

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

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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. <sup>1</sup>	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”),

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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 Hospital of Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida (State)  
 Case number (if known): 2:25-bk-00401

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>12,031,896.98</u>
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i> .....</p>	\$ <u>12,031,896.98</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>1,595.56</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>8,341,770.94</u>
<p>4. <b>Total liabilities</b> .....                  Lines 2 + 3a + 3b</p>	\$ <u>39,630,182.92</u>

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

Debtor name Landmark Hospital of Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00401

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 1 7</u>	\$ 37,116.72
3.2. <u>See continuation sheet</u>			\$ 0.00

4. Other cash equivalents (Identify all)

4.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 4.2. \_\_\_\_\_ \$ \_\_\_\_\_

5. Total of Part 1

\$ 37,116.72

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 Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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>2,128,255.88</u>	-	<u>0.00</u>	=	..... →	\$ <u>2,128,255.88</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>3,140,982.22</u>	-	<u>2,088,291.60</u>	=	..... →	\$ <u>1,052,690.62</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.

\$ 3,180,946.50

**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 Inventory	02/28/2025	59,347.09		59,347.09
	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 59,347.09
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.

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

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. <b>Office furniture</b> Office equipment	\$ 29,046.91		\$ 29,046.91
40. <b>Office fixtures</b>	\$ _____		\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Computer Hardware / Software	\$ 14,548.03		\$ 14,548.03
42. <b>Collectibles</b> <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.

\$ 43,594.94

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 Hospital of Cape Girardeau, LLC

Case number (if known)

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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)  
Medical and Other Healthcare Related Equipment

\$ 201,802.80	_____	\$ 201,802.80
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51. Total of Part 8.

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

\$ 201,802.80
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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: 3255 Independence St. Cape Girardeau, MO 63701	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 Cape Girardeau - Certificate of Need	14,312.32		14,312.32
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.

\$ 14,312.32
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Debtor

Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

- 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*  
InterCo Receivable due from Landmark Hospital of Columbia, LLC \$ 550,723.37  
See continuation sheet \$ 7,944,053.24

78. **Total of Part 11.**  
Add lines 71 through 77. Copy the total to line 90. \$ 8,494,776.61

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

Debtor

Landmark Hospital of Cape Girardeau, 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>	\$ 37,116.72	
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>	\$ 3,180,946.50	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 59,347.09	
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>	\$ 43,594.94	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 201,802.80	
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>	\$ 14,312.32	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 8,494,776.61	
91. <b>Total.</b> Add lines 80 through 90 for each column. .... 91a.	\$ 12,031,896.98	+ 91b. \$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....	12,031,896.98	\$ 12,031,896.98

Debtor 1

Landmark Hospital of Cape Girardeau, LLC

First Name

Middle Name

Last Name

Case number (if known)

**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	0684
Balance: 0.00		
Montgomery Bank	Checking	3224
Balance: 0.00		
Citizens Bank	Checking	6467
Balance: 0.00		

**77) Other property of any kind not already listed**

General description	Current value
InterCo Receivable due from Landmark Hospital of Joplin, LLC	268,233.67
InterCo Receivable due from Landmark Management Services of Florida, LLC	6,622,118.67
InterCo Receivable due from Landmark Hospital of Savannah, LLC	289,044.61
Receivable due from Landmark Hospital of Salt Lake City, LLC	1,868.50
Landmark Holdings of Florida, LLC	604,076.80
Receivable due from Landmark Hospitals of Southwest Florida, LLC	8,710.99
Receivable due from White Oaks Real Estate Investments of Cape Girardeau	150,000.00

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

Debtor name Landmark Hospital of Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00401

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  
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 Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number 2:25-bk-00401  
 (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.

**2.1** Priority creditor's name and mailing address  
 CAPE GIRARDEAU COUNTY COLLECTOR  
 1 BARTON SQUARE, STE 303  
 STE 303  
 Jackson, MO 63755

	Total claim	Priority amount
As of the petition filing date, the claim is: <u>\$ 1,595.56</u>	<u>\$ 1,595.56</u>	<u>\$ 1,595.56</u>

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

\_\_\_\_\_

Basis for the claim:  
 Taxes & Other Government Units

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )

**2.2** Priority creditor's name and mailing address

	Total claim	Priority amount
As of the petition filing date, the claim is: \$ _____	_____	_____

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

\_\_\_\_\_

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( \_\_\_\_\_ )

**2.3** Priority creditor's name and mailing address

	Total claim	Priority amount
As of the petition filing date, the claim is: \$ _____	_____	_____

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

\_\_\_\_\_

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( \_\_\_\_\_ )

**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 3M 2807 PAYSPHERE CIR CHICAGO, IL 60674	<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> Trade payable	\$ 8,370.27
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.2</b> Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	<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> Patient refund	\$ 100.00
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.3</b> Nonpriority creditor's name and mailing address ADVANTIS MEDICAL STAFFING LLC 20 SUNNYSIDE AVE STE E MILL VALLEY, CA 94941	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade payable	\$ 11,158.80
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.4</b> Nonpriority creditor's name and mailing address AGILE CONSULTING GROUP, INC 7535 S. SPALDING LAKE DR. ATLANTA, GA 30350	<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> Trade payable	\$ 2,885.86
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.5</b> Nonpriority creditor's name and mailing address AIRGAS USA, LLC. PO BOX 734672 DALLAS, TX 75373	<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> Trade payable	\$ 20,221.61
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.6</b> Nonpriority creditor's name and mailing address ALLHEALTH STAFFING GROUP LLC 15 SILVERCREEK LANE BALLWIN, MO 63011	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade payable	\$ 101,157.50
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <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  
 ALLIED-CERTIFIED MEDICAL WASTE  
 2600 W EXECUTIVE PARKWAY STE 300  
 LEHI, UT 84043

As of the petition filing date, the claim is: \$ 5,767.99  
*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 \_\_\_\_\_

3.8 Nonpriority creditor's name and mailing address  
 AMEREN MISSOURI  
 PO BOX 88068  
 CHICAGO, IL 60680

As of the petition filing date, the claim is: \$ 14,585.34  
*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 \_\_\_\_\_

3.9 Nonpriority creditor's name and mailing address  
 AMERICAN PROF INSTITUTE  
 DEPARTMENT 9526  
 PO BOX 30516  
 LANSING, MI 48909

As of the petition filing date, the claim is: \$ 1,037.00  
*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 \_\_\_\_\_

3.10 Nonpriority creditor's name and mailing address  
 ANALYTICAL PATHOLOGY SERVICE  
 10990 NEW HALLS FERRY RD  
 STE J BOX 104  
 SAINT LOUIS, MO 63136

As of the petition filing date, the claim is: \$ 9,857.18  
*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 \_\_\_\_\_

3.11 Nonpriority creditor's name and mailing address  
 APPLICHT LIMITED  
 7 LAPWING PARK  
 NEWTOWNARDS, UK

As of the petition filing date, the claim is: \$ 406.60  
*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. <sup>12</sup> Nonpriority creditor's name and mailing address  
 ASCEND CLINICAL, LLC  
 PO BOX 45021  
 SAN FRANCISCO, CA 94145

**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 \_\_\_\_\_

\$ 1,868.46

3. <sup>13</sup> Nonpriority creditor's name and mailing address  
 BARD ACCESS SYSTEMS  
 P.O. BOX 75767  
 CHARLOTTE, NC 28275

**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 \_\_\_\_\_

\$ 13,980.13

3. <sup>14</sup> Nonpriority creditor's name and mailing address  
 BEACONMEDAES LLC  
 DEPT 3234  
 PO BOX 123234  
 DALLAS, TX 75312

**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 \_\_\_\_\_

\$ 2,127.75

3. <sup>15</sup> Nonpriority creditor's name and mailing address  
 CAPE COUNTY PRIVATE AMBUL  
 1458 N KINGSHIGHWAY  
 CAPE GIRARDEAU, MO 63701

**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 \_\_\_\_\_

\$ 36,278.01

3. <sup>16</sup> Nonpriority creditor's name and mailing address  
 CAPE ELECTRICAL SUPPLY LLC  
 489 KELL FARM DRIVE  
 CAPE GIRARDEAU, MO 63701

**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 \_\_\_\_\_

\$ 8.55

**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. <sup>17</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 32,673.60

CAPE GIRARDEAU SURGICAL  
60 DOCTORS' PARK  
CAPE GIRARDEAU, MO 63703

*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. <sup>18</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 833.34

CAPE RADIOLOGY A/R  
ATTN: M. HUBBARD  
70 DOCTORS PARK  
CAPE GIARARDEAU, MO 63703

*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. <sup>19</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,773.66

CAREFUSION SOLUTIONS LLC  
PYXIS PRODUCTS  
25082 NETWORK PLACE  
CHICAGO, IL 60673

*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. <sup>20</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,044,041.82

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

*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

**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. <sup>21</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 619.00

CHARTER COMMUNICATIONS HOLDINGS, LLC  
PO BOX 94188  
PALATINE, IL 60094

*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

3.22 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: \$ 374.00  
 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 \_\_\_\_\_

3.23 Nonpriority creditor's name and mailing address  
 CITY OF CAPE GIRARDEAU  
 PO BOX 617  
 CAPE GIRARDEAU, MO 63702

As of the petition filing date, the claim is: \$ 863.46  
 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 \_\_\_\_\_

3.24 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: \$ 1,239.00  
 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 \_\_\_\_\_

3.25 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: \$ 1,958.76  
 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 \_\_\_\_\_

3.26 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: \$ 179,971.36  
 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

3.27 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 \_\_\_\_\_

3.28 Nonpriority creditor's name and mailing address  
 CROWLEY RIDGE MEDICAL LLC  
 20366 CR 510  
 BLOOMFIELD, MO 63825

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

\$ 150.00

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 \_\_\_\_\_

3.29 Nonpriority creditor's name and mailing address  
 CULLIGAN WATER  
 DEPARTMENT 8493  
 PO BOX 77043  
 MINNEAPOLIS, MN 55480

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

\$ 1,879.26

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  
 CURBELL MEDICAL PRODUCTS  
 7 COBHAM DRIVE  
 ORCHARD PARK, NY 14127

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

\$ 135.45

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  
 DIGITAL 1 GROUP, LLC  
 112 EMERALD STAR LANE  
 LAFAYETTE, LA 70506

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

\$ 763.35

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. <sup>32</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 528.34
	DOCTEGRITY 3308 PRESTON ROAD 350-205 PLANO, TX 75093	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> 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. <sup>33</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 912.60
	DRFIRST.COM, INC 8420 KEY WEST AVE, SUITE 101 ROCKVILLE, MD 20850	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> 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. <sup>34</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 6,105.00
	DTG MEDICAL ELECTRONICS 8325 MELROSE DRIVE LENEXA, KS 66214	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> 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. <sup>35</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 435.00
	ELITE PEST CONTROL LLC 2811 WINTERGREEN DRIVE, UNIT B CAPE GIRARDEAU, MO 63701	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> 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. <sup>36</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 0.00
	FABICK POWER SYSTEMS, INC 101 FABICK DR. FENTON, MO 63026	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> 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  
 FERRELLGAS LP  
 ONE LIBERTY PLAZA  
 PLEASANT VALLEY, MO 64068

**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 \_\_\_\_\_

\$ 859.64

3.38 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:**  
*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 \_\_\_\_\_

\$ 84,825.21

3.39 Nonpriority creditor's name and mailing address  
 FOUNTAIN LIFE MANAGEMENT  
 9000 PERRY HWY  
 PITTSBURGH, PA 15237

**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 \_\_\_\_\_

\$ 2,000.00

3.40 Nonpriority creditor's name and mailing address  
 FUKUDA DENSHI  
 BLDG C  
 17725 NE 65TH ST BLD  
 REDMOND, WA 98052

**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 \_\_\_\_\_

\$ 5,579.23

3.41 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:**  
*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 \_\_\_\_\_

\$ 33,360.06

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  
 HAMILTON MEDICAL, INC.  
 201 EDISON WAY  
 UNIT A  
 RENO, NV 89502

As of the petition filing date, the claim is: \$ 17,199.49  
 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  
 HEALTH CARE LOGISTICS  
 PO BOX 400  
 CIRCLEVILLE, OH 43113

As of the petition filing date, the claim is: \$ 452.18  
 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  
 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

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  
 HEALTHLINK, INC.  
 ATTN: FINANCE DEPT  
 PO BOX 6501  
 CAROL STREAM, IL 60197

As of the petition filing date, the claim is: \$ 3,103.47  
 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  
 HELDEBRANDT CONSULTING, LLC  
 SHAWN HELDEBRANDT  
 5130 OAK TIMBER DRIVE  
 TULSA, OK 74131

As of the petition filing date, the claim is: \$ 325.00  
 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 \_\_\_\_\_

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  
 HILL-ROM INC  
 PO BOX 643592  
 PITTSBURGH, PA 15264

As of the petition filing date, the claim is: \$ 4,642.54  
 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  
 IDOCWEB  
 5465 LEGACY DRIVE  
 SUITE 650  
 PLANO, TX 75024

As of the petition filing date, the claim is: \$ 16,150.00  
 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

3.49 Nonpriority creditor's name and mailing address  
 IDZ, LLC (ID ZONE)  
 5830 NW 163RD ST  
 MIAMI LAKES, FL 33014

As of the petition filing date, the claim is: \$ 531.42  
 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  
 INPRO CORPORATION  
 PO BOX 720  
 MUSKEGO, WI 53150

As of the petition filing date, the claim is: \$ 106.55  
 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  
 INTERMED GROUP, INC.  
 13301 NW US HWY 441  
 ALACHUA, FL 32615

As of the petition filing date, the claim is: \$ 17,102.92  
 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. <sup>52</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,316.13  
 INTERSTATE IMAGING  
 810 N FARES AVE  
 EVANSVILLE, IN 47711

*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. <sup>53</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,695.31  
 IRON MOUNTAIN  
 PO BOX 915004  
 DALLAS, TX 75391

*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. <sup>54</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 550,736.05  
 J&R FULLER, LLC  
 DBA PHARMACARE SERVICES  
 713 4TH ST  
 BLANCO, TX 78606

*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. <sup>55</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 10,876.80  
 JACKSON THERAPY PARTNERS, LLC  
 2301 LUCIEN WAY  
 SUITE 325  
 MAITLAND, FL 32751

*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. <sup>56</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 32,494.63  
 KCI USA INC  
 PO BOX 301557  
 DALLAS, TX 75303

*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

3.57 Nonpriority creditor's name and mailing address  
 LANDAUER, INC  
 PO BOX 809051  
 CHICAGO, IL 60680

As of the petition filing date, the claim is: \$ 0.00  
 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

3.58 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: \$ 56,696.54  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: InterCo transactions

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

Is the claim subject to offset?  
 No  
 Yes

3.59 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: \$ 25.00  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Related entity transfers

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

Is the claim subject to offset?  
 No  
 Yes

3.60 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: \$ 1,924,262.17  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Lease Obligations

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

Is the claim subject to offset?  
 No  
 Yes

3.61 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: \$ 3,250,000.00  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

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

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.<sup>62</sup> 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: \$ 139,800.88  
*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.<sup>63</sup> Nonpriority creditor's name and mailing address  
 LSL INDUSTRIES, INC.  
 LSL HEALTHCARE  
 6200 W. HOWARD STREET  
 NILES, IL 60714

As of the petition filing date, the claim is: \$ 667.84  
*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.<sup>64</sup> Nonpriority creditor's name and mailing address  
 M & Z TELEMEDICINE  
 4403 SILVER VALLEY D  
 COLUMBIA, MO 65203

As of the petition filing date, the claim is: \$ 14,384.00  
*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.<sup>65</sup> Nonpriority creditor's name and mailing address  
 MARLIN BUSINESS BANK  
 PO BOX 13604  
 PHILADELPHIA, PA 19101

As of the petition filing date, the claim is: \$ 1,584.25  
*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.<sup>66</sup> Nonpriority creditor's name and mailing address  
 MED E QUIP LOCATORS, INC  
 325 LEFFINGWELL AVE  
 KIRKWOOD, MO 63122

As of the petition filing date, the claim is: \$ 52,011.04  
*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. <sup>67</sup> Nonpriority creditor's name and mailing address  
 MEDICAL BUSINESS CONSULTANTS  
 11605 SOUTHFORK AVE - STE B  
 BATON ROUGE, LA 70816

As of the petition filing date, the claim is: \$ 3,049.73  
*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. <sup>68</sup> Nonpriority creditor's name and mailing address  
 MEDICAL SPECIALISTS OF SE MISS  
 CHARLES EDWARD LAVALLE III MD  
 2149 WOODSIDE  
 CAPE GIRARDEAU, MO 63701

As of the petition filing date, the claim is: \$ 875.00  
*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. <sup>69</sup> 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: \$ 126,215.23  
*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. <sup>70</sup> Nonpriority creditor's name and mailing address  
 MELE PRINTING COMPANY, LLC  
 619 NORTH TYLER STREET  
 COVINGTON, LA 70433

As of the petition filing date, the claim is: \$ 168.26  
*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. <sup>71</sup> Nonpriority creditor's name and mailing address  
 MERCY SPECIALIZED BILLING  
 P.O. BOX 505125  
 655 MARYVILLE CT DR  
 ST. LOUIS, MO 63150

As of the petition filing date, the claim is: \$ 42,437.32  
*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  
 METRO ELECTRIC SUPPLY  
 PO BOX 78126  
 ST. LOUIS, MO 63178

**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 \_\_\_\_\_

\$ 0.75

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:**  
*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 \_\_\_\_\_

\$ 617.94

3.74 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:**  
*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 \_\_\_\_\_

\$ 3,032.61

3.75 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:**  
*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 \_\_\_\_\_

\$ 2,726.00

3.76 Nonpriority creditor's name and mailing address  
 OMAR KHAN  
 1300 N. MAIN ST  
 APT. 109  
 SIKESTON, MO 63801

**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 \_\_\_\_\_

\$ 8,850.00

**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. <sup>77</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 25,564.72  
 OUTSET MEDICAL, INC  
 3052 ORCHARD DR  
 SAN JOSE, CA 95134

*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. <sup>78</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 5,405.00  
 PATHEOUS HEALTH IMAGING, LLC  
 6601 COLLEGE BLVD  
 SUITE 120  
 OVERLAND PARK, KS 66221

*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. <sup>79</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 299.42  
 PEERLESS NETWORK INC  
 PO BOX 735253  
 CHICAGO, IL 60673

*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. <sup>80</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,653.94  
 PERFORMANCE HEALTH SUPPLY  
 STE 700  
 28100 TORCH PKWY  
 WARRENVILLE, IL 60555

*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. <sup>81</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 175.73  
 PITNEY BOWES INC.  
 PO BOX 371896  
 PITTSBURGH, PA 15250

*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. <sup>82</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,876.89  
 Check all that apply.  
 PLANSOURCE BENEFITS ADMIN INC  Contingent  
 PO BOX 932330  Unliquidated  
 ATLANTA, GA 31193  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. <sup>83</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 565.00  
 Check all that apply.  
 PREMIER FIRE & SAFETY  Contingent  
 PO BOX 1037  Unliquidated  
 PADUCAH, KY 42002  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. <sup>84</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 18,021.13  
 Check all that apply.  
 RICOH, USA INC  Contingent  
 PO BOX 660342  Unliquidated  
 DALLAS, TX 75266  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. <sup>85</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 13,800.00  
 Check all that apply.  
 RNC SHIVA LLC  Contingent  
 3121 VAIL ST  Unliquidated  
 CAPE GIRARDEAU, MO 63701  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. <sup>86</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 3,185.00  
 Check all that apply.  
 ROYAL LAWNS  Contingent  
 630 ONYX LN  Unliquidated  
 CAPE GIRARDEAU, MO 63701  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.<sup>87</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 943.59  
 RR DONNELLEY  
 PO BOX 538602  
 ATLANTA, GA 30353  
*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.<sup>88</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 3,914.50  
 SANDBERG PHOENIX & VON GONTARD  
 PO BOX 66726  
 ST. LOUIS, MO 63166  
*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.<sup>89</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 170.00  
 SHAWNEE ELECTRICAL CONT  
 779 ENTERPRISE ST  
 CAPE GIRARDEAU, MO 63703  
*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.<sup>90</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 300.00  
 SIEMENS INDUSTRY, INC  
 C/O CITIBANK  
 PO BOX 2134  
 CAROL STREAM, IL 60132  
*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.<sup>91</sup> Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,800.00  
 SLICED HEALTH  
 151 E MARIETTA ST. SUITE D  
 CANTON, GA 30114  
*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.<sup>92</sup> Nonpriority creditor's name and mailing address  
 SOS MEDICAL INC.  
 9561 STATE HWY 72  
 MILLERSVILLE, MO 63766

As of the petition filing date, the claim is: \$ 2,020.00  
 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.<sup>93</sup> Nonpriority creditor's name and mailing address  
 SOUTHEAST HEALTH  
 SOUTHEAST HOSPITAL  
 1701 LACEY ST  
 CAPE GIRARDEAU, MO 63701

As of the petition filing date, the claim is: \$ 30,072.46  
 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.<sup>94</sup> Nonpriority creditor's name and mailing address  
 SOUTHEAST MISSOURI HOSPIT  
 PO BOX 790126  
 1701 LACEY DEP 30759  
 CAPE GIRARDEAU, MO 63701

As of the petition filing date, the claim is: \$ 58,478.67  
 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.<sup>95</sup> Nonpriority creditor's name and mailing address  
 ST FRANCIS MEDICAL CTR  
 ATTN: KARLA DILLOW  
 211 ST FRANCIS DRIVE  
 CAPE GIRARDEAU, MO 63703

As of the petition filing date, the claim is: \$ 6,163.55  
 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.<sup>96</sup> 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: \$ 3,145.02  
 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.<sup>97</sup> Nonpriority creditor's name and mailing address

STORAGE RENTALS OF AMERICA  
2751 SOUTH DIXIT HWY  
SUITE 450  
WEST PALM BEACH, FL 33405

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 327.83

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.<sup>98</sup> Nonpriority creditor's name and mailing address

STRYKER SALES LLC  
1901 ROMENCE RD PKWAY  
PORTAGE, MI 49002

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 1,603.07

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.<sup>99</sup> 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:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 33,786.85

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.<sup>100</sup> 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:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 3,103.19

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.<sup>101</sup> Nonpriority creditor's name and mailing address

SYSCO MEMPHIS  
4359 BF GOODRICH BLV  
MEMPHIS, TN 38118

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 20,170.37

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.<sup>102</sup> 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:**  
*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** \_\_\_\_\_

\$ 34,332.86

3.<sup>103</sup> 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:**  
*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** \_\_\_\_\_

\$ 8,000.00

3.<sup>104</sup> 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:**  
*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** \_\_\_\_\_

\$ 315.98

3.<sup>105</sup> Nonpriority creditor's name and mailing address  
 THE NEVILL GROUP, LLC V. LANDMARK  
 HOSPITAL OF CAPE GIRARDEAU, LLC AND  
 WILLIAM KAPP, M.D., CASE NO.  
 20CG-CC00067

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

**Basis for the claim:** Pending litigation

**Is the claim subject to offset?**  
 No  
 Yes

**Date or dates debt was incurred** \_\_\_\_\_  
**Last 4 digits of account number** \_\_\_\_\_

\$ Unknown

3.<sup>106</sup> Nonpriority creditor's name and mailing address  
 TIPTON LINEN & CUSTOM MATTING  
 TIPTON TEXTILE RENTAL INC.  
 1415 INDEPENDENCE ST  
 CAPE GIRARDEAU, MO 63702

**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** \_\_\_\_\_

\$ 22,848.72

**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. <sup>107</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,376.00

TRANE U.S. INC  
902 N HIMES  
TAMPA, FL 33609

*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. <sup>108</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,936.60

TRI-ANIM HEALTH SERVICES  
25197 NETWORK PLACE  
CHICAGO, IL 60673

*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. <sup>109</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 821.99

ULINE, INC.  
ACCOUNTS RECEIVABLE  
PO BOX 88741  
CHICAGO, IL 60680

*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. <sup>110</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,081.46

UPTODATE  
230 3RD AVE  
WALTHAM, MA 02451

*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. <sup>111</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,518.51

US MED-EQUIP, INC  
PO BOX 4339  
HOUSTON, TX 77210

*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. <sup>112</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,898.20

VAN DE VEN, LLC  
PO BOX 1090  
CAPE GIRARDEAU, MO 63702

*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. <sup>113</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,666.66

VENOPS, INC  
1395 SOUTH MARIETTA PKWY,  
BLDG 400 STE 104  
MARIETTA, GA 30067

*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. <sup>114</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 60,552.40

VENTURA MEDSTAFF, LLC  
11420 BLONDO ST, SUITE 103  
OMAHA, NE 68164

*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. <sup>115</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 5,260.34

WASTE CONNECTIONS OF MO  
196 NW INDUSTRIAL COURT  
BRIDGETON, MO 63044

*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. <sup>116</sup> Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,188.32

WELLS FARGO VENDOR  
FINANCIAL SERV LLC  
PO BOX 650016  
DALLAS, TX 75265

*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. <sup>117</sup> Nonpriority creditor's name and mailing address  
 WELLISKY CORPORATION  
 11300 SWITZER ROAD  
 OVERLAND PARK, KS 66210

As of the petition filing date, the claim is: \$ 6,465.01  
 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. <sup>118</sup> Nonpriority creditor's name and mailing address  
 WELLISKY HCS  
 PO BOX 204176  
 DALLAS, TX 75320

As of the petition filing date, the claim is: \$ 12,048.50  
 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. <sup>119</sup> Nonpriority creditor's name and mailing address  
 YELLOW PAGE DIRECTORY SERVICES  
 PO BOX 50038  
 JACKSONVILLE, FL 32240

As of the petition filing date, the claim is: \$ 1,462.67  
 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. \_\_\_\_\_ 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**

<b>5a. Total claims from Part 1</b>	5a.		\$ 1,595.56
<b>5b. Total claims from Part 2</b>	5b.	+	\$ 8,341,770.94
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$ 8,343,366.50

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

Debtor name Landmark Hospital of Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00401 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	Staffing Agency Purchaser  Auto Renewal  LRS Healthcare Wells Fargo, P.O. Box 850349 Minneapolis, MN, 55485
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	Pulmonary/CC Tele Physicians Purchaser  Auto Renewal  M&Z Telemedicine 1601 E Broadway Suite 240 Columbia, MO, 65201
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	Organ Procurement Agency Purchaser  Auto Renewal  Mid America Transplant 1110 Highlands Plaza Dr #100 Saint Louis, MO, 63110
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	Clinical Site for LPN Students Purchaser  Auto Renewal  Three Rivers School of Nursing 1400 S Main St. Sikeston, MO, 63801
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	Nurse Staffing Agency Purchaser  Auto Renewal  Ventura Med Staffing PO Box 8637 Omaha, NE, 68108

Debtor Landmark Hospital of Cape Girardeau, LLC  
NameCase number (if known) 2:25-bk-00401**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

**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>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Hospitalist Coverage Purchaser</p> <p>Auto Renewal</p>	<p>Ali Sajjad MD (Independent Contractor) 1255 Timber Creek Dr Cape Girardeau, MO, 63701</p>
2.7	<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>Nurse Staffing Agency Purchaser</p> <p>556 Days</p>	<p>All Health Staffing 15 SILVERCREEK LANE Ballwin, MO, 63011</p>
2.8	<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>Laboratory Director Services Purchaser</p> <p>73 Days</p>	<p>Analytical Pathology Services 10990 New Halls Ferry Road Suite J, Box 104 Saint Louis, MO, 63136</p>
2.9	<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>Copiers/Fax Machine Purchaser</p> <p>1719 Days</p>	<p>BDS 417 South Street Building #9 Marlborough, MA, 01752</p>
2.10	<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>Emergency Potable Water Purchaser</p> <p>Auto Renewal</p>	<p>Culligan Water Dept 8493 P.O. Box 77043 Minneapolis, MN, 55480</p>
2.11	<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>Laboratory Director Services Purchaser</p> <p>Auto Renewal</p>	<p>NILA, LLC 3121 Vail St Cape Girardeau, MO, 63701</p>
2.12	<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>Fire Prevention Services Purchaser</p> <p>Auto Renewal</p>	<p>Premier Fire Protection, Inc. 1251 N 6TH ST P.O. Box 1037 Paducah, KY, 42002</p>

Debtor Landmark Hospital of Cape Girardeau, LLC  
NameCase number (if known) 2:25-bk-00401**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>Hospitalist Coverage (Dr. C) Purchaser</p> <p>Auto Renewal</p>	<p>RNCSHIVA LLC (Independent Contractor) 3121 Vail St Cape Girardeau, MO, 63701</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>Hospitalist Coverage Purchaser</p> <p>Auto Renewal</p>	<p>Haseeb Aslam MD (Independent Contractor) 1208 Timber Creek Dr. Cape Girardeau, MO, 63701</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>Clinical Site for LPN Students Purchaser</p> <p>237 Days</p>	<p>Cape CTC - School of Practical Nursing 1080 S Silver Springs Rd Cape Girardeau, MO, 63703</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>Clinical Site for RT Students Purchaser</p> <p>Auto Renewal</p>	<p>Cape CTC - School of Respiratory Therapy 1080 S Silver Springs Rd Cape Girardeau, MO, 63703</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>Surgical Services Purchaser</p> <p>Auto Renewal</p>	<p>Cape Girardeau Surgical Clinic 60 Drs. Park Cape Girardeau, MO, 63701</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>Medical Imaging Services Purchaser</p> <p>Auto Renewal</p>	<p>Cape Radiology Group, P.C. 70 Drs. Park Cape Girardeau, MO, 63701</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>Nurse Staffing Agency Purchaser</p> <p>Auto Renewal</p>	<p>Favorite Healthcare Staffing 7255 W. 98TH TERRACE-BLDG.5 SUITE 150 Shawnee Mission, KS, 66212</p>

Debtor Landmark Hospital of Cape Girardeau, LLC  
NameCase number (if known) 2:25-bk-00401**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	<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>Pulmonary/CC Director Purchaser</p> <p>Auto Renewal</p>	<p>Critical Care Director's Agreement 1601 E Broadway Suite 240 Columbia, MO, 65201</p>
2.21	<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>Telemedicine Services Purchaser</p> <p>Auto Renewal</p>	<p>iDocsWeb LLC Telemedicine PO Box 66951 Dallas, TX, 75266</p>
2.22	<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 Site for RN Students Purchaser</p> <p>Auto Renewal</p>	<p>SEMO School of Nursing 1 University Plaza Cape Girardeau, MO, 63701</p>
2.23	<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>Director of Radiology Purchaser</p> <p>Auto Renewal</p>	<p>Dr. James Borders 604 Pieronett St Cape Girardeau, MO, 63701</p>
2.24	<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>Transportation Services Purchaser</p> <p>Auto Renewal</p>	<p>Cape County Private Ambulance Service 1458 North Kingshighway St Cape Girardeau, MO, 63701</p>
2.25	<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>AMX IV Service Agreement Purchaser</p> <p>206 Days</p>	<p>Interstate Imaging Service Agreement 810 N. DEWA cwnuw Evansville, IN, 47701</p>
2.26	<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>Transcription Service Purchaser</p> <p>Auto Renewal</p>	<p>Saince 5470 McGinnis Village Place Suite 103 Alpharetta, GA, 30005</p>

Debtor Landmark Hospital of Cape Girardeau, LLC  
NameCase number (if known) 2:25-bk-00401**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	Clinical Site for SW Students Purchaser  Auto Renewal	SEMO School of Social Work 1 University Plaza Cape Girardeau, MO, 63701
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	Linen Company Purchaser  1263 Days	Tipton Linen 1415 Independence Cape Girardeau, MO, 63703
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	O2 Supply Purchaser  Auto Renewal	Air Gas 844 S Kingshighway Cape Girardeau, MO, 63703
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	Food Services Purchaser  Auto Renewal	Food Management Group (FMG) 70 Jesse Dupont Memorial Pky Burgess, VA, 22432
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	Data Collection Purchaser  Auto Renewal	Hospital Industry Data Institute (HIDI) PO Box 60 4712 Country Club Drive Jefferson City, MO, 65102
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	Quality Improvement Org Purchaser  Auto Renewal	Livanta QIO 10820 Guilford Rd #202 Annapolis Junction, MD, 20701
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	Nurse Staffing Agency Purchaser  Auto Renewal	Connected Health 1408 East 13th Street Austin, TX, 78702

Debtor Landmark Hospital of Cape Girardeau, LLC  
NameCase number (if known) 2:25-bk-00401**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	Accreditation Organization Purchaser  Auto Renewal	Center for Improvement in Healthcare Quality P.O. Box 1540 Mexia, TX, 76667
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	Medical Director of Landmark Purchaser  Auto Renewal	Dr. Edward LaValle 2149 Woodside Dr. Cape Girardeau, MO, 63701
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	Pharmacy Services Purchaser  Auto Renewal	PharmaCare P.O. Box 1240 Blanco, TX, 78606
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	Fire Test & Inspection Purchaser  53 Days	Siemens 585 Slawin Ct Mount Prospect, IL, 60056
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	Interpreting Services Purchaser  Auto Renewal	DT Interpreting Services 607 Washington Road Suite 302 Pittsburgh, PA, 15228
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	Clinical Supplies Purchaser  Auto Renewal	Medline Dept Ch 14400 Palatine, IL, 60055
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	Modified Barium Study Services Purchaser  Auto Renewal	Patheous Medical PLLC 6601 College Blvd Ste 120 Shawnee Mission, KS, 66211

Debtor Landmark Hospital of Cape Girardeau, LLC  
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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	<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>Visiting Nurse Association 100 Harrison Kennett, MO, 63857</p>
2.42	<p>Director of Nephrology 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>Dr. Frank Braxton 1664 Old Hickory Dr. Jackson, MO, 63755</p>
2.43	<p>Lawn Sprinkler Maintenance 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>Mueller Bros. Irrigation, Inc. 409 County Rd 618 Cape Girardeau, MO, 63701</p>
2.44	<p>Pricing 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>Saint Francis Medical Center 211 Saint Francis Dr Cape Girardeau, MO, 63703</p>
2.45	<p>Purchased Service 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>Southeast Health PSA 1702 Lacey St Cape Girardeau, MO, 63701</p>
2.46	<p>Laboratory 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>Southeast Lab Services 1702 Lacey St Cape Girardeau, MO, 63701</p>
2.47	<p>Hospitalist Coverage 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>Omar Khan MD (Independent Contractor) 709 Lindenwood Dr. Sikeston, MO, 63801</p>

Debtor Landmark Hospital of Cape Girardeau, LLC  
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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	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Staffing Agency Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Supplemental Health Care</p> <p>11701 Borman Dr. Suite 280</p> <p>Saint Louis, MO, 63146</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Medical Records Storage Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>The File Room</p> <p>4107 Rider Trail NO</p> <p>Earth City, MO, 63045</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>HVAC System Maintenance Purchaser</p> <p>176 Days</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Trane</p> <p>1078 Wolverine Ln #D</p> <p>Cape Girardeau, MO, 63701</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Nurse Staffing Agency Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Adventis Medical Staffing</p> <p>13155 Noel Road</p> <p>Cape Girardeau, MO, 63701</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Aetna</p> <p>PO Box 981 106</p> <p>El Paso, TX, 79998</p>
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>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</p> <p>11720 Borman Drive</p> <p>Saint Louis, MO, 63146</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>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</p> <p>PO Box 65205</p> <p>Columbia, MO, 65205</p>

Debtor Landmark Hospital of Cape Girardeau, LLC  
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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	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	Insurance Contract Agent  Anthem Healthy Blue PO Box 533 North Haven, CT, 06473
2.56	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	Insurance Contract Agent  Cigna PO Box 182223 Chattanooga, TN, 37422
2.57	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	Insurance Contract Agent  Corvel Work Comp PO Box 12250 Shawnee Mission, KS, 66282
2.58	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	Insurance Contract Agent  Health Alliance 301 S Vine Street Urbana, IL, 61801
2.59	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	Insurance Contract Agent  Missouri Medicaid PO Box 5100 Jefferson City, MO, 65102
2.60	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	Insurance Contract Agent  Mitchel Nhq Prompt Pay 110 Theory Irvine, CA, 92617
2.61	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	Insurance Contract Agent  Multiplan 115 5th Avenue New York, NY, 10003

Debtor Landmark Hospital of Cape Girardeau, LLC  
NameCase number (if known) 2:25-bk-00401**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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2.62	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	One Call 841 Prudential Drive Suite 204 Jacksonville, FL, 32207
	State the term remaining		
	List the contract number of any government contract		
2.63	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		
2.64	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		
2.65	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		
2.66	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	UNWA Health & Retirement Funds PO Box 1229 Beckley, WV, 25802
	State the term remaining		
	List the contract number of any government contract		
2.67	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		
2.68	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		

Debtor Landmark Hospital of Cape Girardeau, LLC  
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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	Insurance Contract Agent  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	WPS Health Solutions PO Box 8890 Madison, WI, 53708
2.70	Insurance Contract Agent  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	Tricare Wps/West Region PO Box 77028 Madison, WI, 53707
2.71	Property Lease - 3255 Independence St. Cape Girardeau, MO 63701 Lessee Unknown  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	Landmark Real Estate Holdings, LLC 2430 Vanderbilt Beach Road Suite 108-564 Naples, FL, 34109
2.72	PPO Agreement Purchaser  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	ADP TotalSource 1 Penn Plz New York, NY, 10199
2.73	Guaranty of Landmark Real Estate Holding's Master Lease Lessee  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	Ventas, Inc. 300 North LaSalle Street, Suite 1600 Chicago, IL, 60654
2.74	Management Service Agreements Purchaser  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	LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC 8171 BAY COLONY DRIVE Unit 902 NAPLES, FL, 34108
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	

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

Debtor name Landmark Hospital of Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00401

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 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
2.2 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
2.3 Landmark Hospital of Columbia, LLC	604 Old HWY 63N. 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 Rehabilitation Hospital of Columbia, LLC	604 Old HWY 63N. Columbia, MO 65201	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401



**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 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
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 Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (If known): 2:25-bk-00401

**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 Cape Girardeau, LLC  
 United States Bankruptcy Court for the: Middle District of Florida  
 Case number (if known): 2:25-bk-00401

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 <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>7,936,937.04</u>
<b>For prior year:</b>	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>39,156,454.00</u>
<b>For the year before that:</b>	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>36,984,970.00</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)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2025</u> to <u>Filing date</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>460.00</u>
<b>For prior year:</b>	From <u>01/01/2024</u> to <u>12/31/2024</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>19,961.00</u>
<b>For the year before that:</b>	From <u>01/01/2023</u> to <u>12/31/2023</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>114,325.00</u>

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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>4,777,553.00</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		\$ _____	<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 Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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. The Nevill Group, LLC v. Landmark Hospital of Cape Girardeau, LLC and William Kapp, M.D.	Breach of contract and Tortious interference with contract.	Circuit Court for Cape Girardeau County, State of Missouri	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 20CG-CC00067		203 N. High St., Suite 129 Jackson, MO 63755	
7.2. Lynch, Whitney v Landmark Hospital of Cape Girardeau, LLC	Employment Discrimination	Cape Girardeau County, MO Circuit Court, Div. No. 1, Judge Lipke	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 23CG-CC00046		203 N High Suite 129 Jackson, MO 63755	

Debtor Landmark Hospital of Cape Girardeau, LLC  
 Name \_\_\_\_\_

Case number (if known) 2:25-bk-00401

**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 ( <i>Schedule A/B: Assets – Real and Personal Property</i> ).		
_____	_____	_____	\$ _____

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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 Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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. _____		_____	\$ _____
<b>Address</b>			
_____			
<b>Relationship to debtor</b>			
_____			
13.2. _____		_____	\$ _____
<b>Address</b>			
_____			
<b>Relationship to debtor</b>			
_____			

**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 Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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 Cape Girardeau</u> Facility name	Long-term acute care and other healthcare services.	30
---	---	----

3255 Independence St.  
Cape Girardeau, MO 63701

**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) Uhaul - 740 S Kingshighway Cape Girardeau, MO 63701

**How are records kept?**

Check all that apply:

- Electronically
- 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?**

Check all that apply:

- Electronically
- 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 Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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 Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

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

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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 <small>Name</small> 3255 Independence St., Cape Girardeau, MO 63701	From <u>01/01/2024</u> To _____

Name and address		Dates of service
26a.2.	Mary David, Accounting Manager <small>Name</small> 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 <small>Name</small> 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.	 <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.	Miller & Company LLP <small>Name</small> 2831 Ringling Boulevard Suite 204-B, Sarasota, FL 34237	

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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. Saint Francis Health Development  
Name  
211. ST. Francis Boulevard, Sarasota, FL 34237

**Name and address**

26d.2. SILA  
Name  
P.O. Box 714500, Cincinnati, OH 45271-1500

**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>Deborah D Sabella</u>	<u>02/28/2025</u>	<u>\$ 57,651.11</u>

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

27.1. Deborah D Sabella  
Name  
3255 Independence St.  
Cape Girardeau, MO 63701

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

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>Deborah D Sabella</u>	<u>03/31/2025</u>	<u>\$47,219.15</u>

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

27.2. Deborah D Sabella  
Name  
3255 Independence St.  
Cape Girardeau, MO 63701

**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, 70%	70
Saint Francis Health Development Services, LLC	3255 Independence St., Cape Girardeau, MO 63701	Shareholder, 30%	30
M. Bryan Day	5153 Bluebonnet Suite B, Baton Rouge, LA 70809	Officer	
Craig Boudreaux	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	_____	_____	
<b>Relationship to debtor</b>			

Debtor Landmark Hospital of Cape Girardeau, LLC  
Name

Case number (if known) 2:25-bk-00401

**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 Cape Girardeau**

Debtor Name	Creditor Name	Address 1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	12/17/24	\$ 18,168.75
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	12/20/24	\$ 7,869.30
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	01/03/25	\$ 11,110.35
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	01/08/25	\$ 2,027.25
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	01/23/25	\$ 9,144.30
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	02/06/25	\$ 3,003.05
Landmark Hospital of Cape Girardeau	Advantis Medical Staffing LLC	20 Sunnyside Ave STE E	Mill Valley	CA	94941	Suppliers or vendors	02/21/25	\$ 5,106.80
Landmark Hospital of Cape Girardeau	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	12/12/24	\$ 3,959.96
Landmark Hospital of Cape Girardeau	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	01/27/25	\$ 1,714.20
Landmark Hospital of Cape Girardeau	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	02/10/25	\$ 90.62
Landmark Hospital of Cape Girardeau	Airgas USA LLC	PO BOX 734672	DALLAS	TX	75373-4672	Suppliers or vendors	03/03/25	\$ 1,857.30
Landmark Hospital of Cape Girardeau	AllHealth Staffing Group LLC	15 SILVERCREEK LANE	Ballwin	MO	63011	Suppliers or vendors	12/13/24	\$ 23,245.50
Landmark Hospital of Cape Girardeau	AllHealth Staffing Group LLC	15 SILVERCREEK LANE	Ballwin	MO	63011	Suppliers or vendors	01/03/25	\$ 11,183.25
Landmark Hospital of Cape Girardeau	AllHealth Staffing Group LLC	15 SILVERCREEK LANE	Ballwin	MO	63011	Suppliers or vendors	01/10/25	\$ 29,962.25
Landmark Hospital of Cape Girardeau	AllHealth Staffing Group LLC	15 SILVERCREEK LANE	Ballwin	MO	63011	Suppliers or vendors	01/27/25	\$ 18,382.00
Landmark Hospital of Cape Girardeau	AllHealth Staffing Group LLC	15 SILVERCREEK LANE	Ballwin	MO	63011	Suppliers or vendors	02/11/25	\$ 7,460.00
Landmark Hospital of Cape Girardeau	AllHealth Staffing Group LLC	15 SILVERCREEK LANE	Ballwin	MO	63011	Suppliers or vendors	02/14/25	\$ 34,572.75
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/16/24	\$ 130.94
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/17/24	\$ 2,217.09
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 130.94
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 812.03
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 3,129.94
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/15/25	\$ 2,217.09
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/03/25	\$ 130.94
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/03/25	\$ 3,129.94
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/18/25	\$ 2,217.09
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	03/03/25	\$ 130.94
Landmark Hospital of Cape Girardeau	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	03/03/25	\$ 3,129.94
Landmark Hospital of Cape Girardeau	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	12/19/24	\$ 8,013.42
Landmark Hospital of Cape Girardeau	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	02/11/25	\$ 8,695.98
Landmark Hospital of Cape Girardeau	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	02/14/25	\$ 7,776.01
Landmark Hospital of Cape Girardeau	Ameren Missouri	PO BOX 88068	CHICAGO	IL	60680-1068	Suppliers or vendors	03/05/25	\$ 7,970.60
Landmark Hospital of Cape Girardeau	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	12/17/24	\$ 4,000.00
Landmark Hospital of Cape Girardeau	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	01/06/25	\$ 4,000.00
Landmark Hospital of Cape Girardeau	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	01/28/25	\$ 8,000.00
Landmark Hospital of Cape Girardeau	Analytical Pathology Service	10990 New Halls Ferry Rd Ste J Box 104	Saint Louis	MO	63136	Suppliers or vendors	03/05/25	\$ 4,000.00
Landmark Hospital of Cape Girardeau	Berkshire Hathaway Homestate C	PO Box 911617	Denver	CO	80291	Suppliers or vendors	01/23/25	\$ 8,151.37
Landmark Hospital of Cape Girardeau	Berkshire Hathaway Homestate C	PO Box 911617	Denver	CO	80291	Suppliers or vendors	02/11/25	\$ 7,936.32
Landmark Hospital of Cape Girardeau	Cape County Private Ambulance	1458 N KINGSHIGHWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	01/24/25	\$ 10,375.84
Landmark Hospital of Cape Girardeau	Cape County Private Ambulance	1458 N KINGSHIGHWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	02/14/25	\$ 17,627.11
Landmark Hospital of Cape Girardeau	Cape Girardeau County Collector	1 Barton Square, Ste 303	Jackson	MO	63755-1870	Suppliers or vendors	12/31/24	\$ 98,234.46
Landmark Hospital of Cape Girardeau	Cape Girardeau Surgical	60 DOCTORS' PARK	CAPE GIRARDEAU	MO	63703	Suppliers or vendors	12/12/24	\$ 15,359.86
Landmark Hospital of Cape Girardeau	Cape Girardeau Surgical	60 DOCTORS' PARK	CAPE GIRARDEAU	MO	63703	Suppliers or vendors	01/28/25	\$ 14,862.71
Landmark Hospital of Cape Girardeau	Cape Girardeau Surgical	60 DOCTORS' PARK	CAPE GIRARDEAU	MO	63703	Suppliers or vendors	02/14/25	\$ 7,500.00
Landmark Hospital of Cape Girardeau	Cape Girardeau Surgical	60 DOCTORS' PARK	CAPE GIRARDEAU	MO	63703	Suppliers or vendors	02/14/25	\$ 8,402.96
Landmark Hospital of Cape Girardeau	First American	1650 Louis Ave	Elk Grove Village	IL	60007	Suppliers or vendors	01/02/25	\$ 460.85
Landmark Hospital of Cape Girardeau	First American	1650 Louis Ave	Elk Grove Village	IL	60007	Suppliers or vendors	02/03/25	\$ 460.85
Landmark Hospital of Cape Girardeau	First American	1650 Louis Ave	Elk Grove Village	IL	60007	Suppliers or vendors	03/03/25	\$ 460.85
Landmark Hospital of Cape Girardeau	Jackson Therapy Partners, LLC	2301 Lucien Way Suite 325	Maitland	FL	32751	Suppliers or vendors	12/17/24	\$ 6,006.40
Landmark Hospital of Cape Girardeau	Jackson Therapy Partners, LLC	2301 Lucien Way Suite 325	Maitland	FL	32751	Suppliers or vendors	01/27/25	\$ 6,400.80
Landmark Hospital of Cape Girardeau	Jackson Therapy Partners, LLC	2301 Lucien Way Suite 325	Maitland	FL	32751	Suppliers or vendors	02/11/25	\$ 5,372.00
Landmark Hospital of Cape Girardeau	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/10/24	\$ 2,191.82
Landmark Hospital of Cape Girardeau	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/11/24	\$ 1,058.20



Debtor Name	Creditor Name	Address1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Cape Girardeau	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 256,341.70
Landmark Hospital of Cape Girardeau	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 10,859.58
Landmark Hospital of Cape Girardeau	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 3,979.07
Landmark Hospital of Cape Girardeau	Landmark Real Estate Holding LLC	543 Deer Creek Lane	Cape Girardeau	MO	63701	Intercompany	01/08/25	\$ 50,000.00
Landmark Hospital of Cape Girardeau	Landmark Real Estate Holding LLC	543 Deer Creek Lane	Cape Girardeau	MO	63701	Intercompany	02/04/25	\$ 50,000.00
Landmark Hospital of Cape Girardeau	Landmark Real Estate Holding LLC	543 Deer Creek Lane	Cape Girardeau	MO	63701	Intercompany	03/06/25	\$ 50,000.00
Landmark Hospital of Cape Girardeau	Lease Services	PO Box 13604	Philadelphia	PA	19101-3604	Suppliers or vendors	02/05/25	\$ 2,916.97
Landmark Hospital of Cape Girardeau	Lease Services	PO Box 13604	Philadelphia	PA	19101-3604	Suppliers or vendors	03/06/25	\$ 1,401.99
Landmark Hospital of Cape Girardeau	LRS Healthcare LLC	2655 Northwinds Parkway	Alpharetta	GA	30009	Suppliers or vendors	02/07/25	\$ 7,740.10
Landmark Hospital of Cape Girardeau	M & Z Telemedicine	4403 SILVER VALLEY D	COLUMBIA	MO	65203	Suppliers or vendors	12/12/24	\$ 49,750.00
Landmark Hospital of Cape Girardeau	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	12/20/24	\$ 6,680.85
Landmark Hospital of Cape Girardeau	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	01/21/25	\$ 6,680.85
Landmark Hospital of Cape Girardeau	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	02/21/25	\$ 6,680.85
Landmark Hospital of Cape Girardeau	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	01/14/25	\$ 24,004.99
Landmark Hospital of Cape Girardeau	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	01/27/25	\$ 9,109.04
Landmark Hospital of Cape Girardeau	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	02/11/25	\$ 23,078.16
Landmark Hospital of Cape Girardeau	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	02/27/25	\$ 13,792.26
Landmark Hospital of Cape Girardeau	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	12/31/24	\$ 415.50
Landmark Hospital of Cape Girardeau	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	01/03/25	\$ 145.41
Landmark Hospital of Cape Girardeau	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	01/31/25	\$ 374.54
Landmark Hospital of Cape Girardeau	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	02/04/25	\$ 8,452.97
Landmark Hospital of Cape Girardeau	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	02/28/25	\$ 458.01
Landmark Hospital of Cape Girardeau	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	03/04/25	\$ 11,198.41
Landmark Hospital of Cape Girardeau	Outset Medical, Inc	3052 Orchard Dr	San Jose	CA	95134	Suppliers or vendors	02/18/25	\$ 17,280.00
Landmark Hospital of Cape Girardeau	Ricoh, USA Inc	PO BOX 660342	DALLAS	TX	75266-0342	Suppliers or vendors	12/20/24	\$ 27.53
Landmark Hospital of Cape Girardeau	Ricoh, USA Inc	PO BOX 660342	DALLAS	TX	75266-0342	Suppliers or vendors	01/14/25	\$ 75.51
Landmark Hospital of Cape Girardeau	Ricoh, USA Inc	PO BOX 660342	DALLAS	TX	75266-0342	Suppliers or vendors	01/27/25	\$ 59.06
Landmark Hospital of Cape Girardeau	Ricoh, USA Inc	PO BOX 660342	DALLAS	TX	75266-0342	Suppliers or vendors	02/21/25	\$ 7,243.79
Landmark Hospital of Cape Girardeau	Ricoh, USA Inc	PO BOX 660342	DALLAS	TX	75266-0342	Suppliers or vendors	02/25/25	\$ 1,272.38
Landmark Hospital of Cape Girardeau	Ricoh, USA Inc	PO BOX 660342	DALLAS	TX	75266-0342	Suppliers or vendors	02/25/25	\$ 33.72
Landmark Hospital of Cape Girardeau	Southeast Health	SOUTHEAST HOSPITAL 1701 LACEY ST	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	12/18/24	\$ 14,397.54
Landmark Hospital of Cape Girardeau	Southeast Health	SOUTHEAST HOSPITAL 1701 LACEY ST	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	01/30/25	\$ 14,130.76
Landmark Hospital of Cape Girardeau	Southeast Missouri Hospital	BIN 88389	Milwaukee	WI	53288-0389	Suppliers or vendors	12/18/24	\$ 23,684.71
Landmark Hospital of Cape Girardeau	Southeast Missouri Hospital	BIN 88389	Milwaukee	WI	53288-0389	Suppliers or vendors	01/30/25	\$ 17,132.86
Landmark Hospital of Cape Girardeau	Sysco Memphis	4359 BF GOODRICH BLV	MEMPHIS	TN	38118-7306	Suppliers or vendors	12/11/24	\$ 2,988.65
Landmark Hospital of Cape Girardeau	Sysco Memphis	4359 BF GOODRICH BLV	MEMPHIS	TN	38118-7306	Suppliers or vendors	01/24/25	\$ 9,225.77
Landmark Hospital of Cape Girardeau	Tipton Linen & Custom Matting	TIPTON TEXTILE RENTAL INC. 1415 INDEPENDENCE ST	Cape Girardeau	MO	63702	Suppliers or vendors	01/08/25	\$ 12,145.08
Landmark Hospital of Cape Girardeau	Tipton Linen & Custom Matting	TIPTON TEXTILE RENTAL INC. 1415 INDEPENDENCE ST	Cape Girardeau	MO	63702	Suppliers or vendors	01/28/25	\$ 5,890.69
Landmark Hospital of Cape Girardeau	Tipton Linen & Custom Matting	TIPTON TEXTILE RENTAL INC. 1415 INDEPENDENCE ST	Cape Girardeau	MO	63702	Suppliers or vendors	03/05/25	\$ 4,201.04
Landmark Hospital of Cape Girardeau	Trane U.S. Inc	902 N HIMES	TAMPA	FL	33609	Suppliers or vendors	12/17/24	\$ 1,607.00
Landmark Hospital of Cape Girardeau	Trane U.S. Inc	902 N HIMES	TAMPA	FL	33609	Suppliers or vendors	12/17/24	\$ 8,322.00
Landmark Hospital of Cape Girardeau	Trane U.S. Inc	902 N HIMES	TAMPA	FL	33609	Suppliers or vendors	01/27/25	\$ 4,929.00
Landmark Hospital of Cape Girardeau	Ventura Medstaff, LLC	11420 BLONDO ST, SUITE 103	Omaha	NE	68164	Suppliers or vendors	01/22/25	\$ 9,536.15
Landmark Hospital of Cape Girardeau	Ventura Medstaff, LLC	11420 BLONDO ST, SUITE 103	Omaha	NE	68164	Suppliers or vendors	02/21/25	\$ 2,102.05
<b>Total</b>								<b>\$4,777,553.65</b>