

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

www.flmb.uscourts.gov

<p>In re:</p> <p>Landmark Holdings of Florida, LLC,</p> <p>Landmark Management Services of Florida, LLC,</p> <p>Landmark Rehabilitation Hospital of Columbia, LLC,</p> <p>Landmark Hospital of Athens, LLC,</p> <p>Landmark Hospital of Cape Girardeau, LLC,</p> <p>Landmark Hospital of Columbia, LLC,</p> <p>Landmark Hospital of Joplin, LLC,</p> <p>Landmark Hospital of Savannah, LLC,</p> <p style="text-align: center;">Debtors.¹</p>	<p>Chapter 11</p> <p>Case No. 2:25-bk-00397</p> <p>Jointly Administered With</p> <p>Case No. 2:25-bk-00398</p> <p>Case No. 2:25-bk-00399</p> <p>Case No. 2:25-bk-00400</p> <p>Case No. 2:25-bk-00401</p> <p>Case No. 2:25-bk-00402</p> <p>Case No. 2:25-bk-00403</p> <p>Case No. 2:25-bk-00404</p>
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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 Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida (State)
 Case number (if known): 2:25-bk-00403

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>5,912,750.15</u>
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i></p>	\$ <u>5,912,750.15</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>3,423.13</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>11,761,446.19</u>
<p>4. Total liabilities</p> <p>Lines 2 + 3a + 3b</p>	\$ <u>43,051,685.74</u>

Fill in this information to identify the case:

Debtor name Landmark Hospital of Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00403

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Montgomery Bank</u>	<u>Checking</u>	<u>0 5 2 5</u>	\$ 54,583.67
3.2. <u>See continuation sheet</u>			\$ 0.00

4. Other cash equivalents (Identify all)

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

5. Total of Part 1

\$ 54,583.67

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

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

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

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. <u>Alliance Insurance</u>	\$ 25,541.48
7.2. <u>See continuation sheet</u>	\$ 18,027.94

Debtor Landmark Hospital of Joplin, LLC
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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

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

9. Total of Part 2.

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

\$ 43,569.42

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:	<u>2,860,355.55</u>	-	<u>23,966.73</u>	= →	\$ <u>2,836,388.82</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>6,643,338.90</u>	-	<u>4,109,573.11</u>	= →	\$ <u>2,533,765.79</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

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

\$ 5,370,154.61

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 _____ MM / DD / YYYY	23,791.11 \$ _____	_____	23,791.11 \$ _____
23. Total of Part 5	Add lines 19 through 22. Copy the total to line 84.			\$ 23,791.11

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

- No
- Yes

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

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

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

- No
- Yes

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

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

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

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

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33. **Total of Part 6.**

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

\$ _____

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

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

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

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

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

- No
- Yes

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

- No
- Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office Furniture	\$ 6,032.28		\$ 6,032.28
40. Office fixtures	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Computer Hardware/Software	\$ 13,956.02		\$ 13,956.02
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.

\$ 19,988.30

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

\$ 114,080.61	_____	\$ 114,080.61
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51. Total of Part 8.

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

\$ 114,080.61

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

- No
- Yes

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

- No
- Yes

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Part 9: Real property

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

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

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1 2040 West 32nd St. Joplin, MO 64804	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 <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties Missouri Certificate of Need	0.00 \$ _____	_____	Unknown \$ _____
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	0.00	
	Total face amount	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*

Receivable due from Landmark Hospital of Salt Lake City, LLC \$ 227.50

See continuation sheet \$ 286,354.93

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

\$ 286,582.43

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

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>	\$ 54,583.67	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 43,569.42	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 5,370,154.61	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 23,791.11	
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>	\$ 19,988.30	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 114,080.61	
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>	+ \$ 286,582.43	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 5,912,750.15	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	5,912,750.15	\$ 5,912,750.15

Debtor 1

Landmark Hospital of Joplin, LLC

Case number (if known)

First Name

Middle Name

Last Name

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

General description	Type of account	Last 4 digits of account number
Citizens Bank	Checking	6475
Balance: 0.00		
Montgomery Bank	Checking	4005
Balance: 0.00		
Montgomery Bank	Checking	6637
Balance: 0.00		
Amerant	Checking	1106
Balance: 0.00		

7) Deposits, including security deposits and utility deposits

General description	Current value
Liberty Utilities Empire Deposit	\$17,130.00
LMS INV 2841 RIVERVIEW DE	\$897.94

77) Other property of any kind not already listed

General description	Current value
Receivable due from White Oaks Real Estate Investments of Joplin	150,000.00
Intercompany Receivable due from Landmark Holdings of Florida, LLC	136,354.93

Fill in this information to identify the case:

Debtor name Landmark Hospital of Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00403

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

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

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

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

Creditor's email address, if known

Date debt was incurred 12/9/2020

Last 4 digits of account number _____

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

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

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

Describe the lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

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

2.2 Creditor's name

Creditor's mailing address

Creditor's email address, if known

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

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

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

Describe debtor's property that is subject to a lien

\$ _____	\$ _____
----------	----------

Describe the lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

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

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

\$ 31,286,816.42

Fill in this information to identify the case:

Debtor Landmark Hospital of Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number 2:25-bk-00403
 (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

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

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

2.1 Priority creditor's name and mailing address

City of Joplin
 602 S. MAIN STREET
 Joplin, MO 64801

	Total claim	Priority amount
As of the petition filing date, the claim is: <u>\$ 3,423.13</u>	<u>\$ 3,423.13</u>	<u>\$ 3,423.13</u>

- Check all that apply.
- Contingent
 - Unliquidated
 - Disputed

Basis for the claim:
 Taxes & Other Government Units

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) (8)

Is the claim subject to offset?

- No
- Yes

2.2 Priority creditor's name and mailing address

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

- Check all that apply.
- Contingent
 - Unliquidated
 - Disputed

Basis for the claim:

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) (_____)

Is the claim subject to offset?

- No
- Yes

2.3 Priority creditor's name and mailing address

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

- Check all that apply.
- Contingent
 - Unliquidated
 - Disputed

Basis for the claim:

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) (_____)

Is the claim subject to offset?

- No
- Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim
3.1 Nonpriority creditor's name and mailing address 3M 2807 PAYSPHERE CIR CHICAGO, IL 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade payable	\$ 5,766.66
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 6 POINT RESCUE 1911 SHERRY LEA DR NEOSHO, MO 64850	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	\$ 380.00
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	\$ 25.35
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 ABBOTT LABORATORIES INC. PO BOX 92679 CHICAGO, IL 60675	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	\$ 132.45
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 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	\$ 16,800.00
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 AEGIS FIRE PROTECTION LLC 11937 W. 119TH #263 OVERLAND PARK, KS 66213	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	\$ 6,415.00
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	

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	As of the petition filing date, the claim is:	\$ 7,865.98
	AGILE CONSULTING GROUP, INC 7535 S. SPALDING LAKE DR. ATLANTA, GA 30350	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,677.45
	AIRGAS USA, LLC. PO BOX 734672 DALLAS, TX 75373	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,113.41
	ALIMED, INC. PO BOX 9135 DEDHAM, MA 02027	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,603.86
	ALLIED-CERTIFIED MEDICAL WASTE 2600 W EXECUTIVE PARKWAY STE 300 LEHI, UT 84043	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 186.41
	AMAZON CAPITAL SERVICES PO BOX 035184 SEATTLE, WA 98124	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

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

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address
 AMBU, INC
 PO BOX 347818
 PITTSBURGH, PA 15251

As of the petition filing date, the claim is: \$ 15,764.07
 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. ¹³ Nonpriority creditor's name and mailing address
 AMERICAN MEDICAL REHAB
 PROVIDERS ASSOC. INC
 529 14TH STREET NW STE 1280
 WASHINGTON, DC 20045

As of the petition filing date, the claim is: \$ 873.00
 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. ¹⁴ Nonpriority creditor's name and mailing address
 ANN BLANCHARD, MELINDA BLANCHARD,
 AND DARREN BLANCHARD, PLAINTIFFS V.
 LANDMARK HOSPITALS OF JOPLIN, LLC;
 PATRICIA M. MYERS, MD; HMS JOPLIN, LLC;
 WASEEM GHANNAM, MD; TELEHEALTH
 SOLUTIONS, PLLC; AND ERIC BLANCHARD,
 RN; DEFENDANTS., CASE NO. 24AO-CC00097

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

Basis for the claim: Pending litigation

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

Is the claim subject to offset?
 No
 Yes

3. ¹⁵ Nonpriority creditor's name and mailing address
 APPLICCHAT 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

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

Is the claim subject to offset?
 No
 Yes

3. ¹⁶ Nonpriority creditor's name and mailing address
 APPLIED MEDICAL TECH, INC
 8006 KATHERINE BLVD.
 BRECKSVILLE, OH 44141

As of the petition filing date, the claim is: \$ 2,245.13
 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

3.17 Nonpriority creditor's name and mailing address
 ASCEND CLINICAL, LLC
 PO BOX 45021
 SAN FRANCISCO, CA 94145

As of the petition filing date, the claim is: \$ 1,682.82
 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
 BARD ACCESS SYSTEMS
 P.O. BOX 75767
 CHARLOTTE, NC 28275

As of the petition filing date, the claim is: \$ 18,451.06
 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 _____

3.19 Nonpriority creditor's name and mailing address
 BEST VALUE MOBILE STORAGE
 29421 STATE HWY. 38
 MARSHFIELD, MO 65706

As of the petition filing date, the claim is: \$ 66.65
 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 _____

3.20 Nonpriority creditor's name and mailing address
 BOSTON DOCUMENT SYSTEMS, INC
 PO BOX 753
 MARLBORO, MA 01752

As of the petition filing date, the claim is: \$ 1,473.84
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3.21 Nonpriority creditor's name and mailing address
 BULLSEYE TELECOM
 PO BOX 6558
 CAROL STREAM, IL 60197

As of the petition filing date, the claim is: \$ 442.48
 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
 CAREFUSION SOLUTIONS LLC
 PYXIS PRODUCTS
 25082 NETWORK PLACE
 CHICAGO, IL 60673

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

As of the petition filing date, the claim is: \$ 29,693.05
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

3.23 Nonpriority creditor's name and mailing address
 CARING MOBILITY TRANSPORTATION
 P.O. BOX 3658
 JOPLIN, MO 64803

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

As of the petition filing date, the claim is: \$ 1,945.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

3.24 Nonpriority creditor's name and mailing address
 CENTERS FOR MEDICARE & MEDICAID SERVICES
 PO BOX 8788
 MADISON, WI 53708

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

As of the petition filing date, the claim is: \$ 3,026,529.81
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Accrued PIP repayment

Is the claim subject to offset?
 No
 Yes

3.25 Nonpriority creditor's name and mailing address
 CHECKER MOBILITY TRANSPORT LLC
 PO BOX 547
 JOPLIN, MO 64802

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

As of the petition filing date, the claim is: \$ 567.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

3.26 Nonpriority creditor's name and mailing address
 CHECKR INC
 1 MONTGOMERY ST, SUITE 2400
 SAN FRANCISCO, CA 94104

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

As of the petition filing date, the claim is: \$ 222.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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. 27 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 421.32
 CITY OF JOPLIN
 ATTN UTILITY BILLING
 602 S. MAIN STREET
 JOPLIN, MO 64801

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. 28 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 38,274.81
 CLEAN UNIFORM COMPANY
 PO BOX 840140
 KANSAS CITY, MO 64184

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. 29 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,274.90
 CLINICAL SOLUTIONS
 1900 SCHUETZ ROAD
 ST. LOUIS, MO 63146

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. 30 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,125.44
 COALITION OF LONG-TERM ACUTE
 CARE HOSPITALS
 21351 GENTRY DRIVE SUITE 210
 STERLING, VA 20171

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. 31 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,916.84
 CONNECTRIA, LLC
 10845 OLIVE BLVD.
 SAINT LOUIS, MO 63141

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. ³² Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 265.18
 COOK MEDICAL INCORPORATED
 22988 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. ³³ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 16,752.66
 DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
 PO BOX 1116
 JEFFERSON CITY, MO 65102
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³⁴ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 763.32
 DIGITAL 1 GROUP, LLC
 112 EMERALD STAR LANE
 LAFAYETTE, LA 70506
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³⁵ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 882.30
 DOCTEGRITY
 3308 PRESTON ROAD 350-205
 PLANO, TX 75093
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

3. ³⁶ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 6,750.00
 DR. BRYAN D BARNES
 1101 CARRINGTON TERRACE
 JOPLIN, MO 64804
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade payable
 Is the claim subject to offset?
 No
 Yes
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

Part 2: Additional Page

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

Amount of claim

3.37 Nonpriority creditor's name and mailing address
 DR. JAMES C EATON
 9407 N.E. LAWTON ROAD
 WEIR, KS 66781

As of the petition filing date, the claim is: \$ 6,750.00
 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

3.38 Nonpriority creditor's name and mailing address
 DR. MARGARET E NICHOLS
 1846 JOHN DUFFY DR
 JOPLIN, MO 64804

As of the petition filing date, the claim is: \$ 6,750.00
 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

3.39 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

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

As of the petition filing date, the claim is: \$ 82.68
 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
 DTG MEDICAL ELECTRONICS
 8325 MELROSE DRIVE
 LENEXA, KS 66214

As of the petition filing date, the claim is: \$ 2,667.00
 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

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
 FAVORITE HEALTHCARE STAFFING
 PO BOX 26225
 OVERLAND PARK, KS 66225

As of the petition filing date, the claim is: \$ 76,715.12
 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

3.43 Nonpriority creditor's name and mailing address
 FHS HOLDINGS, LLC
 1102 WEST 32ND STREET
 JOPLIN, MO 64804

As of the petition filing date, the claim is: \$ 87,750.00
 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

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

As of the petition filing date, the claim is: \$ 308.62
 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
 FOUR STATES ANESTHESIA SVCS
 1905 W 32ND STREET
 SUITE 201
 JOPLIN, MO 64804

As of the petition filing date, the claim is: \$ 1,000.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.46 Nonpriority creditor's name and mailing address
 FREEMAN HEALTH SYSTEM
 P.O. BOX 4769
 1102 W 32ND ST
 JOPLIN, MO 64803

As of the petition filing date, the claim is: \$ 237,891.90
 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 As of the petition filing date, the claim is: \$ 10,543.39
 [Redacted] *Check all that apply.*
 [Redacted] 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 As of the petition filing date, the claim is: \$ 24,972.00
 GENIE HEALTHCARE, INC *Check all that apply.*
 50 MILLSTONE ROAD, BUILDING 100 Contingent
 SUITE 100 Unliquidated
 EAST WINDSOR, NJ 08520 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 As of the petition filing date, the claim is: \$ 12.14
 GFL ENVIRONMENTAL *Check all that apply.*
 3301 BENSON DRIVE, SUITE 601 Contingent
 RALEIGH, NC 27609 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 As of the petition filing date, the claim is: \$ 33,681.25
 GIFTED HEALTHCARE *Check all that apply.*
 GIFTED NURSES, LLC Contingent
 PO BOX 205426 Unliquidated
 DALLAS, TX 75320 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 As of the petition filing date, the claim is: \$ 3,250.00
 GLIDEWELL ROOF LLC *Check all that apply.*
 5202 S RANGE LINE ROAD Contingent
 JOPLIN, MO 64804 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
 GRAINGER
 101 SOUTHCASE BLVD
 FOUNTAIN INN, SC 29644

As of the petition filing date, the claim is: \$ 2,010.39
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.53 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: \$ 7,342.09
 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

3.54 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: \$ 5,775.02
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

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

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

As of the petition filing date, the claim is: \$ 13.67
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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
 HILL-ROM INC
 PO BOX 643592
 PITTSBURGH, PA 15264

As of the petition filing date, the claim is: \$ 8,433.70
 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. ⁵⁸ Nonpriority creditor's name and mailing address
 HUSCH BLACKWELL LLP
 901 ST LOUIS ST STE 1800
 SPRINGFIELD, MO 65806

As of the petition filing date, the claim is: \$ 8,869.50
 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. ⁵⁹ Nonpriority creditor's name and mailing address
 IDOCSWEB
 5465 LEGACY DRIVE
 SUITE 650
 PLANO, TX 75024

As of the petition filing date, the claim is: \$ 16,150.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3. ⁶⁰ Nonpriority creditor's name and mailing address
 INTERMED GROUP, INC.
 13301 NW US HWY 441
 ALACHUA, FL 32615

As of the petition filing date, the claim is: \$ 11,162.48
 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. ⁶¹ 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: \$ 369,358.13
 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. ⁶² Nonpriority creditor's name and mailing address
 JOHNSON CONTROLS
 PO BOX 730068
 DALLAS, TX 75373

As of the petition filing date, the claim is: \$ 6,529.37
 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. ⁶³ Nonpriority creditor's name and mailing address
 JOHNSON CONTROLS US HOLDINGS
 JOHNSON CONTROLS FIRE PROTECTION LP
 5757 N GREEN BAY AVE
 MILWAUKEE, WI 53209

As of the petition filing date, the claim is: \$ 720.00
 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. ⁶⁴ Nonpriority creditor's name and mailing address
 JOPLIN CHAMBER OF COMMERCE
 320 E 4TH STREET
 JOPLIN, MO 64801

As of the petition filing date, the claim is: \$ 1,179.00
 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. ⁶⁵ Nonpriority creditor's name and mailing address
 JOSEPH DELEAWE MO CONSULTING
 3816 RED FOX RUN
 JOPLIN, MO 64804

As of the petition filing date, the claim is: \$ 12,150.00
 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. ⁶⁶ Nonpriority creditor's name and mailing address
 KCI USA INC
 PO BOX 301557
 DALLAS, TX 75303

As of the petition filing date, the claim is: \$ 38,635.26
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

Part 2: Additional Page

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Amount of claim

3. ⁶⁷ Nonpriority creditor's name and mailing address
 LANDMARK HOSPITAL OF ATHENS, LLC
 775 SUNSET DRIVE
 ATHENS, GA 30606

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

Basis for the claim: InterCo transactions

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

Is the claim subject to offset?
 No
 Yes

\$ 79,893.99

3. ⁶⁸ Nonpriority creditor's name and mailing address
 LANDMARK HOSPITAL OF CAPE GIRARDEAU,
 LLC
 3255 INDEPENDENCE ST.
 CAPE GIRARDEAU, MO 63701

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

Basis for the claim: InterCo transactions

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

Is the claim subject to offset?
 No
 Yes

\$ 268,233.67

3. ⁶⁹ Nonpriority creditor's name and mailing address
 LANDMARK HOSPITAL OF COLUMBIA, LLC
 604 OLD HWY 63N.
 COLUMBIA, MO 65201

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

Basis for the claim: InterCo transactions

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

Is the claim subject to offset?
 No
 Yes

\$ 142,554.00

3. ⁷⁰ Nonpriority creditor's name and mailing address
 LANDMARK HOSPITAL OF SAVANNAH, LLC
 800 E 68TH ST.
 SAVANNAH, GA 31405

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

Basis for the claim: InterCo transactions

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

Is the claim subject to offset?
 No
 Yes

\$ 15,132.02

3. ⁷¹ Nonpriority creditor's name and mailing address
 LANDMARK HOSPITALS OF SOUTHWEST
 FLORIDA, LLC
 1500 LEE BLVD
 LEHIGH ACRES, FL 33936

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

Basis for the claim: Related entity transfers

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

Is the claim subject to offset?
 No
 Yes

\$ 64,201.27

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
 LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC
 5153 BLUEBONNET SUITE B
 BATON ROUGE, LA 70809

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

Basis for the claim: InterCo transactions

Is the claim subject to offset?
 No
 Yes

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

\$ 902,180.89

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

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

Basis for the claim: Lease Obligations

Is the claim subject to offset?
 No
 Yes

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

\$ 2,296,370.16

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

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

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

Is the claim subject to offset?
 No
 Yes

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

\$ 3,250,000.00

3.75 Nonpriority creditor's name and mailing address
 LEWIS BRISBOIS BISGAARD & SMITH
 SUITE 4000
 633 W. FIFTH STREET
 LOS ANGELES, CA 90071

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 _____

\$ 14,657.19

3.76 Nonpriority creditor's name and mailing address
 LIBERTY UTILITIES EMPIRE DIST
 PO BOX 650689
 DALLAS, TX 75265

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 _____

\$ 10,642.45

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
 M & Z TELEMEDICINE
 4403 SILVER VALLEY D
 COLUMBIA, MO 65203

As of the petition filing date, the claim is: \$ 14,400.00
 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

3.78 Nonpriority creditor's name and mailing address
 MARLIN BUSINESS BANK
 PO BOX 13604
 PHILADELPHIA, PA 19101

As of the petition filing date, the claim is: \$ 3,441.15
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.79 Nonpriority creditor's name and mailing address
 MATHESON TRI-GAS, INC.
 DEPT 3028
 PO BOX 123028
 DALLAS, TX 75312

As of the petition filing date, the claim is: \$ 39,984.83
 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
 MED E QUIP LOCATORS, INC
 325 LEFFINGWELL AVE
 KIRKWOOD, MO 63122

As of the petition filing date, the claim is: \$ 19,455.28
 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
 MEDEXCEL MEDICAL TRANSPORTATIO
 2802 E LOCUST CT.
 TONGANOXIE, KS 66086

As of the petition filing date, the claim is: \$ 1,213.00
 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

Part 2: Additional Page

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

Amount of claim

3. ⁸² Nonpriority creditor's name and mailing address
 MEDICAL BUSINESS CONSULTANTS
 11605 SOUTHFORK AVE - STE B
 BATON ROUGE, LA 70816

As of the petition filing date, the claim is: \$ 5,250.69
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. ⁸³ Nonpriority creditor's name and mailing address
 MEDLEGAL, LLC
 1321 NORTHRIDGE TERRACE
 JOPLIN, MO 64801

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

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁸⁴ 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: \$ 114,788.23
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

3. ⁸⁵ 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: \$ 62.24
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. ⁸⁶ Nonpriority creditor's name and mailing address
 MERCY HEALTH SERVICES CORP
 100 MERCY WAY
 JOPLIN, MO 64804

As of the petition filing date, the claim is: \$ 87,750.00
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

3.87 Nonpriority creditor's name and mailing address
 MERCY HOSPITAL CARTHAGE
 PO BOX 776084
 CHICAGO, IL 60677

As of the petition filing date, the claim is: \$ 1,735.65
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.88 Nonpriority creditor's name and mailing address
 MERCY HOSPITAL JOPLIN
 100 MERCY WAY
 JOPLIN, MO 64804

As of the petition filing date, the claim is: \$ 27,589.93
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.89 Nonpriority creditor's name and mailing address
 METS JOPLIN
 625 S VIRGINIA AVE
 JOPLIN, MO 64801

As of the petition filing date, the claim is: \$ 11,735.69
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.90 Nonpriority creditor's name and mailing address
 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

3.91 Nonpriority creditor's name and mailing address
 MISSOURI AMERICAN WATER
 PO BOX 6029
 CAROL STREAM, IL 60197

As of the petition filing date, the claim is: \$ 394.71
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

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

Amount of claim

3.⁹² Nonpriority creditor's name and mailing address
 NEWTON COUNTY AMBULANCE
 PO BOX 60
 NEOSHO, MO 64850

As of the petition filing date, the claim is: \$ 3,268.34
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

As of the petition filing date, the claim is: \$ 4,825.48
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

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

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

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.⁹⁵ Nonpriority creditor's name and mailing address
 OUTSET MEDICAL, INC
 3052 ORCHARD DR
 SAN JOSE, CA 95134

As of the petition filing date, the claim is: \$ 30,919.67
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3.⁹⁶ Nonpriority creditor's name and mailing address
 PERFORMANCE HEALTH SUPPLY
 STE 700
 28100 TORCH PKWY
 WARRENVILLE, IL 60555

As of the petition filing date, the claim is: \$ 214.65
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

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

Amount of claim

3.⁹⁷ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 6,750.00
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 _____

3.⁹⁸ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,876.83
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 _____

3.⁹⁹ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 125.34
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰⁰ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 172.08
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 _____

3.¹⁰¹ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 709.00
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. ¹⁰² Nonpriority creditor's name and mailing address
 SERVICE RECYCLING, LLC
 3178 N KENTUCKY AVE
 JOPLIN, MO 64801

As of the petition filing date, the claim is: \$ 45.00
 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. ¹⁰³ Nonpriority creditor's name and mailing address
 SIMPLY SAFE TRANSPORT, LLC
 601 SE 36TH STREET
 SUITE 135
 NEWTON, KS 67114

As of the petition filing date, the claim is: \$ 100.00
 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. ¹⁰⁴ Nonpriority creditor's name and mailing address
 SLICED HEALTH
 151 E MARIETTA ST. SUITE D
 CANTON, GA 30114

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

Basis for the claim: Trade payable

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
 SPARKLIGHT
 PO BOX 9001009
 LOUISVILLE, KY 40290

As of the petition filing date, the claim is: \$ 3,833.02
 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 _____

3. ¹⁰⁶ Nonpriority creditor's name and mailing address
 SPIRE
 DRAWER 2
 ST. LOUIS, MO 63171

As of the petition filing date, the claim is: \$ 3,538.68
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

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:** \$ 155.70
 Check all that apply.
 SPRINGFIELD JANITOR SUPPL Contingent
 2255 N BURTON AVE Unliquidated
 SPRINGFIELD, MO 64804 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:** \$ 21,300.00
 Check all that apply.
 SRB MED LLC Contingent
 3529 NOTTING HILL CIR Unliquidated
 JOPLIN, MO 64804 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:** \$ 3,149.27
 Check all that apply.
 STAPLES ADVANTAGE Contingent
 DEPT DET Unliquidated
 PO BOX 660409 Disputed
 DALLAS, TX 75266

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:** \$ 226.79
 Check all that apply.
 STERICYCLE INC Contingent
 PO BOX 6582 Unliquidated
 CAROL STREAM, IL 60197 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:** \$ 576.05
 Check all that apply.
 SUPPLY CHAIN SOLUTIONS Contingent
 200 FIRST STREET SW Unliquidated
 ROCHESTER, MN 55905 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
 TAYLOR CHAPMAN LAWN & LANDSCAP
 123 ZACHARY LANE
 CARL JUNCTION, MO 64834

As of the petition filing date, the claim is: \$ 14,030.00
 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. ¹¹³ Nonpriority creditor's name and mailing address
 TFG BILLING LLC
 19614 S MUIRFIELD CIRCLE
 BATON ROUGE, LA 70810

As of the petition filing date, the claim is: \$ 43,536.12
 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
 TFG COST REPORTS, LLC
 ALEXIS FREEMAN
 19614 SOUTH MUIRFIELD CIRCLE
 BATON ROUGE, LA 70810

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

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3. ¹¹⁵ Nonpriority creditor's name and mailing address
 TRI-ANIM HEALTH SERVICES
 25197 NETWORK PLAGE
 CHICAGO, IL 60673

As of the petition filing date, the claim is: \$ 381.89
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

3. ¹¹⁶ Nonpriority creditor's name and mailing address
 UPTODATE
 230 3RD AVE
 WALTHAM, MA 02451

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

Basis for the claim: Trade payable

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

Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

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Amount of claim

3. ¹¹⁷ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,205.05

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 _____ Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

3. ¹¹⁸ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,666.70

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

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

Last 4 digits of account number _____

3. ¹¹⁹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,672.12

VRC COMPANIES
VITAL RECORDS HOLDINGS LLC
DEPT 5874 PO BOX 11407
BIRMINGHAM, AL 35246

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. ¹²⁰ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 790.56

WCA WASTE CORP.
PO BOX 4524
HOUSTON, TX 77210

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. ¹²¹ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 720.35

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

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trade payable

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. ¹²² Nonpriority creditor's name and mailing address
 WELLISKY CORPORATION
 11300 SWITZER ROAD
 OVERLAND PARK, KS 66210

As of the petition filing date, the claim is:
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 _____

\$ 7,515.69

3. ¹²³ Nonpriority creditor's name and mailing address
 WELLISKY HCS
 PO BOX 204176
 DALLAS, TX 75320

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

Basis for the claim: Trade payable

Is the claim subject to offset?
 No
 Yes

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

\$ 12,048.51

3. Nonpriority creditor's name and mailing address

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

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

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

\$ _____

3. Nonpriority creditor's name and mailing address

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

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

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

\$ _____

3. Nonpriority creditor's name and mailing address

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

Basis for the claim:

Is the claim subject to offset?
 No
 Yes

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

\$ _____

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ <u>3,423.13</u>
5b. Total claims from Part 2	5b. +	\$ <u>11,761,446.19</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>11,764,869.32</u>

Fill in this information to identify the case:

Debtor name Landmark Hospital of Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00403 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 Patient Transport Purchaser State the term remaining Auto Renewal List the contract number of any government contract	Caring Mobility Trans. PO Box 3658 Joplin, MO, 64803
2.2	State what the contract or lease is for and the nature of the debtor's interest Lab Services Purchaser State the term remaining Auto Renewal List the contract number of any government contract	COLA 9881 Broken Land Parkway Suite 200 Columbia, MD, 21046
2.3	State what the contract or lease is for and the nature of the debtor's interest Computer Data Base Purchaser State the term remaining 349 Days - Auto Renewal List the contract number of any government contract	HMS/Well Sky 1599 Route 34 South Suite 2 Farmingdale, NJ, 07727
2.4	State what the contract or lease is for and the nature of the debtor's interest Ancillary Services agreement Purchaser State the term remaining 152 Days - Auto Renewal List the contract number of any government contract	Mercy Hospital - Joplin 100 Mercy Way Joplin, MO, 64804
2.5	State what the contract or lease is for and the nature of the debtor's interest Patient Care Supplies Purchaser State the term remaining 190 Days - Auto Renewal List the contract number of any government contract	MEDLINE 1 Medline Place Mundelein, IL, 60060

Debtor

Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

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

2.6	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	METS Transport for Patients Purchaser 69 Days - Auto Renewal	Metro Emergency Transport 625 S Virginia Ave Joplin, MO, 64801
2.7	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	Ancillary Services agreement Purchaser 9 Days - Auto Renewal	Freeman Hospital 1102 W 32nd Street Joplin, MO, 64804
2.8	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	Trash Services Purchaser 322 Days - Auto Renewal	GFL 2120 W Bennett Street Springfield, MO, 65807
2.9	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	Physician Provider Agreement Purchaser 71 Days - Auto Renewal	Dr. Mariserla - Medical Dir Agrmt 3529 Notting Hill Circle Joplin, MO, 64804
2.10	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	Physican Provider Agreement Purchaser 67 Days - Auto Renewal	Dr. Deleawe 3816 Red Fox Run Joplin, MO, 64804
2.11	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	Physician Provider Agreement Purchaser 54 Days - Auto Renewal	Dr. Omar Khan 1300 N Main Street Apt 109 Sikeston, MO, 63801
2.12	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	Telemedicine Purchaser 60 Days - Auto Renewal	IWebDocs 5465 Legacy Drive Suite 650 Plano, TX, 75024

Debtor

Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Missouri Hospital Mutual Aid Purchaser</p> <p>State the term remaining</p> <p>73 Days - Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>MHA - Mutual Aid Agreement</p> <p>4712 Country Club Dr</p> <p>Jefferson City, MO, 65109</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lawn Services Purchaser</p> <p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>TC Lawn and Landscaping</p> <p>123 Zachary Lane</p> <p>Carl Junction, MO, 64834</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Linen Service Purchaser</p> <p>State the term remaining</p> <p>310 Days - Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>CLEAN Linen</p> <p>4700 N Santa Fe Ave</p> <p>Oklahoma City, OK, 73118</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lab testing services Purchaser</p> <p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>Ascend Labs</p> <p>PO Box 45021</p> <p>San Francisco, CA, 94145</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Interpretation Services Purchaser</p> <p>State the term remaining</p> <p>9 Days</p> <p>List the contract number of any government contract</p>	<p>DT Interpreting Service</p> <p>N25W23131 Paul Rd</p> <p>Suite 900</p> <p>Pewaukee, WI, 53072</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Nurse Staffing Purchaser</p> <p>State the term remaining</p> <p>142 Days - Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>Favorite Healthcare Staffing</p> <p>PO Box 26225</p> <p>Shawnee Mission, KS, 66225</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Anesthesia Services Purchaser</p> <p>State the term remaining</p> <p>Auto Renewal</p> <p>List the contract number of any government contract</p>	<p>Four States Anesthesia Services</p> <p>444 Four States Dr</p> <p>Suite 2</p> <p>Galena, KS, 66739</p>

Debtor Landmark Hospital of Joplin, LLC
NameCase number (if known) 2:25-bk-00403**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**

2.20	State what the contract or lease is for and the nature of the debtor's interest Nurse Staffing Purchaser 83 Days - Auto Renewal State the term remaining List the contract number of any government contract	Gifted Healthcare Agency PO Box 205426 Dallas, TX, 75320
2.21	State what the contract or lease is for and the nature of the debtor's interest Medical Bed rentals Purchaser 114 Days - Auto Renewal State the term remaining List the contract number of any government contract	Hill-Rom 1069 State Route 46 East Batesville, IN, 47006
2.22	State what the contract or lease is for and the nature of the debtor's interest Medical Data Services Purchaser 81 Days - Auto Renewal State the term remaining List the contract number of any government contract	Hospital Industry Data Institute (HIDI) PO Box 60 65012
2.23	State what the contract or lease is for and the nature of the debtor's interest Transplant Services Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Midwest Transplant Network Agreement 1900 W 47th PI Shawnee Mission, KS, 66205
2.24	State what the contract or lease is for and the nature of the debtor's interest Pharmacy Operations Purchaser 53 Days - Auto Renewal State the term remaining List the contract number of any government contract	PharmaCare / J & R Fuller PO Box 1240 Blanco, TX, 78606
2.25	State what the contract or lease is for and the nature of the debtor's interest Medical Gas Purchaser Auto Renewal State the term remaining List the contract number of any government contract	AirGas 280 S Mount Auburn Road Cape Girardeau, MO, 63703
2.26	State what the contract or lease is for and the nature of the debtor's interest Employee Education Purchaser Auto Renewal State the term remaining List the contract number of any government contract	Carelearning 100 Association Drive Charleston, WV, 25311

Debtor Landmark Hospital of Joplin, LLC
NameCase number (if known) 2:25-bk-00403**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

2.27	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Hospital Licensing/Certification Purchaser Auto Renewal	CIHQ PO Box 848 Reagan, TX, 76680
2.28	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Medical Record Storage Purchaser Auto Renewal	VRC Companies 7370 East 38th Street Tulsa, OK, 74145
2.29	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	In Wall oxygen system Purchaser 728 Days - Auto Renewal	Matheson Tri-gas 150 Allen Road suite 02 Basking Ridge, NJ, 07920
2.30	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Office Supplies Purchaser 145 Days - Auto Renewal	Staples 500 Staples Drive Framingham, MA, 01702
2.31	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Blood / Contaminated Disposal Purchaser 1128 Days - Auto Renewal	Allied Waste Management 2600 W Executive Prkway Suite 300 Lehi, UT, 84043
2.32	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Fire Alarm Monitoring Purchaser 45 Day - Auto Renewal	Total Electronics 205 East 20th Street Joplin, MO, 64804
2.33	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Telemedicine Physician Purchaser Auto Renewal	Dr McLeay 12920 Eagle Run Drive Omaha, NE, 68164

Debtor Landmark Hospital of Joplin, LLC
NameCase number (if known) 2:25-bk-00403**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**

2.34	<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>HVAC, Fire Sprinkler controls and repair Purchaser</p> <p>1075 Days - Auto Renewal</p>	<p>Johnson Controls 50 Technology Drive Gardner, MA, 01441</p>
2.35	<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>Shredding Services Purchaser</p> <p>217 Days - Auto Renewal</p>	<p>Stericycle / Shred-it 2355 Waukegan Road Deerfield, IL, 60015</p>
2.36	<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>Container Rental for Storage Purchaser</p> <p>Auto Renewal</p>	<p>American Trailer & Storage 6900 East 39th St Kansas City, MO, 64129</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Nurse Staffing Purchaser</p> <p>365 Days - Auto Renewal</p>	<p>Genie Healthcare 50 Millstone Road Hightstown, NJ, 08520</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Nurse Staffing Purchaser</p> <p>76 Days - Auto Renewal</p>	<p>Pro-Link 1431 Greenway Dr. Suite 610 Irving, TX, 75038</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Nurse Staffing Purchaser</p> <p>358 Days - Auto Renewal</p>	<p>Supplemental Healthcare 6955 Union Park Center Drive Suite 400 Midvale, UT, 84047</p>
2.40	<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 Supplies - Woundcare Purchaser</p> <p>359 Days - Auto Renewal</p>	<p>KCI - Woundvacs 2510 Conway Avenue Saint Paul, MN, 55144</p>

Debtor

Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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**

2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Copy Machines Purchaser</p> <p>1411 Days - Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BD Kyocera</p> <p>417 South Street</p> <p>Suite 9</p> <p>Marlborough, MA, 01752</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>RN Clinical Rotations Purchaser</p> <p>229 Days - Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pittsburg State</p> <p>1701 S Broadway Street</p> <p>Pittsburg, KS, 66762</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>RT Clinical Rotations Purchaser</p> <p>229 Days - Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Missouri Southern State University</p> <p>3950 E Newman Rd</p> <p>Joplin, MO, 64801</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Aetna</p> <p>PO Box 981106</p> <p>El Paso, TX, 79998</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Therapy Department Clinicals (PTA's & COTA's) Purchaser</p> <p>103 Days - Auto Renewal</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Crowder College</p> <p>600 Ellis St</p> <p>Webb City, MO, 64870</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Cigna</p> <p>PO Box 182223</p> <p>Chattanooga, TN, 37422</p>
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Corvel Work Comp</p> <p>PO Box 12250</p> <p>Shawnee Mission, KS, 66282</p>

Debtor Landmark Hospital of Joplin, LLC
NameCase number (if known) 2:25-bk-00403**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>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>	Insurance Contract Agent	Cox Health Plans PO Box 5750 Springfield, MO, 65801
2.49	<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>	Physical Therapist Agency Employee Purchaser	Comp Health Medical Staffing PO Box 972670 Dallas, TX, 75397
2.50	<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>	Insurance Contract Agent	Mercy St. John Health System PO Box 4568 Springfield, MO, 65808
2.51	<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>	Insurance Contract Agent	Missouri Medicaid PO Box 5100 Jefferson City, MO, 65102
2.52	<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>	Insurance Contract Agent	Mitchel Nhq Prompt Pay 110 Theury Suite 110 92617
2.53	<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>	Insurance Contract Agent	Ambetter By Home State Health Plan 11720 Borman Drive Saint Louis, MO, 63146
2.54	<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>	Insurance Contract Agent	Anthem BCBS of Missouri PO Box 65205 Columbia, MO, 65205

Debtor Landmark Hospital of Joplin, LLC
 Name _____

Case number (if known) 2:25-bk-00403

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
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Multiplan 115 5th Avenue New York, NY, 10003</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>One Call 841 Prudential Drive Suite 204 Jacksonville, FL, 32207</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Three Rivers Provider Network 1620 Fifth Avenue Suite 900 San Diego, CA, 92101</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VA CCN Optum PO Box 202117 Florence, SC, 29502</p>
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Tricare Wps/West Region PO Box 77028 Madison, WI, 53707</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Anthem Healthy Blue PO Box 533 North Haven, CT, 06473</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Freeman Health System 1102 West 32nd Street Joplin, MO, 64804</p>

Debtor Landmark Hospital of Joplin, LLC
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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
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Healthlink PO Box 419104 Saint Louis, MO, 63141</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Oklahoma Medicaid PO Box 18110 Oklahoma City, OK, 73154</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Paradigm Specialty Network 4890 W Kennedy Blvd Suite 650 Tampa, FL, 33609</p>
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Prime Health Services 7110 Crossroads Blvd Suite 100 Brentwood, TN, 37027</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Wellcare 113 South 11th Street Suite 200 Saint Louis, MO, 63102</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Contract Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WPS Health Solutions PO Box 8890 Madison, WI, 53708</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PPO Agreement Purchaser</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADP TotalSource 1 Penn Plz New York, NY, 10199</p>

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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
2.69	<p>Patient Transport Purchaser</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>Newton County</p> <p>1102 W 32nd Street</p> <p>Joplin, MO, 64804</p>
	<p>67 Days - Auto Renewal</p>	
2.70	<p>Critical Care/Pulmonology Nephrology Telemedicine Purchaser</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>M & Z Telemedicine</p> <p>4403 Silver Valley Drive</p> <p>Columbia, MO, 65203</p>
	<p>206 Days - Auto Renewal</p>	
2.71	<p>Guaranty of Landmark Real Estate Holdings LLC Master Lease Lessee</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>Ventas, Inc.</p> <p>300 North LaSalle Street, Suite 1600</p> <p>Chicago, IL, 60654</p>
	<p>Originally dated 8/12/2010</p>	
2.72	<p>Management Service Agreements Purchaser</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>LANDMARK MANAGEMENT SERVICES OF FLORIDA, LLC</p> <p>8171 BAY COLONY DRIVE</p> <p>Unit 902</p> <p>NAPLES, FL, 34108</p>
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name Landmark Hospital of Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00403

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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

1. Does the debtor have any codebtors?

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

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

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

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

Additional Page if Debtor Has More Codebtors

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 Landmark Holdings of Florida, LLC	2430 Vanderbilt Beach Road Suite 108-564 Naples, FL 34109	Amerant Bank, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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

Debtor Name Landmark Hospital of Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (If known): 2:25-bk-00403

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 Joplin, LLC
 United States Bankruptcy Court for the: Middle District of Florida
 Case number (if known): 2:25-bk-00403

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>6,834,409.51</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>31,078,193.00</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>32,790,983.00</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>357.00</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>11,703.00</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>111,905.00</u>

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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>3,966,679.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

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

None

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

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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. ANN, MELINDA , AND DARREN BLANCHARD, Plaintiffs v. LANDMARK HOSPITALS OF JOPLIN, LLC, et al.	Wrongful Death	Jasper County Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____ Joplin, MO 64801		633 S. Pearl Ave. Joplin, MO 64801	
7.2. Case title _____		Court or agency's name and address _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____			

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC</u> Facility name	Long-term acute care and other healthcare services.	30
2040 West 32nd St. Joplin, MO 64804	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Vital Records - P.O. Box 11407 Birmingham, AL 35246	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____ Facility name	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained. Medical Records Information, Social Security Number, Date of Birth, etc.
Does the debtor have a privacy policy about that information?
 No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 - Yes. Does the debtor serve as plan administrator?
 No. Go to Part 10.
 Yes. Fill in below:
- | Name of plan | Employer identification number of the plan |
|--------------|--|
| _____ | EIN: _____ |
- Has the plan been terminated?
 No
 Yes

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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 Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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. Freeman Health
Name
P.O. Box 4769 1102 W 32nd St., Joplin, MO 64803

Name and address

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

27. Inventories

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

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

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<u>Robert C Samples</u>	<u>02/28/2025</u>	<u>\$ 29,106.47</u>

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

27.1. Robert C Samples
Name
2040 West 32nd St.
Joplin, MO 64804

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

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
Robert C Samples	03/31/2025	\$24,031.84

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

27.2. Robert C Samples
Name
2040 West 32nd St.
Joplin, MO 64804

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
FHS Holdings, LLC	2040 West 32nd St., Joplin, MO 64804	Shareholder, 13%	13
Landmark Holdings of Florida, LLC	2430 Vanderbilt Beach Rd. Suite 108-154, Naples, FL 34109	Shareholder, 70%	70
Mercy Health Services - Joplin Inc.	2040 West 32nd St., Joplin, MO 64804	Shareholder, 13%	13
Dr. William Kapp	8171 Bay Colony Dr. #902, Naples, FL 34108	Chairman of the Board	
Craig Boudreaux	5153 Bluebonnet Suite B, Baton Rouge, LA 70809	Officer	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name	_____	_____	

Relationship to debtor		_____	

Debtor Landmark Hospital of Joplin, LLC
Name

Case number (if known) 2:25-bk-00403

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- No
- Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/22/2025
MM / DD / YYYY

X /s/ M. Bryan Day _____

Printed name M. Bryan Day

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

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

- No
- Yes

Debtor Name Landmark Hospital of Joplin, LLCCase number (if known) 2:25-bk-00403**Continuation Sheet for Official Form 207****17) Pension Contributions**

Landmark 401(k) Plan 20-4099493

26a) Bookkeepers

Andrew Goodman, 3255 Independence 01/01/2014
Director of St., Cape
Accounting & Girardeau, MO 63701
Treasury

26c) Records keepers

Van-De-Ven LLC, Tax 1020 North Kingshighway
Preparer Suite D, Cape Girardeau,
MO 63701

26d) Creditors

Ventas 300 North LaSalle Street, Chicago, IL
60654

Amerant Bank 220 Alhambra Cir., Coral Gables, FL
33134

28) Additional people in control of the debtor at the time of the filing of this case

Tracy LaRose 3255 Independence St.,
Cape Girardeau, MO 63701

M. Bryan Day 5153 Bluebonnet Suite B,
Baton Rouge, LA 70809

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

Debtor Name	Creditor Name	Address1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/16/24	\$ 13,872.28
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	12/24/24	\$ 2,823.71
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 2,330.24
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/02/25	\$ 109.75
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/15/25	\$ 13,872.28
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	01/16/25	\$ 2,823.71
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/03/25	\$ 109.75
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/03/25	\$ 2,330.24
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/18/25	\$ 2,823.71
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	02/18/25	\$ 13,872.28
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	03/03/25	\$ 109.75
Landmark Hospital of Joplin, LLC	Alliance Funding	17542 17TH ST STE 200	Tustin	CA	92780	Suppliers or vendors	03/03/25	\$ 2,330.24
Landmark Hospital of Joplin, LLC	Caring Mobility Transportation	P.O. BOX 3658	Joplin	MO	64803	Suppliers or vendors	12/12/24	\$ 1,190.00
Landmark Hospital of Joplin, LLC	Caring Mobility Transportation	P.O. BOX 3658	Joplin	MO	64803	Suppliers or vendors	01/08/25	\$ 2,995.00
Landmark Hospital of Joplin, LLC	Caring Mobility Transportation	P.O. BOX 3658	Joplin	MO	64803	Suppliers or vendors	01/28/25	\$ 2,310.00
Landmark Hospital of Joplin, LLC	Caring Mobility Transportation	P.O. BOX 3658	Joplin	MO	64803	Suppliers or vendors	02/12/25	\$ 3,305.00
Landmark Hospital of Joplin, LLC	Caring Mobility Transportation	P.O. BOX 3658	Joplin	MO	64803	Suppliers or vendors	03/05/25	\$ 630.00
Landmark Hospital of Joplin, LLC	Clean Uniform Company	PO BOX 840140	KANSAS CITY	MO	64184-0140	Suppliers or vendors	12/16/24	\$ 6,328.66
Landmark Hospital of Joplin, LLC	Clean Uniform Company	PO BOX 840140	KANSAS CITY	MO	64184-0140	Suppliers or vendors	12/31/24	\$ 13,250.16
Landmark Hospital of Joplin, LLC	Clean Uniform Company	PO BOX 840140	KANSAS CITY	MO	64184-0140	Suppliers or vendors	01/30/25	\$ 2,469.50
Landmark Hospital of Joplin, LLC	Clean Uniform Company	PO BOX 840140	KANSAS CITY	MO	64184-0140	Suppliers or vendors	02/11/25	\$ 7,637.54
Landmark Hospital of Joplin, LLC	Department Of Social Services	MO HealthNet Division PO Box 1116	Jefferson City	MO	65102	Suppliers or vendors	01/28/25	\$ 22,336.90
Landmark Hospital of Joplin, LLC	Favorite Healthcare Staffing	PO BOX 26225	Overland Park	KS	66225	Suppliers or vendors	01/29/25	\$ 7,194.40
Landmark Hospital of Joplin, LLC	Favorite Healthcare Staffing	PO BOX 26225	Overland Park	KS	66225	Suppliers or vendors	03/04/25	\$ 4,446.78
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	12/12/24	\$ 23,339.61
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	12/17/24	\$ 23,339.61
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	12/17/24	\$ 6,634.90
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	01/27/25	\$ 29,843.13
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	01/27/25	\$ 8,000.47
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	02/11/25	\$ 34.00
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	02/11/25	\$ 17,281.54
Landmark Hospital of Joplin, LLC	Freeman Health System	P.O. BOX 4769 1102 W 32ND ST	JOPLIN	MO	64803	Suppliers or vendors	02/12/25	\$ 1,943.62
Landmark Hospital of Joplin, LLC	Gifted Healthcare	GIFTED NURSES, LLC PO BOX 205426	DALLAS	TX	75320-5426	Suppliers or vendors	12/24/24	\$ 10,136.25
Landmark Hospital of Joplin, LLC	Gifted Healthcare	GIFTED NURSES, LLC PO BOX 205426	DALLAS	TX	75320-5426	Suppliers or vendors	01/22/25	\$ 17,382.50
Landmark Hospital of Joplin, LLC	Gifted Healthcare	GIFTED NURSES, LLC PO BOX 205426	DALLAS	TX	75320-5426	Suppliers or vendors	01/27/25	\$ 13,387.50
Landmark Hospital of Joplin, LLC	Gifted Healthcare	GIFTED NURSES, LLC PO BOX 205426	DALLAS	TX	75320-5426	Suppliers or vendors	02/12/25	\$ 5,142.50
Landmark Hospital of Joplin, LLC	Gifted Healthcare	GIFTED NURSES, LLC PO BOX 205426	DALLAS	TX	75320-5426	Suppliers or vendors	03/03/25	\$ 5,121.25
Landmark Hospital of Joplin, LLC	Johnson Controls	PO BOX 730068	DALLAS	TX	75373	Suppliers or vendors	12/19/24	\$ 3,587.64
Landmark Hospital of Joplin, LLC	Johnson Controls	PO BOX 730068	DALLAS	TX	75373	Suppliers or vendors	12/30/24	\$ 4,567.20
Landmark Hospital of Joplin, LLC	Johnson Controls	PO BOX 730068	DALLAS	TX	75373	Suppliers or vendors	01/27/25	\$ 1,847.20
Landmark Hospital of Joplin, LLC	Johnson Controls	PO BOX 730068	DALLAS	TX	75373	Suppliers or vendors	02/10/25	\$ 987.28
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/10/24	\$ 11,736.73
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/10/24	\$ 439.79
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/11/24	\$ 35,731.08
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/11/24	\$ 780.03
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 2,535.33
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/12/24	\$ 64,812.72
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 14,867.52
Landmark Hospital of Joplin, LLC	Landmark Management Services of Florida, LLC	3255 Independence St.	Cape Girardeau	MO	63701	Intercompany	12/13/24	\$ 20,000.00

Debtor Name	Creditor Name	Address 1	City	State	Zip	Reasons for payment or transfer	Dates of Payments	Total Amount or value
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 1,200.00
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 1,200.00
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 1,200.00
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 1,200.00
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 1,200.00
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 72.09
Landmark Hospital of Joplin, LLC	Liberty Utilities	215 W Main St	Branson	MO	65616	Suppliers or vendors	12/13/24	\$ 1,200.00
Landmark Hospital of Joplin, LLC	Liberty Utilities Empire Dist	PO BOX 650689	Dallas	TX	75265	Suppliers or vendors	12/12/24	\$ 8,472.09
Landmark Hospital of Joplin, LLC	Liberty Utilities Empire Dist	PO BOX 650689	Dallas	TX	75265	Suppliers or vendors	12/24/24	\$ 17,932.03
Landmark Hospital of Joplin, LLC	Liberty Utilities Empire Dist	PO BOX 650689	Dallas	TX	75265	Suppliers or vendors	02/11/25	\$ 14,887.01
Landmark Hospital of Joplin, LLC	M & Z Telemedicine	4403 SILVER VALLEY D	COLUMBIA	MO	65203	Suppliers or vendors	12/12/24	\$ 44,317.10
Landmark Hospital of Joplin, LLC	Matheson Tri-Gas, Inc.	DEPT 3028 PO BOX 123028	DALLAS	TX	75312-3028	Suppliers or vendors	02/10/25	\$ 11,028.94
Landmark Hospital of Joplin, LLC	Matheson Tri-Gas, Inc.	DEPT 3028 PO BOX 123028	DALLAS	TX	75312-3028	Suppliers or vendors	02/18/25	\$ 162.35
Landmark Hospital of Joplin, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	01/14/25	\$ 8,076.82
Landmark Hospital of Joplin, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	01/27/25	\$ 22,388.57
Landmark Hospital of Joplin, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	02/11/25	\$ 14,200.05
Landmark Hospital of Joplin, LLC	Medline Industries, Inc	DEPT CH 14400	Palatine	IL	60055	Suppliers or vendors	02/27/25	\$ 17,890.94
Landmark Hospital of Joplin, LLC	Mets Joplin	625 S VIRGINIA AVE	JOPLIN	MO	64801	Suppliers or vendors	12/31/24	\$ 3,422.29
Landmark Hospital of Joplin, LLC	Mets Joplin	625 S VIRGINIA AVE	JOPLIN	MO	64801	Suppliers or vendors	02/12/25	\$ 3,552.84
Landmark Hospital of Joplin, LLC	Mets Joplin	625 S VIRGINIA AVE	JOPLIN	MO	64801	Suppliers or vendors	03/05/25	\$ 2,344.94
Landmark Hospital of Joplin, LLC	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	01/03/25	\$ 2,854.13
Landmark Hospital of Joplin, LLC	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	02/04/25	\$ 11,563.15
Landmark Hospital of Joplin, LLC	Montgomery Bank	2027 BROADWAY	CAPE GIRARDEAU	MO	63701	Suppliers or vendors	03/04/25	\$ 6,311.34
Landmark Hospital of Joplin, LLC	Newton County Collector	101 S WOOD #203 PO BOX 296	NEOSHO	MO	64850	Suppliers or vendors	01/08/25	\$ 51,738.97
Landmark Hospital of Joplin, LLC	Nova Biomedical Corporation	200 PROSPECT ST	Waltham	MA	2453	Suppliers or vendors	12/11/24	\$ 2,084.21
Landmark Hospital of Joplin, LLC	Nova Biomedical Corporation	200 PROSPECT ST	Waltham	MA	2453	Suppliers or vendors	01/27/25	\$ 3,206.56
Landmark Hospital of Joplin, LLC	Nova Biomedical Corporation	200 PROSPECT ST	Waltham	MA	2453	Suppliers or vendors	02/19/25	\$ 2,305.40
Landmark Hospital of Joplin, LLC	Omar Khan	1300 N. Main St Apt. 109	Sikeston	MO	63801	Suppliers or vendors	02/18/25	\$ 11,445.35
Landmark Hospital of Joplin, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLES	MO	63304	Suppliers or vendors	12/23/24	\$ 11,200.00
Landmark Hospital of Joplin, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLES	MO	63304	Suppliers or vendors	01/28/25	\$ 6,400.00
Landmark Hospital of Joplin, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLES	MO	63304	Suppliers or vendors	02/28/25	\$ 3,200.00
Landmark Hospital of Joplin, LLC	Ricardo Hernandez MD	4354 W HAMPTON PL CT	SAINT CHARLES	MO	63304	Suppliers or vendors	02/28/25	\$ 3,200.00
Landmark Hospital of Joplin, LLC	Spire	DRAWER 2	ST. LOUIS	MO	63171	Suppliers or vendors	12/23/24	\$ 2,428.08
Landmark Hospital of Joplin, LLC	Spire	DRAWER 2	ST. LOUIS	MO	63171	Suppliers or vendors	01/14/25	\$ 2,370.33
Landmark Hospital of Joplin, LLC	Spire	DRAWER 2	ST. LOUIS	MO	63171	Suppliers or vendors	01/23/25	\$ 2,682.08
Landmark Hospital of Joplin, LLC	Spire	DRAWER 2	ST. LOUIS	MO	63171	Suppliers or vendors	02/11/25	\$ 3,208.39
Landmark Hospital of Joplin, LLC	WPS Medicare/Reimbursement	Attn: Debt Recovery Dept 1717 West Broadway	Madison	WI	53713-1834	Suppliers or vendors	01/13/25	\$ 50,071.36
Total								\$3,966,679.21