

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

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In re:	Chapter 11
Landmark Holdings of Florida, LLC,	Case No. 2:25-bk-00397
	Jointly Administered With
Landmark Management Services of Florida, LLC,	Case No. 2:25-bk-00398
Landmark Rehabilitation Hospital of Columbia, LLC,	Case No. 2:25-bk-00399
Landmark Hospital of Athens, LLC,	Case No. 2:25-bk-00400
Landmark Hospital of Cape Girardeau, LLC,	Case No. 2:25-bk-00401
Landmark Hospital of Columbia, LLC,	Case No. 2:25-bk-00402
Landmark Hospital of Joplin, LLC,	Case No. 2:25-bk-00403
Landmark Hospital of Savannah, LLC,	Case No. 2:25-bk-00404
Debtors. <sup>1</sup>	

**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”),

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<sup>1</sup> 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 Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida (State)  
 Case number (if known): 2:25-bk-00399

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. <b>Real property:</b>                  Copy line 88 from <i>Schedule A/B</i> .....</p>	\$ <u>0.00</u>
<p>1b. <b>Total personal property:</b>                  Copy line 91A from <i>Schedule A/B</i> .....</p>	\$ <u>0.00</u>
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i> .....</p>	\$ <u>0.00</u>

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (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>	\$ <u>31,286,816.42</u>
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b>                  Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....</p>	\$ <u>0.00</u>
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b>                  Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....</p>	+\$ <u>0.00</u>
<p>4. <b>Total liabilities</b> .....</p> <p>Lines 2 + 3a + 3b</p>	\$ <u>31,286,816.42</u>

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

Debtor name Landmark Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00399

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

\$ \_\_\_\_\_

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. _____	_____	____ _	\$ _____
3.2. _____	_____	____ _	\$ _____

4. Other cash equivalents (*Identify all*)

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

5. Total of Part 1

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. _____	\$ _____

Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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:  $\frac{0.00}{\text{face amount}} - \frac{0.00}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$  \$ 0.00

11b. Over 90 days old:  $\frac{2,673,162.67}{\text{face amount}} - \frac{2,673,162.67}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$  \$ 0.00

**12. Total of Part 3**

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

\$ 0.00

**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.

\$ \_\_\_\_\_

Debtor

Name

Case number (if known)

2:25-bk-00399

**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	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5	Add lines 19 through 22. Copy the total to line 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	\$ _____	_____	\$ _____

**33. Total of Part 6.**

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

\$ _____
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**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	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
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.

\$ _____
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**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

Debtor

Landmark Rehabilitation Hospital of Columbia, LLC

Case number (if known)

2:25-bk-00399

Name

**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)

	\$ _____	_____	\$ _____
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51. Total of Part 8.

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

\$ _____
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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

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

**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 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.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Rental Property at: 604 Old 63 N. Columbia, MO 65201	Lessee	\$ 0.00		\$ 0.00
55.2		\$ _____		\$ _____
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.

\$ 0.00
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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 (Where available)	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	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____		\$ _____
64. Other intangibles, or intellectual property Domains, IP, Trademarks, Etc.	\$ _____		\$ 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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Debtor

Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

- 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) \_\_\_\_\_  
 \_\_\_\_\_ 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*  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Debtor

Landmark Rehabilitation Hospital of Columbia, LLC

Case number (if known)

Name

**Part 12: Summary**

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

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

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

Debtor name Landmark Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00399

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 Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number 2:25-bk-00399  
 (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
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p><b>As of the petition filing date, the claim is:</b> \$ _____</p> <p><i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Basis for the claim:</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	\$ _____	\$ _____
<p><b>2.2</b> Priority creditor's name and mailing address</p> <p><b>As of the petition filing date, the claim is:</b> \$ _____</p> <p><i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Basis for the claim:</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	\$ _____	\$ _____
<p><b>2.3</b> Priority creditor's name and mailing address</p> <p><b>As of the petition filing date, the claim is:</b> \$ _____</p> <p><i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Basis for the claim:</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	\$ _____	\$ _____

**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
<b>3.1</b>	Nonpriority creditor's name and mailing address	
		\$ _____
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b>		
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
Last 4 digits of account number _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.2</b>	Nonpriority creditor's name and mailing address	
		\$ _____
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b>		
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
Last 4 digits of account number _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.3</b>	Nonpriority creditor's name and mailing address	
		\$ _____
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b>		
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
Last 4 digits of account number _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.4</b>	Nonpriority creditor's name and mailing address	
		\$ _____
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b>		
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
Last 4 digits of account number _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.5</b>	Nonpriority creditor's name and mailing address	
		\$ _____
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b>		
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
Last 4 digits of account number _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.6</b>	Nonpriority creditor's name and mailing address	
		\$ _____
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b>		
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
Last 4 digits of account number _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**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. \$ 0.00

5b. **Total claims from Part 2** 5b. + \$ 0.00

5c. **Total of Parts 1 and 2** 5c. \$ 0.00  
Lines 5a + 5b = 5c.

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

Debtor name Landmark Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00399 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

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

2.2

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

2.3

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

2.4

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

2.5

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

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

Debtor name Landmark Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00399

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 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
2.4 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
2.5 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
2.6 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 Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399



**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 Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (If known): 2:25-bk-00399

**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 Rehabilitation Hospital of Columbia, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00399

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)
<b>From the beginning of the fiscal year to filing date:</b> From _____ to Filing date <small>MM / DD / YYYY</small>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ _____
<b>For prior year:</b> From _____ to _____ <small>MM / DD / YYYY</small>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ _____
<b>For the year before that:</b> From _____ to _____ <small>MM / DD / YYYY</small>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ _____

**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)
<b>From the beginning of the fiscal year to filing date:</b> From _____ to Filing date <small>MM / DD / YYYY</small>	_____	\$ _____
<b>For prior year:</b> From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____
<b>For the year before that:</b> From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____

Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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. _____ Creditor's name		\$ _____	<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 _____
3.2. _____ Creditor's name		\$ _____	<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	_____ _____ _____	\$ _____	
<b>Relationship to debtor</b> _____			
4.2. _____ Insider's name	_____ _____ _____	\$ _____	
<b>Relationship to debtor</b> _____			

Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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. _____ Case number			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. _____ Case title		_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
_____			
_____			

Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
 Name \_\_\_\_\_

Case number (if known) 2:25-bk-00399

**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	<b>Case title</b>	<b>Court name and address</b>
	_____	_____
	<b>Case number</b>	Name _____
	_____	
	<b>Date of order or assignment</b>	
	_____	

**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		_____	\$ _____
	<b>Recipient's relationship to debtor</b>		
	_____		
9.2. _____		_____	\$ _____
Recipient's name		_____	\$ _____
	<b>Recipient's relationship to debtor</b>		
	_____		

**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 Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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 Rehabilitation Hospital of Columbia, LLC  
 Name

Case number (if known) 2:25-bk-00399

**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 Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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 Rehabilitation Hospital of Columb</u> Facility name  604 Old 63 N. Columbia, MO 65201	Long-term acute care and other healthcare services.  <b>Location where patient records are maintained</b> (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	_____  <b>How are records kept?</b>  Check all that apply: <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	<b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider.	_____  <b>How are records kept?</b>  Check all that apply: <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:

<b>Name of plan</b>	<b>Employer identification number of the plan</b>
_____	EIN: _____

- Has the plan been terminated?
- No
  - Yes



Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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 Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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
<small>Name</small> _____	<small>Name</small> _____		_____

**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 <small>Do not include Social Security number or ITIN.</small>
25.1. _____ <small>Name</small>		EIN: _____
		<b>Dates business existed</b>
		From _____ To _____

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

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

Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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.	Tracy LaRose, CFO <small>Name</small> 3255 Independence St. Cape Girardeau, MO 63701	From <u>01/01/2020</u> To _____

Name and address		Dates of service
26a.2.	Andrew Goodman, Director of Accounting & Treasury <small>Name</small> 3255 Independence St., Cape Girardeau, MO 63701	From <u>01/01/2014</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.	_____ <small>Name</small>	From _____ To _____

Name and address		Dates of service
26b.2.	_____ <small>Name</small>	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.	_____ <small>Name</small>	

Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
 Name \_\_\_\_\_

Case number (if known) 2:25-bk-00399

**Name and address**

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

26c.2. \_\_\_\_\_  
 Name

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. \_\_\_\_\_  
 Name

**Name and address**

26d.2. \_\_\_\_\_  
 Name

**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**

\_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

27.1. \_\_\_\_\_  
 Name



Debtor Landmark Rehabilitation Hospital of Columbia, LLC  
Name

Case number (if known) 2:25-bk-00399

**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

Debtor Name Landmark Rehabilitation Hospital of Columbia, LLC

Case number *(if known)* 2:25-bk-00399

**Continuation Sheet for Official Form 207**

**26a) Bookkeepers**

<b>Mary David,</b>	<b>3255 Independence</b>	<b>01/01/2022</b>
<b>Accounting Manager</b>	<b>St., Cape</b>	
	<b>Girardeau, MO 63701</b>	