Services Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>
2.66	<p>Allied services provided signed in 2011 Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Boone Hospital Allied Services Boone Hospital center PO Box 804402 Kansas City, MO, 64180</p>
2.67	<p>Accreditation services Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CIHQ Contract PO Box 1540 Mexia, TX, 76667</p>
2.68	<p>Hospice services Purchaser</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Corrected Compassus Hospice Renewal 3050 I-70 Dr SE Columbia, MO, 65201</p>

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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**

2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FMG Café Entegra Health trust Purchaser</p> <p>Auto Renewal</p>	<p>Ecolab Inc. PO Box 70343 Chicago, IL, 60673</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ACLS & BLS services Purchaser</p> <p>Auto Renewal</p>	<p>Life Saving Hands LLC 900 County Road 245 Armstrong, MO, 65230</p>
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Dosimetry services for radiation monitoring. Signed 2024 Purchaser</p> <p>Auto Renewal</p>	<p>Landauer 2 Science Road Glenwood, IL, 60425</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Linen services Purchaser</p> <p>Auto Renewal</p>	<p>Crown Linen PO Box 597 Mexico, MO, 65265</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Mobile X ray services Purchaser</p> <p>Auto Renewal</p>	<p>Mobile X -Trident Care PO Box 825789 Philadelphia, PA, 19182</p>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Equipment rental Purchaser</p> <p>Auto Renewal</p>	<p>Med-E Quip Locators. CS clinical Solutions 325 Leffingwell Ave. Saint Louis, MO, 63122</p>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Language line Purchaser</p> <p>Auto Renewal</p>	<p>DR Interpreting Services PO Box 5283 Elm Grove, WI, 53122</p>

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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
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Transportation Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Equal Transportation services</p> <p>5081 N Burning Bush Rd</p> <p>Columbia, MO, 65202</p>
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Food services Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FMG services</p> <p>70 Jesse Dupont Memorial Hwy</p> <p>Burgess, VA, 22432</p>
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Missouri reporting program-Master Data Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HIDI Master Services agreement-Hospital Industry Data Institute</p> <p>Senior VP of Research, Data & Information Services</p> <p>Hospital Industry Data Institute PO Box 60</p> <p>Jefferson City, MO, 65102</p>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Therapeutic support surfaces specialty mattresses Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>KCI pricing acknowledgment</p> <p>PO Box 301557</p> <p>Dallas, TX, 75303</p>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Blood bank Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Landmark hospital service agreement for blood--BHC service agreement</p> <p>Boone Hospital Center 1600 E Broadway</p> <p>Columbia, MO, 65201</p>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>OPO Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Midwest transplant</p> <p>1900 West 47th Place</p> <p>Suite 400</p> <p>Shawnee Mission, KS, 66205</p>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Speech/studies . Signed 2016 Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Mobile FEES-Swallowing studies</p> <p>923 NE Wsoods Chapel Rd</p> <p>STE 255</p> <p>Lees Summit, MO, 64064</p>

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2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Claims, UB40 HCFA 1500, employer health plan Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Multiplan landmark hospital Multiplan Inc. Service Operatons Dept 1100 Winter Street Waltham, MA, 02451</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Tablo Maintenace Agreement Purchaser</p> <p>236 Days</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Outset Medical Service agreement N000070 Modified 1830 Bering Dr San Jose, CA, 95112</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Patient Transport Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Patient Transfer Agreement with Boone Hospital Center Boone Hospital Center 1600 E Broadway Columbia, MO, 65201</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>OPO eye donation agreement Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Saving Sight 10560 N Ambassador Dr. Suite 210 Kansas City, MO, 64153</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Radiology, PACS, surgical services, imaging Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>The Curators of the University of Missouri PO Box 802728 Kansas City, MO, 64180</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Ancillary out patient services. Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>The Curators of the University of Missouri PO Box 802728 Kansas City, MO, 64180</p>
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Transport to University Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Patient Transfer Agreement with University of Missouri Curators of the university One Hosital Dr. Columbia, MO, 65212</p>

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2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Pharmacy services Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pharmacare Addendum 11-1-12 to 10-31-15</p> <p>777 E Sonterra Blvd</p> <p>Suite 300</p> <p>San Antonio, TX, 78258</p>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Pharmacy services Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pharmacare Contract - Columbia (2)</p> <p>777 E Sonterra Blvd</p> <p>Suite 300</p> <p>San Antonio, TX, 78258</p>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Signed 2024. soap and sanitizers Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Medline hand Hygiene dispensers</p> <p>Three Lakes Dr</p> <p>Winnetka, IL, 60093</p>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Transport to University Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Patient Transfer Agreement with University of Missouri</p> <p>PO Box 802728</p> <p>Kansas City, MO, 64180</p>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Pharmacy services Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pharmacare Master Agreement (Fuller-Selle) addendum</p> <p>777 E Sonterra Blvd</p> <p>Suite 300</p> <p>San Antonio, TX, 78258</p>
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Life safety systems services Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Siemens industry-fire alarms & other</p> <p>Siemens Industry Inc. 11612 Libum Park Rd</p> <p>Saint Louis, MO, 63146</p>
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Dialysis equipment agreement . Signed 2022 Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Tablo contract</p> <p>3052 Orchard Dr</p> <p>San Jose, CA, 95134</p>

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2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Ancillary service support Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri- University Ancillary services</p> <p>Curators of the university One Hosital Dr. Columbia, MO, 65212</p>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>2010 signed. University agreement for ambulance services Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri - University Hosital Ambulance services</p> <p>Curators of the university One Hosital Dr. Columbia, MO, 65212</p>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>2010 signed. University agreement for ambulance services Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri - University Hosital Ambulance services</p> <p>PO Box 802728</p> <p>Kansas City, MO, 64180</p>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>University transfer for patients. Signed 2009 Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri - University Hosital ancillary services agreement amended and restated</p> <p>Curators of the university One Hosital Dr. Columbia, MO, 65212</p>
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>University transfer for patients. Signed 2009 Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri - University Hosital ancillary services agreement amended and restated</p> <p>Curators of the university One Hosital Dr. Columbia, MO, 65212</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>University transfer for patients. Signed 2009 Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri - University Hosital ancillary services agreement amended and restated</p> <p>Curators of the university One Hosital Dr. Columbia, MO, 65212</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>University transfer for patients. Signed 2009 Purchaser</p> <p>Auto Renewal</p>	<p>The Curators of the University of Missouri - University Hosital ancillary services agreement amended and restated</p> <p>PO Box 802728</p> <p>Kansas City, MO, 64180</p>

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<p>2.104 State what the contract or lease is for and the nature of the debtor's interest Ancillary out patient services. Signed 2023 Purchaser</p> <p>State the term remaining Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>The Curators of the University of Missouri - University Patient transfer agreement Curators of the university One Hosital Dr. Columbia, MO, 65212</p>
<p>2.105 State what the contract or lease is for and the nature of the debtor's interest Medical Equipment- Respiratory Purchaser</p> <p>State the term remaining Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>USME PO Box 4339 Houston, TX, 77210</p>
<p>2.106 State what the contract or lease is for and the nature of the debtor's interest Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Aetna PO Box 981106 El Paso, TX, 79998</p>
<p>2.107 State what the contract or lease is for and the nature of the debtor's interest Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Ambetter By Home State Health Plan 11720 Borman Drive Saint Louis, MO, 63146</p>
<p>2.108 State what the contract or lease is for and the nature of the debtor's interest Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Anthem BCBS of Missouri PO Box 65205 Columbia, MO, 65205</p>
<p>2.109 State what the contract or lease is for and the nature of the debtor's interest Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Anthem Healthy Blue PO Box 533 North Haven, CT, 06473</p>
<p>2.110 State what the contract or lease is for and the nature of the debtor's interest Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Cigna PO Box 182223 Chattanooga, TN, 37422</p>

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<p>2.111</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>Corvel Work Comp PO Box 12250 Shawnee Mission, KS, 66282</p>
<p>2.112</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>Essence Healthcare PO Box 12250 Shawnee Mission, MO, 66282</p>
<p>2.113</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>Healthlink PO Box 419104 Saint Louis, MO, 63141</p>
<p>2.114</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>Missouri Medicaid PO Box 5100 Jefferson City, MO, 65102</p>
<p>2.115</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>Mitchel Nhq Prompt Pay 110 Theory Irvine, CA, 92617</p>
<p>2.116</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>Multiplan 115 5th Avenue New York, NY, 10003</p>
<p>2.117</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance Contract Agent</p>	<p>One Call 841 Prudential Drive Suite 204 Jacksonville, FL, 32207</p>

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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**

2.118	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Paradigm Specialty Network 4890 W Kennedy Blvd Suite 650 Tampa, FL, 33609
	State the term remaining List the contract number of any government contract		
2.119	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Prime Health Services 7110 Crossroads Blvd Suite 100 Brentwood, TN, 37027
	State the term remaining List the contract number of any government contract		
2.120	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Three Rivers Provider Network 1620 Fifth Avenue Suite 900 San Diego, CA, 92101
	State the term remaining List the contract number of any government contract		
2.121	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Tricare Wps/West Region PO Box 77028 Madison, WI, 53707
	State the term remaining List the contract number of any government contract		
2.122	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	United Health Care PO Box 740800 Atlanta, GA, 30374
	State the term remaining List the contract number of any government contract		
2.123	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	VA CCN Optum PO Box 202117 Florence, SC, 29502
	State the term remaining List the contract number of any government contract		
2.124	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Wellcare 113 South 11th Street Suite 200 Saint Louis, MO, 63102
	State the term remaining List the contract number of any government contract		

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p>	<p>WPS Health Solutions PO Box 8890 Madison, WI, 53708</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PPO Agreement Purchaser</p>	<p>ADP TotalSource 1 Penn Plz New York, NY, 10199</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Auto Renewal</p>	
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lab Services Purchaser</p>	<p>Analytical Pathology Services 10990 New Halls Ferry Road Suite J, Box 104 Saint Louis, MO, 63136</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Auto Renewal</p>	
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Guaranty of Landmark Real Estate Holdings LLC Master Lease Lessee</p>	<p>Ventas, Inc. 300 North LaSalle Street, Suite 1600 Chicago, IL, 60654</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Originally dated 8/12/2010</p>	
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Management Service Agreement Purchaser</p>	<p>LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC 8171 BAY COLONY DRIVE Unit 902 NAPLES, FL, 34108</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00402

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Landmark Hospital of Athens, LLC	775 Sunset Drive Athens, GA 30606	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Landmark Hospital of Cape Girardeau, LLC	3255 Independence St. Cape Girardeau, MO 63701	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Landmark Hospital of Joplin, LLC	2040 West 32nd St. Joplin, MO 64804	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Landmark Hospital of Savannah, LLC	800 E 68th St. Savannah, GA 31405	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Landmark Rehabilitation Hospital of Columbia, LLC	604 Old 63 N. Columbia, MO 65201	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Landmark Management Services of Florida, LLC	5153 Bluebonnet Suite B Baton Rouge, LA 70809	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402



Additional Page if Debtor Has 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	
Name	Mailing address	Name	Check all schedules that apply:
2.7 Landmark Holdings of Florida, LLC	2430 Vanderbilt Beach Road Suite 108-564 Naples, FL 34109	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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

Debtor Name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District District of Florida
(State)
 Case number (if known): 2:25-bk-00402

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 04/22/2025
MM / DD / YYYY

X /s/ M. Bryan Day
 Signature of individual signing on behalf of debtor

M. Bryan Day
 Printed name

CEO
 Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Landmark Hospital of Columbia, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00402

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/25

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 <u>01/01/2025</u> to <u>Filing date</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>7,732,750.45</u>
For prior year:	From <u>01/01/2024</u> to <u>12/31/2024</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>41,423,610.00</u>
For the year before that:	From <u>01/01/2023</u> to <u>12/31/2023</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>43,124,749.00</u>

2. Non-business revenue

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

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> to <u>Filing date</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>232.00</u>
For prior year:	From <u>01/01/2024</u> to <u>12/31/2024</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>14,342.00</u>
For the year before that:	From <u>01/01/2023</u> to <u>12/31/2023</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>161,215.00</u>

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

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 \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.	<u>See Attached Exhibit - Item 3</u> Creditor's name		<u>\$ 5,829,207.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2.	_____ Creditor's name		<u>\$ _____</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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 \$8,575. (This amount may be adjusted on 4/01/28 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	Dates	Total amount or value	Reasons for payment or transfer
4.1.	_____ Insider's name	_____ _____ _____	<u>\$ _____</u>	
	Relationship to debtor _____			
4.2.	_____ Insider's name	_____ _____ _____	<u>\$ _____</u>	
	Relationship to debtor _____			

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

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	Description of the property	Date	Value of property
5.1. _____ Creditor's name		_____	\$ _____
5.2. _____ Creditor's name		_____	\$ _____

6. Setoffs

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

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____		_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

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

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Ruth Weaver v. Landmark Hospital of Columbia and Wound Care Plus	Medical Negligence/Wrongful Death from pressure ulcer/infection	Boone County Circuit Court, Missouri	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 22BA-CV02504			
7.2. _____		_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____			

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

8. Assignments and receivership

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

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
	_____	_____
	Case number	Name _____

	Date of order or assignment	

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
9.1. _____		_____	\$ _____
Recipient's name		_____	\$ _____
Recipient's relationship to debtor			

9.2. _____		_____	\$ _____
Recipient's name		_____	\$ _____
Recipient's relationship to debtor			

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	Date of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		
_____	_____	_____	\$ _____

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address		_____	\$ _____
Email or website address _____			
Who made the payment, if not debtor? _____			

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address		_____	\$ _____
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
_____		_____	\$ _____
Trustee _____			

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address			

Relationship to debtor			

13.2. _____		_____	\$ _____
Address			

Relationship to debtor			

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	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

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 the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>Landmark Hospital of Columbia, LLC</u> Facility name 604 Old 63 N. Columbia, MO 65201	Long-term acute care and other healthcare services. Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 1) Iron Mountain - 2 Sun Court Norcross, GA 30092; 2) File Room - 4107 Rider Trail NO Earth City, MO 63045	35 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____ Facility name	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <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. Medical Records Information, Social Security Number, Date of Birth, etc.
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?
 No. Go to Part 10.
 Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____

 Has the plan been terminated?
 No
 Yes

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

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

Owner's name and address	Location of the property	Description of the property	Value
_____			\$ _____
Name			

Part 12: Details About Environmental Information

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

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

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

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____			<input type="checkbox"/> Pending
Case number	Name		<input type="checkbox"/> On appeal
_____			<input type="checkbox"/> Concluded

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.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____			_____
Name	Name		

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

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
Name _____	Name _____		_____

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

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

- None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name		EIN: _____ Dates business existed From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. _____ Name		EIN: _____ Dates business existed From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. _____ Name		EIN: _____ Dates business existed From _____ To _____

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

26. Books, records, and financial statements

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

None

Name and address		Dates of service
26a.1.	Andrew Goodman, Director of Accounting & Treasury Name 3255 Independence St., Cape Girardeau, MO 63701	From <u>01/01/2014</u> To _____

Name and address		Dates of service
26a.2.	Mary David, Accounting Manager Name 3255 Independence St., Cape Girardeau, MO 63701	From <u>01/01/2022</u> To _____

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

None

Name and address		Dates of service
26b.1.	Miller & Company LLP (Auditor) Name 2831 Ringling Boulevard Suite 204-B, Sarasota, FL 34237	From <u>01/01/2021</u> To <u>12/31/2024</u>

Name and address		Dates of service
26b.2.	_____ Name	From _____ To _____

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.	Miller & Company LLP Name 2831 Ringling Boulevard Suite 204-B, Sarasota, FL 34237	

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

Name and address

If any books of account and records are unavailable, explain why

26c.2. Tracy LaRose, CFO
Name
3255 Independence St., Cape Girardeau, MO 63701

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

None

Name and address

26d.1. SILA
Name
P.O. Box 714500, Cincinnati, OH 45271-1500

Name and address

26d.2. Ventas
Name
300 North LaSalle Street, Chicago, IL 60654

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
<u>Sharon Noe</u>	<u>02/28/2025</u>	<u>\$ 46,767.10</u>

Name and address of the person who has possession of inventory records

27.1. Sharon Noe
Name
604 Old 63 N.
Columbia, MO 65201

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

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
Sharon Noe	03/31/2025	\$41,632.11

Name and address of the person who has possession of inventory records

27.2. Sharon Noe
Name
604 Old 63 N.
Columbia, MO 65201

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
Landmark Holdings of Florida, LLC	2430 Vanderbilt Beach Rd. Suite 108-154, Naples, FL 34109	Shareholder, 97.5%	97.5
Craig Boudreaux	5153 Bluebonnet Suite B, Baton Rouge, LA 70809	Officer	
Tracy LaRose	3255 Independence St., Cape Girardeau, MO 63701	Officer	
M. Bryan Day	5153 Bluebonnet Suite B, Baton Rouge, LA 70809	Officer	
Dr. William Kapp	8171 Bay Colony Dr. #902, Naples, FL 34108	Chairman of the Board	

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
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

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
30.1. _____ Name	_____	_____	

Relationship to debtor		_____	

Debtor Landmark Hospital of Columbia, LLC
Name

Case number (if known) 2:25-bk-00402

Name and address of recipient

30.2

Name

Relationship to debtor

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

EIN: _____

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 pension fund

Employer Identification number of the pension fund

EIN: _____

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 04/22/2025
MM / DD / YYYY

X /s/ M. Bryan Day

Printed name M. Bryan Day

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

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

- No
- Yes

Exhibit - Item 3
SOFA Part 2, Question 3
Landmark Hospital of Columbia, LLC

Debtor Name	Creditor Name	Address1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Columbia, LLC	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	12/17/24	\$ 12,535.80
Landmark Hospital of Columbia, LLC	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	12/20/24	\$ 4,379.20
Landmark Hospital of Columbia, LLC	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	12/10/24	\$ 24,000.00
Landmark Hospital of Columbia, LLC	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	12/12/24	\$ 14,357.35
Landmark Hospital of Columbia, LLC	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	01/24/25	\$ 1,371.54
Landmark Hospital of Columbia, LLC	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	02/10/25	\$ 131.77
Landmark Hospital of Columbia, LLC	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	03/03/25	\$ 1,726.60
Landmark Hospital of Columbia, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/17/24	\$ 9,277.76
Landmark Hospital of Columbia, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/24/24	\$ 3,060.66
Landmark Hospital of Columbia, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/15/25	\$ 9,277.76
Landmark Hospital of Columbia, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/16/25	\$ 3,060.66
Landmark Hospital of Columbia, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/18/25	\$ 3,060.66
Landmark Hospital of Columbia, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/18/25	\$ 9,277.76
Landmark Hospital of Columbia, LLC	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	12/19/24	\$ 3,219.52
Landmark Hospital of Columbia, LLC	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	02/11/25	\$ 3,907.28
Landmark Hospital of Columbia, LLC	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	02/18/25	\$ 3,556.31
Landmark Hospital of Columbia, LLC	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	12/17/24	\$ 5,200.00
Landmark Hospital of Columbia, LLC	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	01/06/25	\$ 5,200.00
Landmark Hospital of Columbia, LLC	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	01/28/25	\$ 5,200.00
Landmark Hospital of Columbia, LLC	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	02/19/25	\$ 5,200.00
Landmark Hospital of Columbia, LLC	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	03/05/25	\$ 5,200.00
Landmark Hospital of Columbia, LLC	Baxter Healthcare Corp	PO BOX 70564	Chicago	IL	60673-0564	Suppliers or vendors	01/29/25	\$ 4,937.56
Landmark Hospital of Columbia, LLC	Baxter Healthcare Corp	PO BOX 70564	Chicago	IL	60673-0564	Suppliers or vendors	02/11/25	\$ 2,400.00
Landmark Hospital of Columbia, LLC	Baxter Healthcare Corp	PO BOX 70564	Chicago	IL	60673-0564	Suppliers or vendors	02/21/25	\$ 575.93
Landmark Hospital of Columbia, LLC	Baxter Healthcare Corp	PO BOX 70564	Chicago	IL	60673-0564	Suppliers or vendors	03/03/25	\$ 3,668.78
Landmark Hospital of Columbia, LLC	Boone County Collector	OF REVENUE 801 E WALNUT RM 118	COLUMBIA	MO	65201-4890	Suppliers or vendors	01/13/25	\$ 152,629.37
Landmark Hospital of Columbia, LLC	Boone County Collector	OF REVENUE 801 E WALNUT RM 118	COLUMBIA	MO	65201-4890	Suppliers or vendors	02/11/25	\$ 4,844.91
Landmark Hospital of Columbia, LLC	Boone Health Lab Services	1600 East Broadway, Box 17	Columbia	MO	65201	Suppliers or vendors	12/20/24	\$ 33,812.72
Landmark Hospital of Columbia, LLC	Boone Health Lab Services	1600 East Broadway, Box 17	Columbia	MO	65201	Suppliers or vendors	01/29/25	\$ 33,215.83
Landmark Hospital of Columbia, LLC	Boone Health Lab Services	1600 East Broadway, Box 17	Columbia	MO	65201	Suppliers or vendors	02/11/25	\$ 31,227.38
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	12/20/24	\$ 9,097.38
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	12/20/24	\$ 344.50
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	01/07/25	\$ 6,667.09
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	01/28/25	\$ 2,363.24
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	02/04/25	\$ 559.00
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	02/19/25	\$ 1,176.50
Landmark Hospital of Columbia, LLC	Boone Hospital Center	PO BOX 957935	ST. LOUIS	MO	63195	Suppliers or vendors	02/24/25	\$ 9,917.36
Landmark Hospital of Columbia, LLC	City Of Columbia	701 E. BROADWAY PO BOX 1676	COLUMBIA	MO	65205	Suppliers or vendors	12/23/24	\$ 9,469.40
Landmark Hospital of Columbia, LLC	City Of Columbia	701 E. BROADWAY PO BOX 1676	COLUMBIA	MO	65205	Suppliers or vendors	01/10/25	\$ 343.07
Landmark Hospital of Columbia, LLC	City Of Columbia	701 E. BROADWAY PO BOX 1676	COLUMBIA	MO	65205	Suppliers or vendors	01/10/25	\$ 20,773.67
Landmark Hospital of Columbia, LLC	City Of Columbia	701 E. BROADWAY PO BOX 1676	COLUMBIA	MO	65205	Suppliers or vendors	01/10/25	\$ 142.72
Landmark Hospital of Columbia, LLC	City Of Columbia	701 E. BROADWAY PO BOX 1676	COLUMBIA	MO	65205	Suppliers or vendors	03/03/25	\$ 9,514.49
Landmark Hospital of Columbia, LLC	Connected Health Care, LLC	PO Box 9487	Tyler	TX	75711	Suppliers or vendors	12/17/24	\$ 11,080.00
Landmark Hospital of Columbia, LLC	Curators Of The University Of	PO BOX 802728	KANSAS CITY	MO	64180-2728	Suppliers or vendors	12/17/24	\$ 9,237.25
Landmark Hospital of Columbia, LLC	Curators Of The University Of	PO BOX 802728	KANSAS CITY	MO	64180-2728	Suppliers or vendors	02/11/25	\$ 14,777.98
Landmark Hospital of Columbia, LLC	Favorite Healthcare Staffing	PO BOX 26225	Overland Park	KS	66225	Suppliers or vendors	12/17/24	\$ 6,232.80
Landmark Hospital of Columbia, LLC	Favorite Healthcare Staffing	PO BOX 26225	Overland Park	KS	66225	Suppliers or vendors	01/29/25	\$ 9,395.55
Landmark Hospital of Columbia, LLC	Favorite Healthcare Staffing	PO BOX 26225	Overland Park	KS	66225	Suppliers or vendors	02/11/25	\$ 8,362.35
Landmark Hospital of Columbia, LLC	Favorite Healthcare Staffing	PO BOX 26225	Overland Park	KS	66225	Suppliers or vendors	03/04/25	\$ 4,636.80
Landmark Hospital of Columbia, LLC	Fusion Medical Staffing	P.O. Box 30131	Omaha	NE	68103	Suppliers or vendors	01/22/25	\$ 5,697.60
Landmark Hospital of Columbia, LLC	Fusion Medical Staffing	P.O. Box 30131	Omaha	NE	68103	Suppliers or vendors	02/07/25	\$ 2,873.60
Landmark Hospital of Columbia, LLC	Fusion Medical Staffing	P.O. Box 30131	Omaha	NE	68103	Suppliers or vendors	02/21/25	\$ 5,756.00
Landmark Hospital of Columbia, LLC	Hospital Medicine Consulting	Delali Kwame Buatsi 6305 Upper Bridle Bend Dr.	Columbia	MO	65201	Suppliers or vendors	12/17/24	\$ 26,400.00
Landmark Hospital of Columbia, LLC	Hospital Medicine Consulting	Delali Kwame Buatsi 6305 Upper Bridle Bend Dr.	Columbia	MO	65201	Suppliers or vendors	01/15/25	\$ 12,000.00
Landmark Hospital of Columbia, LLC	Hospital Medicine Consulting	Delali Kwame Buatsi 6305 Upper Bridle Bend Dr.	Columbia	MO	65201	Suppliers or vendors	01/27/25	\$ 14,400.00

Debtor Name	Creditor Name	Address1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
		Delali Kwame Buatsi 6305 Upper Bridle Bend Dr.	Columbia	MO	65201	Suppliers or vendors	01/28/25	\$ 16,800.00
Landmark Hospital of Columbia, LLC	Hospital Medicine Consulting		Columbia	MO	65201	Suppliers or vendors	01/28/25	\$ 16,800.00
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/09/24	\$ 54,541.33
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/11/24	\$ 593.90
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 225,000.00
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 1,662.28
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 1,440.91
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 2,718.50
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 5,749.29
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 144,824.33
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/16/24	\$ 9,596.65
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/17/24	\$ 4,148.42
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/17/24	\$ 50.00
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/17/24	\$ 5,292.32
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/18/24	\$ 71,375.84
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/19/24	\$ 35,181.08
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/19/24	\$ 3,366.92
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/19/24	\$ 206,168.22
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/20/24	\$ 8,981.58
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/23/24	\$ 18,530.37
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florida	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/23/24	\$ 201,658.45

Debtor Name	Creditor Name	Address 1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/14/25	\$ 953.42
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/18/25	\$ 661.63
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/18/25	\$ 438.41
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/19/25	\$ 6,709.29
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/19/25	\$ 479,353.34
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/20/25	\$ 6,240.58
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/20/25	\$ 2,603.16
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/20/25	\$ 1,011.89
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/21/25	\$ 3,756.60
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/21/25	\$ 51,341.03
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/24/25	\$ 97.45
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/25/25	\$ 1,043.42
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/27/25	\$ 4,128.93
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/27/25	\$ 111,270.00
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/28/25	\$ 10,200.93
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/03/25	\$ 40,480.03
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/04/25	\$ 197.66
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/05/25	\$ 47,910.23
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/05/25	\$ 520.44
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/05/25	\$ 83,964.00
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/06/25	\$ 40,000.00
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/06/25	\$ 45,883.03
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/06/25	\$ 292.07
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 8,437.43
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 4,992.91
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 19,640.89
Landmark Hospital of Columbia, LLC	Landmark Management Services of Florid	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 352,101.32
Landmark Hospital of Columbia, LLC	Landmark Real Estate Holding LLC	543 Deer Creek Lane	Cape Girardeau	MO	63701	Intercompany	01/08/25	\$ 50,000.00
Landmark Hospital of Columbia, LLC	Landmark Real Estate Holding LLC	543 Deer Creek Lane	Cape Girardeau	MO	63701	Intercompany	02/04/25	\$ 50,000.00
Landmark Hospital of Columbia, LLC	Landmark Real Estate Holding LLC	543 Deer Creek Lane	Cape Girardeau	MO	63701	Intercompany	03/06/25	\$ 50,000.00
Landmark Hospital of Columbia, LLC	LRS Healthcare LLC	2655 Northwinds Parkway	Alpharetta	GA	30009	Suppliers or vendors	03/03/25	\$ 17,815.58
Landmark Hospital of Columbia, LLC	M & Z Telemedicine	4403 SILVER VALLEY D	COLUMBIA	MO	65203	Suppliers or vendors	12/12/24	\$ 40,668.40
Landmark Hospital of Columbia, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	01/14/25	\$ 11,207.99
Landmark Hospital of Columbia, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	01/28/25	\$ 31,594.22
Landmark Hospital of Columbia, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	02/11/25	\$ 20,178.62
Landmark Hospital of Columbia, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	02/27/25	\$ 40,634.42
Landmark Hospital of Columbia, LLC	Norvin Eugene Thomas Md	5914 Ivory Lane	COLUMBIA	MO	65201	Suppliers or vendors	12/26/24	\$ 13,200.00
Landmark Hospital of Columbia, LLC	Norvin Eugene Thomas Md	5914 Ivory Lane	COLUMBIA	MO	65201	Suppliers or vendors	01/23/25	\$ 10,800.00
Landmark Hospital of Columbia, LLC	Norvin Eugene Thomas Md	5914 Ivory Lane	COLUMBIA	MO	65201	Suppliers or vendors	01/23/25	\$ 12,000.00
Landmark Hospital of Columbia, LLC	Norvin Eugene Thomas Md	5914 Ivory Lane	COLUMBIA	MO	65201	Suppliers or vendors	02/27/25	\$ 12,000.00
Landmark Hospital of Columbia, LLC	Pawnee Equipment	3801 Automation Way UNIT 207	Fort Collins	CO	80525	Suppliers or vendors	12/17/24	\$ 2,677.42
Landmark Hospital of Columbia, LLC	Pawnee Equipment	3801 Automation Way UNIT 207	Fort Collins	CO	80525	Suppliers or vendors	12/26/24	\$ 644.27
Landmark Hospital of Columbia, LLC	Pawnee Equipment	3801 Automation Way UNIT 207	Fort Collins	CO	80525	Suppliers or vendors	12/26/24	\$ 1,174.45
Landmark Hospital of Columbia, LLC	Pawnee Equipment	3801 Automation Way UNIT 207	Fort Collins	CO	80525	Suppliers or vendors	01/15/25	\$ 2,677.42
Landmark Hospital of Columbia, LLC	Pawnee Equipment	3801 Automation Way UNIT 207	Fort Collins	CO	80525	Suppliers or vendors	02/18/25	\$ 2,677.42
Landmark Hospital of Columbia, LLC	Peak Climate Mechanical	16850 North Route Z	Centralia	MO	65240	Suppliers or vendors	12/18/24	\$ 2,500.50
Landmark Hospital of Columbia, LLC	Peak Climate Mechanical	16850 North Route Z	Centralia	MO	65240	Suppliers or vendors	12/27/24	\$ 4,972.50
Landmark Hospital of Columbia, LLC	Peak Climate Mechanical	16850 North Route Z	Centralia	MO	65240	Suppliers or vendors	01/15/25	\$ 3,914.00
Landmark Hospital of Columbia, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLE	MO	63304	Suppliers or vendors	12/23/24	\$ 6,400.00
Landmark Hospital of Columbia, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLE	MO	63304	Suppliers or vendors	01/28/25	\$ 6,400.00
Landmark Hospital of Columbia, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLE	MO	63304	Suppliers or vendors	02/28/25	\$ 4,600.00
Landmark Hospital of Columbia, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLE	MO	63304	Suppliers or vendors	02/28/25	\$ 4,800.00
Landmark Hospital of Columbia, LLC	Staff-Smart Medical Staff	P.O. BOX 7971	Carol Stream	IL	60197-7971	Suppliers or vendors	12/27/24	\$ 11,126.53
Landmark Hospital of Columbia, LLC	Staff-Smart Medical Staff	P.O. BOX 7971	Carol Stream	IL	60197-7971	Suppliers or vendors	12/31/24	\$ 8,182.35
Landmark Hospital of Columbia, LLC	Staff-Smart Medical Staff	P.O. BOX 7971	Carol Stream	IL	60197-7971	Suppliers or vendors	01/22/25	\$ 4,215.63
Landmark Hospital of Columbia, LLC	Staff-Smart Medical Staff	P.O. BOX 7971	Carol Stream	IL	60197-7971	Suppliers or vendors	01/22/25	\$ 4,041.35
Landmark Hospital of Columbia, LLC	Staff-Smart Medical Staff	P.O. BOX 7971	Carol Stream	IL	60197-7971	Suppliers or vendors	03/04/25	\$ 11,517.61
Landmark Hospital of Columbia, LLC	Sysco Kansas City Inc.	1915 KANSAS CITY RD	OLATHE	KS	66061	Suppliers or vendors	12/11/24	\$ 4,834.95
Landmark Hospital of Columbia, LLC	Sysco Kansas City Inc.	1915 KANSAS CITY RD	OLATHE	KS	66061	Suppliers or vendors	02/03/25	\$ 12,687.18
Landmark Hospital of Columbia, LLC	WPS Medicare/Reimbursement	Attn: Debt Recovery Dept 1717 West Broadway	Madison	WI	53713-1834	Suppliers or vendors	01/13/25	\$ 54,544.78
Total								\$5,829,207.01