

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

www.flmb.uscourts.gov

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

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

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

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

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

GLOBAL NOTES AND OVERVIEW OF METHODOLOGY

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

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

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

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

SPECIFIC DISCLOSURES WITH RESPECT TO THE DEBTORS’ SCHEDULES

A. Schedule A/B – Real and Personal Property

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

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

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

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

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

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

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

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

D. Schedule G – Executory Contracts

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

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

SPECIFIC DISCLOSURES WITH RESPECT TO THE DEBTORS' STATEMENTS

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

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

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

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

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

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

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

END OF GLOBAL NOTES

SCHEDULES AND STATEMENTS BEGIN ON THE FOLLOWING PAGE

Fill in this information to identify the case:

Debtor name Landmark Hospital of Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida (State)
 Case number (if known): 2:25-bk-00404

Check if this is an amended filing

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

12/15

Part 1: Summary of Assets

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

<p>1a. Real property: Copy line 88 from <i>Schedule A/B</i></p>	\$ <u>0.00</u>
<p>1b. Total personal property: Copy line 91A from <i>Schedule A/B</i></p>	\$ <u>6,591,098.84</u>
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i></p>	\$ <u>6,591,098.84</u>

Part 2: Summary of Liabilities

<p>2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i></p>	\$ <u>31,286,816.42</u>
<p>3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)</p> <p>3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i></p>	\$ <u>8,041.72</u>
<p>3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i></p>	+\$ <u>13,966,393.50</u>
<p>4. Total liabilities</p> <p>Lines 2 + 3a + 3b</p>	\$ <u>45,261,251.64</u>

Fill in this information to identify the case:

Debtor name Landmark Hospital of Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00404

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

\$ 11.77

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	Current value of debtor's interest
3.1. <u>Montgomery Bank</u>	<u>Checking</u>	<u>0 5 6 8</u>	\$ <u>81,461.49</u>
3.2. <u>See continuation sheet</u>			\$ <u>67,861.75</u>

4. Other cash equivalents (Identify all)

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

5. Total of Part 1

\$ 149,335.01

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	Current value of debtor's interest
7.1. <u>Deposit held by Sila (Leased Property)</u>	\$ <u>379,936.70</u>
7.2. <u>Deposits held by Utilities</u>	\$ <u>22,405.00</u>

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

Description, including name of holder of prepayment

8.1. Prepaid Rent to Sila (Landlord) \$ 108,965.33
 8.2. See continuation sheet \$ 91,197.86

9. Total of Part 2.

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

\$ 602,504.89

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: 3,267,088.42 - 4,466.99 = → \$ 3,262,621.43
face amount doubtful or uncollectible accounts
 11b. Over 90 days old: 8,051,931.66 - 6,424,818.05 = → \$ 1,627,113.61
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.

\$ 4,889,735.04

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value

Current value of debtor's interest

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

Name of fund or stock:

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

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

Name of entity: _____ % of ownership: _____

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

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

Describe:

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

17. Total of Part 4

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

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Medical Supplies	02/28/2025	44,717.05		44,717.05
	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 44,717.05
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			
_____	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

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

\$ _____

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

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

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

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

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

- No
- Yes

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

- No
- Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Computer Hardware / Software	\$ 31,271.10	_____	\$ 31,271.10
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

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

\$ 31,271.10

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

- No
- Yes

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

- No
- Yes

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Part 8: Machinery, equipment, and vehicles

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

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

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

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

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

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

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

49. Aircraft and accessories

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

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

\$ 507,988.41	_____	\$ 507,988.41
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51. Total of Part 8.

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

\$ 507,988.41

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

- No
- Yes

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

- No
- Yes

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Name

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 800 E 68th St. Savannah, GA 31405	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

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes. Fill in the information below.

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

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

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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	
_____	Total face amount	
_____	— 0.00	
_____	doubtful or uncollectible amount	
	= →	\$ 0.00

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 Joplin, LLC	\$ 15,132.02
Receivable due from Landmark Hospitals of Southwest Florida, LI	\$ 350,415.32

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

	\$ 365,547.34
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79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
 No
 Yes

Debtor

Name

Case number (if known)

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 149,335.01	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 602,504.89	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 4,889,735.04	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 44,717.05	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 31,271.10	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 507,988.41	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 365,547.34	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 6,591,098.84	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	6,591,098.84	\$ 6,591,098.84

Landmark Hospital of Savannah, LLC

2:25-bk-00404

Debtor 1

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	1766
Balance: 0.00		
Montgomery Bank	Checking	6413
Balance: 0.00		
Amerant	Checking	1306
Balance: 67,861.75		
Citizens Bank	Checking	6513
Balance: 0.00		

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

General description	Current value
Prepaid Maintenance	\$1,697.57
Prepaid Other	\$64,470.29
Prepaid Insurance	\$25,030.00

Fill in this information to identify the case:

Debtor name Landmark Hospital of Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00404

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 <small>Do not deduct the value of collateral.</small>	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 _____
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 Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number 2:25-bk-00404
 (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address CHATHAM COUNTY TAX COMMISSIONER PO BOX 117037 ATLANTA, GA 30368-7037 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)	As of the petition filing date, the claim is: \$ <u>8,041.72</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes & Other Government Units	\$ <u>8,041.72</u>

2.2	Priority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ _____
------------	--	---	----------

2.3	Priority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ _____
------------	--	---	----------

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1 Nonpriority creditor's name and mailing address 3M 2807 PAYSPHERE CIR CHICAGO, IL 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade payable	\$ 10,659.84
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 2,500.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 550.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 5,137.50
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5 Nonpriority creditor's name and mailing address [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund	\$ 1,955.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address ADVANTIS MEDICAL STAFFING LLC 20 SUNNYSIDE AVE STE E MILL VALLEY, CA 94941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade payable	\$ 87,587.03
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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

Amount of claim

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

As of the petition filing date, the claim is: \$ 24,529.57
 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
 ALLIED-CERTIFIED MEDICAL WASTE
 2600 W EXECUTIVE PARKWAY STE 300
 LEHI, UT 84043

As of the petition filing date, the claim is: \$ 7,180.47
 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 _____

3.9 Nonpriority creditor's name and mailing address
 ALLY HEALTHCARE STAFFING
 103B ATLANTA ROAD
 GRAY, GA 31032

As of the petition filing date, the claim is: \$ 50,099.60
 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 _____

3.10 Nonpriority creditor's name and mailing address
 AMAZON CAPITAL SERVICES
 PO BOX 035184
 SEATTLE, WA 98124

As of the petition filing date, the claim is: \$ 166.62
 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
 AMERICAN PROF INSTITUTE
 DEPARTMENT 9526
 PO BOX 30516
 LANSING, MI 48909

As of the petition filing date, the claim is: \$ 1,083.00
 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

3.12 Nonpriority creditor's name and mailing address
 APPLICAT 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 _____

3.13 Nonpriority creditor's name and mailing address
 AT&T
 PO BOX 105262
 ATLANTA, GA 30348

As of the petition filing date, the claim is: \$ 1,057.10
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3.14 Nonpriority creditor's name and mailing address
 BAXTER HEALTHCARE CORP
 PO BOX 70564
 CHICAGO, IL 60673

As of the petition filing date, the claim is: \$ 964.65
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3.15 Nonpriority creditor's name and mailing address
 BRADY ENTERPRISES, LLC
 PO BOX 6566
 SAVANNAH, GA 31414

As of the petition filing date, the claim is: \$ 990.00
 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 _____

3.16 Nonpriority creditor's name and mailing address
 CARDINAL HEALTH
 MEDICAL PRODUCTS
 PO BOX 70539
 CHICAGO, IL 60673

As of the petition filing date, the claim is: \$ 1,934.20
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

Part 2: Additional Page

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

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address
 CARDIOLOGY ASSOC OF SAVANNAH, LLC
 11700 MERCY BLVD PLAZA D #6 SAVANNAH, GA 31419

As of the petition filing date, the claim is: \$ 2,041.66
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. ¹⁸ Nonpriority creditor's name and mailing address
 CAREFUSION SOLUTIONS LLC
 PYXIS PRODUCTS
 25082 NETWORK PLACE CHICAGO, IL 60673

As of the petition filing date, the claim is: \$ 27,253.38
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. ¹⁹ Nonpriority creditor's name and mailing address
 CAROLINA SPEECH PATHOLOGY LLC
 130 SALEM TOWNE COURT APEX, NC 27502

As of the petition filing date, the claim is: \$ 395.00
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. ²⁰ Nonpriority creditor's name and mailing address
 CE-TECH OF JACKSONVILLE, INC
 PO BOX 2580 JACKSONVILLE, FL 32203

As of the petition filing date, the claim is: \$ 7,831.42
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. ²¹ Nonpriority creditor's name and mailing address
 CENTRAL EMS
 PO BOX 661017 DALLAS, TX 75266

As of the petition filing date, the claim is: \$ 2,734.28
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
 CHAMPION FIRE PROTECTION, INC
 825 WHEATON ST
 SAVANNAH, GA 31401

As of the petition filing date, the claim is: \$ 270.00
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
 CHECKR INC
 1 MONTGOMERY ST, SUITE 2400
 SAN FRANCISCO, CA 94104

As of the petition filing date, the claim is: \$ 577.50
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. ²⁴ Nonpriority creditor's name and mailing address
 CHESTER PAUL COMPANY
 1210 N RED GUM ST
 ANAHEIM, CA 92806

As of the petition filing date, the claim is: \$ 753.89
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
 CITY OF SAVANNAH
 REVENUE DEPT
 PO BOX 1968
 SAVANNAH, GA 31402

As of the petition filing date, the claim is: \$ 941.85
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
 COALITION OF LONG-TERM ACUTE
 CARE HOSPITALS
 21351 GENTRY DRIVE SUITE 210
 STERLING, VA 20171

As of the petition filing date, the claim is: \$ 1,125.43
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

COASTAL ICE MACHINES, INC
2711 WHATLEY AVE
SAVANNAH, GA 31404

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 799.73

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

COASTAL MEDICAL STAFFING
1536 FORDING ISLAND ROAD
SUITE 108
HILTON HEAD ISLAND, SC 29926

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 8,097.69

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

CONCORDANCE HEALTHCARE SOLUTIO
85 SHAFFER PARK
TIFFIN, OH 44883

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 3,688.35

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 _____

3.30 Nonpriority creditor's name and mailing address

CONNECTED HEALTH CARE, LLC
PO BOX 9487
TYLER, TX 75711

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 95,800.48

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

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 _____

Part 2: Additional Page

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

Amount of claim

3. ³² Nonpriority creditor's name and mailing address
 CONSOLIDATED CONTRACTING AND CONSULTING, INC
 10094 FERGUSON AVE
 SAVANNAH, GA 31406

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 _____

\$ 412.31

3. ³³ Nonpriority creditor's name and mailing address
 D & D LABORATORY, LLC
 201 C TOWERS DR
 PO BOX 49682
 GREENWOOD, SC 29649

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 _____

\$ 444.00

3. ³⁴ Nonpriority creditor's name and mailing address
 DATOTEL LLC
 710 N TUCKER
 SAINT LOUIS, MO 63101

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

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

\$ 758.08

3. ³⁵ 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

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 _____

\$ 763.32

3. ³⁶ Nonpriority creditor's name and mailing address
 DOCTEGRITY
 3308 PRESTON ROAD 350-205
 PLANO, TX 75093

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 _____

\$ 699.38

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
 DRFIRST.COM, INC
 8420 KEY WEST AVE, SUITE 101
 ROCKVILLE, MD 20850

As of the petition filing date, the claim is: \$ 912.60
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.38 Nonpriority creditor's name and mailing address
 DT INTERPRETING
 PO BOX 65
 PEWAUKEE, WI 53072

As of the petition filing date, the claim is: \$ 30.58
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

As of the petition filing date, the claim is: \$ 10,400.59
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

As of the petition filing date, the claim is: \$ 113,053.87
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

As of the petition filing date, the claim is: \$ 3,383.33
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

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

Amount of claim

3.42 Nonpriority creditor's name and mailing address
 GA DEPT OF COMM HEALTH
 DIV OF FIN. MGT.
 2 PEACHTREE ST. NW
 ATLANTA, GA 30303

As of the petition filing date, the claim is: \$ 435,881.91
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Medicaid Provider Fee

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

Is the claim subject to offset?
 No
 Yes

3.43 Nonpriority creditor's name and mailing address
 GAS SOUTH
 3625 CUMBERLAND BLVD STE 1500
 ATLANTA, GA 30339

As of the petition filing date, the claim is: \$ 4,346.78
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.44 Nonpriority creditor's name and mailing address
 GENIE HEALTHCARE, INC
 50 MILLSTONE ROAD, BUILDING 100
 SUITE 100
 EAST WINDSOR, NJ 08520

As of the petition filing date, the claim is: \$ 131,222.40
 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

3.45 Nonpriority creditor's name and mailing address
 GEORGIA POWER
 96 ANNEX
 ATLANTA, GA 30396

As of the petition filing date, the claim is: \$ 22,290.31
 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

3.46 Nonpriority creditor's name and mailing address
 GORDON FOOD SERVICE
 PO BOX 88029
 CHICAGO, IL 60680

As of the petition filing date, the claim is: \$ 19,430.70
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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
 GROVE MEDICAL
 1089 PARK WEST BLVD
 GREENVILLE, SC 29611

As of the petition filing date, the claim is: \$ 13,671.14
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. ⁴⁸ 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: \$ 19,314.92
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. ⁴⁹ 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: \$ 636.47
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. ⁵⁰ Nonpriority creditor's name and mailing address
 HEALTH CARE SYSTEM
 5755 CARMICHAEL PARKWAY
 MONTGOMERY, AL 36117

As of the petition filing date, the claim is: \$ 2,274.70
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. ⁵¹ 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: \$ 121,944.57
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. ⁵² Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,423.10
Check all that apply.
 Contingent
 Unliquidated
 Disputed

HOVERTECH INTERNATIONAL
 4482 INNOVATION WAY
 ALLENTOWN, PA 18109

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁵³ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 12,905.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

HUNTER, MACLEAN, EXLEY & DUNN
 200 EAST SAINT JULIAN STREET
 SAVANNAH, GA 31401

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁵⁴ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 524.20
Check all that apply.
 Contingent
 Unliquidated
 Disputed

IDZ, LLC (ID ZONE)
 5830 NW 163RD ST
 MIAMI LAKES, FL 33014

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁵⁵ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 4,000.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed

INDEED, INC
 177 BROAD STREET
 STAMFORD, CT 06901

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁵⁶ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,046.40
Check all that apply.
 Contingent
 Unliquidated
 Disputed

INOVALON PROVIDER, INC
 100 N 6TH STREET SUITE 900A
 MINNEAPOLIS, MN 55403

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

Part 2: Additional Page

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

Amount of claim

3. ⁵⁷ Nonpriority creditor's name and mailing address
 INTELLAPRO, LLC
 9800 4TH STREET NORTH, SUITE 200
 ST. PETERSBURG, FL 33702

As of the petition filing date, the claim is: \$ 4,798.56
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁵⁸ Nonpriority creditor's name and mailing address
 J&R FULLER, LLC
 DBA PHARMACARE SERVICES
 713 4TH ST
 BLANCO, TX 78606

As of the petition filing date, the claim is: \$ 951,714.36
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 _____

3. ⁵⁹ Nonpriority creditor's name and mailing address
 JACKSON NURSE PROFESSIONALS
 3452 LAKE LYNDA DRIVE
 ORLANDO, FL 32817

As of the petition filing date, the claim is: \$ 123,649.13
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁶⁰ Nonpriority creditor's name and mailing address
 JH LANDSCAPE MANAGEMENT
 128 EGRETS WAY LANE
 RICHMOND HILL, GA 31324

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

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁶¹ Nonpriority creditor's name and mailing address
 JSC SYSTEMS, INC.
 PO BOX 551629
 JACKSONVILLE, FL 32255

As of the petition filing date, the claim is: \$ 2,946.02
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

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Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 20,627.98
	KCI USA INC PO BOX 301557 DALLAS, TX 75303	<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. ⁶³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 22,213.45
	LANDMARK HOSPITAL OF ATHENS, LLC 775 SUNSET DRIVE ATHENS, GA 30606	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: InterCo transactions

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 289,044.61
	LANDMARK HOSPITAL OF CAPE GIRARDEAU, LLC 3255 INDEPENDENCE ST. CAPE GIRARDEAU, MO 63701	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: InterCo transactions

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 6,695.78
	LANDMARK HOSPITAL OF COLUMBIA, LLC 604 OLD HWY 63N. COLUMBIA, MO 65201	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: InterCo transactions

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ 10,146,236.04
	LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC 5153 BLUEBONNET SUITE B BATON ROUGE, LA 70809	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: InterCo transactions

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

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. ⁶⁷ Nonpriority creditor's name and mailing address
 LOWCOUNTRY MEDICAL LINENS
 PO DRAWER 549
 BRUNSON, SC 29911

As of the petition filing date, the claim is: \$ 34,854.16
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁶⁸ Nonpriority creditor's name and mailing address
 LOWCOUNTRY MEDICAL RESPONSE
 127 COUNTRY WALK CIRCLE
 SAVANNAH, GA 31419

As of the petition filing date, the claim is: \$ 18,341.72
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁶⁹ Nonpriority creditor's name and mailing address
 LRS HEALTHCARE LLC
 2655 NORTHWINDS PARKWAY
 ALPHARETTA, GA 30009

As of the petition filing date, the claim is: \$ 77,568.04
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 _____

3. ⁷⁰ Nonpriority creditor's name and mailing address
 MARVEL MEDICAL STAFFING, LLC
 9394 WEST DODGE ROAD
 SUITE 300
 OMAHA, NE 68114

As of the petition filing date, the claim is: \$ 9,705.60
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 _____

3. ⁷¹ Nonpriority creditor's name and mailing address
 MCKESSON MEDICAL SURGICAL
 9954 MAYLAND DR SUITE 4000
 RICHMOND, VA 23233

As of the petition filing date, the claim is: \$ 3,626.34
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 _____

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
 MED EQUIP LOCATORS, INC
 325 LEFFINGWELL AVE
 KIRKWOOD, MO 63122

As of the petition filing date, the claim is: \$ 32,168.54
 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

3.73 Nonpriority creditor's name and mailing address
 MED ONE EQUIPMENT RENTAL
 10712 SOUTH 1300 E
 SANDY, UT 84094

As of the petition filing date, the claim is: \$ 50,144.98
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.74 Nonpriority creditor's name and mailing address
 MEDICAL BUSINESS CONSULTANTS
 11605 SOUTH FORK AVE - STE B
 BATON ROUGE, LA 70816

As of the petition filing date, the claim is: \$ 1,520.70
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.75 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: \$ 156,205.78
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.76 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: \$ 57.24
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

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

Amount of claim

3.77 Nonpriority creditor's name and mailing address
MEMORIAL HEALTH UNIVERSIT
4700 WATERS AVE
SAVANNAH, GA 31404

As of the petition filing date, the claim is: \$ 81,638.05
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.78 Nonpriority creditor's name and mailing address
MERCY AMBULANCE SERVICE INC.
1399 DEAN FOREST RD
SAVANNAH, GA 31405

As of the petition filing date, the claim is: \$ 2,340.00
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

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

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

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.80 Nonpriority creditor's name and mailing address
NETWORK IMAGING SYSTEMS, INC.
8100 ARROWRIDGE BLVD STE C
CHARLOTTE, NC 28273

As of the petition filing date, the claim is: \$ 10,435.00
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

3.81 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: \$ 3,066.86
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

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Amount of claim

3. ⁸² Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 2,726.00
Check all that apply.
 NUANCE COMMUNICATIONS Contingent
 PO BOX 2561 Unliquidated
 CAROL STREAM, IL 60132 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁸³ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 12,900.00
Check all that apply.
 NURSEPRO PLUS, LLC Contingent
 PO BOX 549 Unliquidated
 DELLSLOW, WV 26531 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁸⁴ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 3,267.65
Check all that apply.
 OTIS ELEVATOR CO Contingent
 PO BOX 73579 Unliquidated
 CHICAGO, IL 60673 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁸⁵ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ Unknown
Check all that apply.
 OUIDA FRY V. LANDMARK HOSPITAL OF Contingent
 SAVANNAH, LLC, ATLANTIC RADIOLOGY Unliquidated
 ASSOCIATES, LLC, BRIAN HELMY, M.D., Disputed
 MASOOD AHMED, M.D., SOUTHEAST LUNG &
 CRITICAL CARE SPECIALISTS, P.C., JAMES
 ALLEN MEADOWS, III, M.D., AND JOHN DOES
 2-10.

Basis for the claim: Pending litigation

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

Last 4 digits of account number _____

3. ⁸⁶ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 46,695.91
Check all that apply.
 OUTSET MEDICAL, INC Contingent
 3052 ORCHARD DR Unliquidated
 SAN JOSE, CA 95134 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

Part 2: Additional Page

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

Amount of claim

3. ⁸⁷ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,512.54

PERFORMANCE HEALTH SUPPLY
STE 700
28100 TORCH PKWY
WARRENVILLE, IL 60555

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁸⁸ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 128.37

PITNEY BOWES INC.
PO BOX 371896
PITTSBURGH, PA 15250

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁸⁹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,876.90

PLANSOURCE BENEFITS ADMIN INC
PO BOX 932330
ATLANTA, GA 31193

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁹⁰ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 64,356.32

PROLINK HEALTHCARE, LLC
4600 MONTGOMERY RD, SUITE 300
CINCINNATI, OH 45212

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

3. ⁹¹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,214.68

RABEY ELECTRIC CO, INC
PO BOX 23978
SAVANNAH, GA 31403

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Last 4 digits of account number _____

Part 2: Additional Page

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

Amount of claim

3.⁹² Nonpriority creditor's name and mailing address
 RED DRESS USA, INC
 DEPT CH 18177
 PALATINE, IL 60055

As of the petition filing date, the claim is: \$ 1,530.00
 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 _____

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

As of the petition filing date, the claim is: \$ 9,097.35
 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 _____

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

As of the petition filing date, the claim is: \$ 1,195.50
 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 _____

3.⁹⁵ Nonpriority creditor's name and mailing address
 SAVANNAH CHATHAM IMAGING
 PO BOX 3042
 INDIANAPOLIS, IN 46206

As of the petition filing date, the claim is: \$ 3,252.35
 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 _____

3.⁹⁶ Nonpriority creditor's name and mailing address
 SAVANNAH RESPONSE MEDICS, LLC
 9 WHITE PINE CT
 SAVANNAH, GA 31406

As of the petition filing date, the claim is: \$ 4,083.06
 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

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

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

\$ 1,800.00

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 _____

3.⁹⁸ Nonpriority creditor's name and mailing address
 SMH INNOVATIONS LLC
 POOLER PKWY PMB
 POOLER, GA 31322

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

\$ 2,776.80

Basis for the claim: Trade payable

Is the claim subject to offset?

No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

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

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

\$ 487.50

Basis for the claim: Trade payable

Is the claim subject to offset?

No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰⁰ Nonpriority creditor's name and mailing address
 SOUTHEAST LUNG ASSOCIATES
 PO BOX 15119
 SAVANNAH, GA 31416

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

\$ 24,500.00

Basis for the claim: Trade payable

Is the claim subject to offset?

No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰¹ Nonpriority creditor's name and mailing address
 ST JOSEPHS/CANDLER HEALTH
 GREG SCHAAK
 5353 REYNOLDS STREET
 SAVANNAH, GA 31405

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

\$ 199,622.00

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 _____

Part 2: Additional Page

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

Amount of claim

3. ¹⁰² Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 21.40
 STAPLES ADVANTAGE
 DEPT DET
 PO BOX 660409
 DALLAS, TX 75266

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. ¹⁰³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 170.80
 STERICYCLE INC
 PO BOX 6582
 CAROL STREAM, IL 60197

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁴ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 12,333.21
 STRYKER SALES LLC
 1901 ROMENCE RD PKWAY
 PORTAGE, MI 49002

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. ¹⁰⁵ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 536.74
 SUPPLY CHAIN SOLUTIONS
 200 FIRST STREET SW
 ROCHESTER, MN 55905

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. ¹⁰⁶ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 40,593.75
 SUWANNEE MEDICAL PERSONNEL
 817 NW 56TH TERRACE, SUITE A
 GAINESVILLE, FL 32605

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. ¹⁰⁷ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 69,773.15

TFG BILLING LLC
19614 S MUIRFIELD CIRCLE
BATON ROUGE, LA 70810

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. ¹⁰⁸ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 8,000.00

TFG COST REPORTS, LLC
ALEXIS FREEMAN
19614 SOUTH MUIRFIELD CIRCLE
BATON ROUGE, LA 70810

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. ¹⁰⁹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,288.89

TRAILHEAD MEDIA, LLC
401 CENTRAL AVENUE
LAUREL, MS 39440

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. ¹¹⁰ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 415.76

TRI-ANIM HEALTH SERVICES
25197 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. ¹¹¹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 38,340.00

UPRIGHT HEALTHCARE WORKFORCE
2330 SCENIC HWY S STE 652
SNELLVILLE, GA 30078

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. ¹¹² 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. ¹¹³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 30,239.03

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

3. ¹¹⁴ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,896.25

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

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. ¹¹⁵ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,019.81

VAPOTHERM
PO BOX 933438
CLEVELAND, OH 44193

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. ¹¹⁶ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,607.82

VELOCITY ACCOUNTS RECEIVABLE
6936 SPRING VALLEY, DR.
HOLLAND, OH 43528

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. ¹¹⁷ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,666.65

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. ¹¹⁸ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 7,218.26

VERATHON INC
PO BOX 935117
ATLANTA, GA 31193

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. ¹¹⁹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 7,254.82

WELLSKY CORPORATION
11300 SWITZER ROAD
OVERLAND PARK, KS 66210

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. ¹²⁰ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 12,048.51

WELLSKY HCS
PO BOX 204176
DALLAS, TX 75320

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. ¹²¹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 654.03

WILLSCOT
4646 E VAN BUREN ST. SUITE 400
PHOENIX, AZ 85008

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. ¹²² Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,304.00
 YATES ASTRO
 PO BOX 23313
 SAVANNAH, GA 31403

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. ¹²³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,090.00
 YP HEALTHCARE SOLUTIONS
 600 PARK OFFICES DRIVE, SUITE 300
 DURHAM, NC 27709

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 _____

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

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

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

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

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

Total of claim amounts

5a. Total claims from Part 1	5a.		\$ <u>8,041.72</u>
5b. Total claims from Part 2	5b.	+	\$ <u>13,966,393.50</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$ <u>13,974,435.22</u>

Fill in this information to identify the case:

Debtor name Landmark Hospital of Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00404 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 Fire Protection Purchaser State the term remaining Auto Renewal List the contract number of any government contract	ACE Technologies 7428 Sonny Rogers Blvd Hahira, GA, 31632
2.2	State what the contract or lease is for and the nature of the debtor's interest Quality Improvement Organization Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Acentra 1600 Tysons Blvd Suite 1600 McLean, VA, 22102
2.3	State what the contract or lease is for and the nature of the debtor's interest Healthcare Staffing Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Advantis Medical 13155 Noel Rd Suite 300 Brashear, TX, 75420
2.4	State what the contract or lease is for and the nature of the debtor's interest Oxygen & Medical Gases Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Airgas USA, LLC 2015 Vaughn Road Suite 400 Kennesaw, GA, 30144
2.5	State what the contract or lease is for and the nature of the debtor's interest Healthcare Staffing Purchaser State the term remaining List the contract number of any government contract	Alliance Healthcare Solutions 18201 Von Karman Ave Ste 600 Irvine, CA, 92612

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Physicist Survey of Radiology Equipment Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Alliance Medical Physics 2500 Abbey Court Alpharetta, GA, 30004</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Ally Healthcare Staffing 103B Atlanta Road Gray, GA, 31032</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Amergis (Maxim) Healthcare Services 6425 Powers Ferry Rd NW Suite 200 Snellville, GA, 30039</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Radiologists- Image Reports Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Atlantic Radiology Associates P.O. Box 14185 Savannah, GA, 31416</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Kangaroo Pumps Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Cardinal Health</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Patient Transport Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Central EMS 7701 Waters Ave Savannah, GA, 31416</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Hospital Accreditation Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Center For Improvement in Health care Quality (CIHQ) P.O. Box 1540 Mexia, TX, 76667</p>

Debtor Landmark Hospital of Savannah, LLC
NameCase number (if known) 2:25-bk-00404**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**

2.13	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	Healthcare Staffing Purchaser Auto Renewal	Coastal Medical Staffing 168 Boardwalk Dr Ridgeland, SC, 29936
2.14	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	Healthcare Staffing Purchaser Auto Renewal	Connected Healthcare 1408 e 13TH St Austin, TX, 78702
2.15	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 - Ethics Purchaser Auto Renewal	Costrini, Anthony, MD 55 Island1us Retreat Savannah, GA, 31406
2.16	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	Limited English Proficiency Interpreters Purchaser Auto Renewal	DT Over-The-Phone Interpreting N25W23131 Paul Rd Suite 900 Pewaukee, WI, 53072
2.17	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	Portable X-ray Service Purchaser Auto Renewal	Excel Imaging Solutions 7300 Cessna Dr. Greensboro, NC, 27409
2.18	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 Services 11770 Haynes Bridge Rd #538 Shawnee Mission, KS, 66212
2.19	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	Applied Learning Experience Purchaser Auto Renewal	GA Southern RN Training MOU 1332 Southern Dr Statesboro, GA, 30458

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Genie Healthcare 50 Millstone Rd Bld100 Suite 100 Hightstown, NJ, 08520</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Corneal Tissue OPO Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Georgia Eye Bank 5605 Glenridge Dr Suite 250 Atlanta, GA, 30342</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>GIP Hospice Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Georgia Hospice Care 7130 Hodgson Memorial Dr Savannah, GA, 31406</p>
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>GIP Hospice Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GHC Hospice Savannah C/O Agape Care Group, 187 N. Church St., STE 201 Spartanburg, SC, 29306</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Patient Transport Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Greco Transport 300 Rose St B Augusta, GA, 30907</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>IntellaPro 9800 4th Street North Suite 200 Saint Petersburg, FL, 33702</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Jackson Nurse Professionals 2301 Lucien Way Suite 325 Maitland, FL, 32751</p>

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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	<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>Garbage Pick up Purchaser</p> <p>Auto Renewal</p> <p>Repubic Services 84 Clifton Blvd Savannah, GA, 31408</p>
2.28	<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>Patient Transfer Purchaser</p> <p>Auto Renewal</p> <p>Saint Joseph's/Candler health System, Inc 11705 Mercy Blvd Savannah, GA, 31419</p>
2.29	<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>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>Interim Healthcare 2370 Vineville Ave Macon, GA, 31201</p>
2.30	<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>Patient Transport Purchaser</p> <p>376 days</p> <p>Johnson & Johnson Transport 1703 East 36th St. Savannah, GA, 31404</p>
2.31	<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 Director - Nephrology Purchaser</p> <p>Auto Renewal</p> <p>Kumjian, Dana, MD 1115 Lexington Avd. Savannah, GA, 31404</p>
2.32	<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>Dosimeters-Radiation Monitoring Purchaser</p> <p>Auto Renewal</p> <p>Landauer P.O Box 809051 Chicago, IL, 60680</p>
2.33	<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 Director - Hospital Purchaser</p> <p>Auto Renewal</p> <p>Leammerhirt, Georg, MD 5 Half Penny Circle Savannah, GA, 31411</p>

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Organ Procurement Organization Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Lifelink of Georgia 2875 Northwoods Parkway Norcross, GA, 30071</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Marvel Medstaff PO Box 61 Boys Town, NE, 68010</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Linens Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Low Country Medical Linens PO Box 549 20 S. Main Street Brunson Brunson, SC, 29911</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Shredding Purchaser</p> <p>Month-to-Month</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Shred It 259 N Radnor Chester Rd Wayne, PA, 19087</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Ultrasound Services Purchaser</p> <p>298 days</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Larry, Darien 4740 Sylvan Dr. Savannah, GA, 31405</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Patient Transport Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Low Country Medical Response 127 Country Walk Circle Savannah, GA, 31419</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Pharmaceutical Services Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pharmacare 713 4th St. Blanco, TX, 78606</p>

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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

<p>2.41</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Ancillary and Clinical Services Purchaser</p> <p>Auto Renewal</p>	<p>Saint Joseph's/Candler health System, Inc 11705 Mercy Blvd Savannah, GA, 31419</p>
<p>2.42</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p>	<p>LRS Healthcare 1120 n. 103rd Plaza Suite 300 Omaha, NE, 68114</p>
<p>2.43</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Healthcare Staffing Purchaser</p> <p>Auto Renewal</p>	<p>Medsorce Staffing Agency 925 Peachtree St NE Atlanta, GA, 30309</p>
<p>2.44</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Ancillary and Clinical Services Purchaser</p> <p>Auto Renewal</p>	<p>Memorial Hospital 4700 Waters Avenue Savannah, GA, 31404</p>
<p>2.45</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Medical Director - Pathology Purchaser</p> <p>Auto Renewal</p>	<p>Merced, Dalia, MD 14 Leehall Dr. Savannah, GA, 31419</p>
<p>2.46</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CT Maintenance & Repair Purchaser</p> <p>Auto Renewal</p>	<p>Network Imaging Systems 8100 Arrowridge Boulevard Suite C Charlotte, NC, 28273</p>
<p>2.47</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Central PICC Line Insertion Services Purchaser</p> <p>Auto Renewal</p>	<p>NursePro PO Box 549 20 S. Main Street Brunson Dellslow, WV, 26531</p>

Debtor Landmark Hospital of Savannah, LLC
 Name _____

Case number (if known) 2:25-bk-00404

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
2.48	<p>Elevator Service 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>OTIS Elevator Company 1000 Business Center DR. Savannah, GA, 31405</p>
2.49	<p>Dialysis/Tablo Machines 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>Outset Medical 3052 Orchard Drive San Francisco, CA, 94134</p>
2.50	<p>Medical Director - Pulmonary 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>Perkins, Michael, MD 340 Hodgson Ct. Savannah, GA, 31406</p>
2.51	<p>Property Investment Management 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>SILA Realty Trust 1001 Water St. STE 800 Tampa, FL, 33602</p>
2.52	<p>Healthcare Staffing 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>Prolink Columbia, SC, 29210</p>
2.53	<p>Patient Transport 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>Savannah Response Medics 9 White Pine Court Savannah, GA, 31406</p>
2.54	<p>Healthcare Staffing 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>Shiftmed 7925 Jones Branch Dr Suite 1100 McLean, VA, 22102</p>

Debtor Landmark Hospital of Savannah, LLC
NameCase number (if known) 2:25-bk-00404**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

2.55	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 Coverage Purchaser Auto Renewal	South East Lung & Critical Care Specialist, PC Savannah, GA, 31406
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	Echocardiography Services Purchaser 297 Days	Stafford, Chastity 303 Cone St. Rincon, GA, 31326
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	Healthcare Staffing Purchaser Auto Renewal	Supplemental Staffing 5333 Southwyck Blvd Toledo, OH, 43614
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	Healthcare Staffing Purchaser Auto Renewal	Suwanee Medical Staffing 15 E Montgomery Cross Rd Suite 204 Savannah, GA, 31406
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	Patient Transport Purchaser Auto Renewal	United EMS 6069 Ogeechee Rd Savannah, GA, 31419
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	Healthcare Staffing Purchaser Auto Renewal	Upright Healthcare Workforce 2330 Scenic Hwy. S STE 652 Snellville, GA, 30078
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	Ultrasound Services Purchaser 297 Days	Valdez, Desiree 444 Keller Rd Savannah, GA, 31419

Debtor

Landmark Hospital of Savannah, LLC
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Case number (if known) 2:25-bk-00404

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

2.62	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	Satellite TV Purchaser 844 Days	Velocity 7130 Spring Meadows Drive Holland, OH, 43528
2.63	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 - Cardiology Purchaser Auto Renewal	Cardiology Associates of Savannah 11700 Mercy Blvd, Plaza D Bldg 6 Savannah, GA, 31419
2.64	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	Pest control Purchaser Auto Renewal	Yates ASTRO Pest Control 1030 Lynes AVE PO BOX 23313 Savannah, GA, 31403
2.65	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	Healthcare Staffing Purchaser Auto Renewal	YP Healthcare Solutions 600 Park Offices Drive Suite 300 Durham, NC, 27709
2.66	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	Humana PO Box 14601 Lexington, KY, 40512
2.67	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	One Call 841 Prudential Drive Suite 204 Jacksonville, FL, 32207
2.68	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	Aetna PO Box 981106 El Paso, TX, 79998

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Case number (if known) 2:25-bk-00404

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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	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	Caresource of Georgia 600 Galleria Pkwy SE Suite 400 Atlanta, GA, 30339
2.70	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
2.71	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	Wellcare 113 South 11th Street Suite 200 Saint Louis, MO, 63102
2.72	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	Ambetter By Home State Health Plan 11720 Borman Drive Saint Louis, MO, 63146
2.73	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	BCBS of Missouri PO Box 105187 Atlanta, GA, 30348
2.74	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	Paradigm Specialty Network 4890 W Kennedy Blvd Suite 650 Tampa, FL, 33609
2.75	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	Peach State Health Plan 1100 Circle 75 Parkway Suite 1100 Atlanta, GA, 30339

Debtor Landmark Hospital of Savannah, LLC Case number (if known) 2:25-bk-00404
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List all contracts and unexpired leases

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

2.76	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		
2.77	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Tricare East Region PO Box 7981 Madison, WI, 53707
	State the term remaining List the contract number of any government contract		
2.78	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Centurion of Georgia PO Box 9693 Arnold, MD, 21012
	State the term remaining List the contract number of any government contract		
2.79	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Multiplan 115 5th Avenue New York, NY, 10003
	State the term remaining List the contract number of any government contract		
2.80	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		
2.81	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		
2.82	State what the contract or lease is for and the nature of the debtor's interest	Insurance Contract Agent	Clover Health Po Box 981704 El Paso, TX, 79998
	State the term remaining List the contract number of any government contract		

Debtor Landmark Hospital of Savannah, 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
2.83	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	Mitchel Nhq Prompt Pay 110 Theory Irvine, CA, 92617
2.84	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	Novanet, Inc 3500 Parkway Lane Suite 440 Norcross, GA, 30092
2.85	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	Corvel Work Comp PO Box 12250 Shawnee Mission, KS, 66282
2.86	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	Georgia Medicaid PO Box 105202 Tucker, GA, 30085
2.87	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	Palmetto Gba 17 Technology Circle Columbia, SC, 29203
2.88	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	Atrium Health 777 Hemlock Street MSC 129 Macon, GA, 31201
2.89	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	United Health Care PO Box 740800 Atlanta, GA, 30374

Debtor Landmark Hospital of Savannah, 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
<p>2.90 State what the contract or lease is for and the nature of the debtor's interest</p> <p>PPO Agreement Purchaser</p> <p>Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADP TotalSource</p> <p>1 Penn Plz</p> <p>New York, NY, 10199</p>
<p>2.91 State what the contract or lease is for and the nature of the debtor's interest</p> <p>Management Service Agreements Purchaser</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC</p> <p>8171 BAY COLONY DRIVE</p> <p>Unit 902</p> <p>NAPLES, FL, 34108</p>
<p>2. 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>2. 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>2. 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>2. 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>2. State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name Landmark Hospital of Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00404

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 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
2.2 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
2.3 Landmark Hospital of Joplin, LLC	2040 West 32nd St. Joplin, MO 64804	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Landmark Hospital of Cape Girardeau, LLC	3255 Independence St. Cape Girardeau, MO 63701	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 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
2.6 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 Savannah, LLC
Name

Case number (if known) 2:25-bk-00404



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 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.____			<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 Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (If known): 2:25-bk-00404

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 Savannah, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00404

Check if this is an amended filing

Official Form 207

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

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>01/01/2025</u> to <u>Filing date</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>10,435,260.33</u>
For prior year: From <u>01/01/2024</u> to <u>12/31/2024</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>46,102,809.00</u>
For the year before that: From <u>01/01/2023</u> to <u>12/31/2023</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>41,943,500.00</u>

2. Non-business revenue

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

None

	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>01/01/2025</u> to <u>Filing date</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>607.00</u>
For prior year: From <u>01/01/2024</u> to <u>12/31/2024</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>16,831.00</u>
For the year before that: From <u>01/01/2023</u> to <u>12/31/2023</u> <small>MM / DD / YYYY</small>	<u>Interest Income</u>	\$ <u>148,234.00</u>

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.	<u>See Attached Exhibit - Item 3</u> Creditor's name		<u>\$ 5,569,039.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2.	_____ Creditor's name		<u>\$ _____</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	_____ Insider's name	_____ _____ _____	<u>\$ _____</u>	
	Relationship to debtor _____			
4.2.	_____ Insider's name	_____ _____ _____	<u>\$ _____</u>	
	Relationship to debtor _____			

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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. Ouida Fry v. Landmark Hospital of Savannah, LLC; et al.	Medical malpractice	State Court of Chatham County, Georgia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
_____		133 Montgomery Street Savannah, GA 31401	
7.2. _____		_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

8. Assignments and receivership

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

None

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

	Date of order or assignment	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____		_____	\$ _____
Recipient's name		_____	\$ _____
Recipient's relationship to debtor			

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

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

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

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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 Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

13. Transfers not already listed on this statement

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

None

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

Relationship to debtor			

13.2. _____		_____	\$ _____
Address			

Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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 Savannah, LLC</u> Facility name	Long-term acute care and other healthcare services.	35
--	---	----

800 E 68th St. Savannah, GA 31405	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
--------------------------------------	--	------------------------------

800 E 68th St. Savannah, GA 31405

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:

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

Has the plan been terminated?

- No
- Yes

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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 Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
- Yes. Provide details below.

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

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

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

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

- None

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

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

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

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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. <u>Mary David, Accounting Manager</u> Name 3255 Independence St., Cape Girardeau, MO 63701	From <u>01/01/2022</u> To _____

Name and address	Dates of service
26a.2. <u>Tracy LaRose, CFO</u> Name 3255 Independence St., Cape Girardeau, MO 63701	From <u>01/01/2020</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. <u>Miller & Company LLP</u> Name 2831 Ringling Boulevard Suite 204-B, Sarasota, FL 34237	From <u>01/01/2021</u> To <u>12/31/2024</u>

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

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>Miller & Company LLP</u> Name 2831 Ringling Boulevard Suite 204-B, Sarasota, FL 34237	

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

Name and address

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

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

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

None

Name and address

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

Name and address

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

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<u>Denise Wayne</u>	<u>02/28/2025</u>	<u>\$ 50,008.52</u>

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

27.1. Denise Wayne
Name
800 E 68th St.
Savannah, GA 31405

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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>Denise Wayne</u>	<u>03/31/2025</u>	<u>\$41,161.40</u>

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

27.2. Denise Wayne
Name
800 E 68th St.
Savannah, GA 31405

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
<u>Landmark Holdings of Florida, LLC</u>	<u>2430 Vanderbilt Beach Rd. Suite 108-154, Naples, FL 34109</u>	<u>Shareholder, 99%</u>	<u>99</u>
<u>Dr. William Kapp</u>	<u>8171 Bay Colony Dr. #902, Naples, FL 34108</u>	<u>Chairman of the Board</u>	
<u>M. Bryan Day</u>	<u>5153 Bluebonnet Suite B, Baton Rouge, LA 70809</u>	<u>Officer</u>	
<u>Craig Boudreaux</u>	<u>5153 Bluebonnet Suite B, Baton Rouge, LA 70809</u>	<u>Officer</u>	
<u>Tracy LaRose</u>	<u>3255 Independence St., Cape Girardeau, MO 63701</u>	<u>Officer</u>	

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. <u>Name</u>	_____	_____	

Relationship to debtor		_____	

Debtor Landmark Hospital of Savannah, LLC
Name

Case number (if known) 2:25-bk-00404

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 Savannah, LLC

Debtor Name	Creditor Name	Address1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/17/24	\$ 5,465.96
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 4,452.89
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 182.75
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/15/25	\$ 5,465.96
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/03/25	\$ 182.75
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/03/25	\$ 4,452.89
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/18/25	\$ 5,465.96
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	03/03/25	\$ 4,452.89
Landmark Hospital of Savannah, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	03/03/25	\$ 182.75
Landmark Hospital of Savannah, LLC	Georgia Power	96 ANNEX	ATLANTA	GA	30396-0001	Suppliers or vendors	02/07/25	\$ 13,037.51
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/10/24	\$ 45,773.82
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 147.24
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 230,000.00
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 73.62
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 4,543.84
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/16/24	\$ 30.38
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/17/24	\$ 997.64
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/17/24	\$ 21,639.18
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/17/24	\$ 205,234.92
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/19/24	\$ 630,723.16
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/19/24	\$ 817.28
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/23/24	\$ 37.09
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/26/24	\$ 13,081.69
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/26/24	\$ 222,668.81
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/27/24	\$ 4,610.17
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/30/24	\$ 472.29
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/02/25	\$ 204,517.55
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/02/25	\$ 73.62
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/02/25	\$ 126,749.66
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/09/25	\$ 127,712.07
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/10/25	\$ 137,477.72
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/10/25	\$ 5,988.59
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/16/25	\$ 353,770.87
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/16/25	\$ 21.90
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/16/25	\$ 45,803.38
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/22/25	\$ 182,776.11
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/23/25	\$ 67,872.19
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/23/25	\$ 87,965.42
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/23/25	\$ 50,286.12
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/24/25	\$ 6,242.25
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/24/25	\$ 45,606.23
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/27/25	\$ 46,128.19
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/30/25	\$ 207,711.37
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/30/25	\$ 305,926.66
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	01/31/25	\$ 33,142.91
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/03/25	\$ 601.71
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/06/25	\$ 239,393.51

Debtor Name	Creditor Name	Address1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/07/25	\$ 6,448.29
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/13/25	\$ 506,224.82
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/18/25	\$ 989.34
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/20/25	\$ 222,517.52
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/21/25	\$ 135,544.60
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/21/25	\$ 5,606.82
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	02/27/25	\$ 7,442.11
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/03/25	\$ 431.43
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/05/25	\$ 219,731.79
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/05/25	\$ 400,000.00
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 245,453.75
Landmark Hospital of Savannah, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	03/07/25	\$ 5,694.68
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/01/25	\$ 1,140.28
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/01/25	\$ 1,483.22
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 3,824.05
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 3,761.62
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 3,870.28
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 720.36
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 843.88
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 1,544.95
Landmark Hospital of Savannah, LLC	Lowcountry Medical Response	127 Country Walk Circle	Savannah	GA	31419	Suppliers or vendors	01/17/25	\$ 4,770.98
Landmark Hospital of Savannah, LLC	LRS Healthcare LLC	2655 Northwinds Parkway	Alpharetta	GA	30009	Suppliers or vendors	02/07/25	\$ 13,688.63
Landmark Hospital of Savannah, LLC	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	01/06/25	\$ 4,408.32
Landmark Hospital of Savannah, LLC	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	02/05/25	\$ 4,408.32
Landmark Hospital of Savannah, LLC	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	03/05/25	\$ 6,701.82
Landmark Hospital of Savannah, LLC	Med One Equipment Rental	10712 South 1300 E	Sandy	UT	84094	Suppliers or vendors	03/05/25	\$ 4,408.32
Landmark Hospital of Savannah, LLC	Southeast Lung Associates	PO BOX 15119	SAVANNAH	GA	31416	Suppliers or vendors	02/18/25	\$ 7,750.00
Landmark Hospital of Savannah, LLC	Southeast Lung Associates	PO BOX 15119	SAVANNAH	GA	31416	Suppliers or vendors	03/05/25	\$ 7,500.00
Landmark Hospital of Savannah, LLC	St Josephs/Candler Health	Greg Schaak 5353 Reynolds Street	Savannah	GA	31405	Suppliers or vendors	02/10/25	\$ 42,168.00
Total								\$5,569,039.65