

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court  
Northern District of Georgia**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Southern Regional Medical Services, Inc.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>20-8774854</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>11 Upper Riverdale Road, SW Riverdale, GA</b> ZIP Code <b>30274</b>	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: <b>Clayton</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities

<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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THIS SPACE IS FOR COURT USE ONLY



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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Southern Regional Medical Services, Inc.</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>See Attachment</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Southern Regional Medical Services, Inc.**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ J. Robert Williamson  
Signature of Attorney for Debtor(s)

J. Robert Williamson 765214  
Printed Name of Attorney for Debtor(s)

Scroggins & Williamson, P.C.  
Firm Name

127 Peachtree St. NE  
1500 Candler Bldg.  
Atlanta, GA 30303

\_\_\_\_\_  
Address

Email: centralstation@swlawfirm.com  
404-893-3880 Fax: 404-893-3886

\_\_\_\_\_  
Telephone Number

July 30, 2015  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Kimberly J. Ryan  
Signature of Authorized Individual

Kimberly J. Ryan  
Printed Name of Authorized Individual

CEO  
Title of Authorized Individual

July 30, 2015  
Date

\_\_\_\_\_  
Date

ATTACHMENT TO VOLUNTARY PETITION

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		<b>Name of Debtor(s):</b> Southern Regional Medical Services, Inc.
<b>Name of Debtor:</b> Southern Regional Health System, Inc.	<b>Case Number:</b>	<b>Date Filed:</b> July 30, 2015
<b>District:</b> Northern District of Georgia, Atlanta Division	<b>Relationship:</b> Affiliate	<b>Judge:</b>
<b>Name of Debtor:</b> Southern Crescent Physicians' Group, Inc.	<b>Case Number:</b>	<b>Date Filed:</b> July 30, 2015
<b>District:</b> Northern District of Georgia, Atlanta Division	<b>Relationship:</b> Affiliate	<b>Judge:</b>
<b>Name of Debtor:</b> Southern Crescent Real Estate, Inc.	<b>Case Number:</b>	<b>Date Filed:</b> July 30, 2015
<b>District:</b> Northern District of Georgia, Atlanta Division	<b>Relationship:</b> Affiliate	<b>Judge:</b>
<b>Name of Debtor:</b> Southern Regional Ambulatory Surgery, Inc.	<b>Case Number:</b>	<b>Date Filed:</b> July 30, 2015
<b>District:</b> Northern District of Georgia, Atlanta Division	<b>Relationship:</b> Affiliate	<b>Judge:</b>
<b>Name of Debtor:</b> Southlake Ambulatory Surgery Center, L.L.P.	<b>Case Number:</b>	<b>Date Filed:</b> July 30, 2015
<b>District:</b> Northern District of Georgia, Atlanta Division	<b>Relationship:</b> Affiliate	<b>Judge:</b>

**CERTIFIED COPY OF RESOLUTIONS  
OF BOARD OF DIRECTORS OF  
SOUTHERN REGIONAL MEDICAL SERVICES, INC.**

**JULY 29, 2015**

This is to certify that, at a called and properly noticed meeting (the "Meeting") of the Board of Directors (the "Board") of Southern Regional Medical Services, Inc., a Georgia profit corporation (the "Company"), conducted on July 29, 2015, at which all directors were present, the following resolution was duly adopted:

**RESOLVED**, that, based on the present circumstances facing the Company, as discussed at the Meeting, in the judgment of the Board, it is desirable and in the best interests of the Company, and other interested parties, that a petition be filed by the Company seeking relief under the provisions of Chapter 11 of title 11, United States Code (the "Bankruptcy Code");

**RESOLVED**, that Kim Ryan, Chief Executive Officer, and Jay Hoffman, Chief Financial Officer (each, together with any other person so designated by the Board, an "Authorized Officer" and together, the "Authorized Officers") are, and each of them is, hereby authorized and empowered on behalf of, and in the name of, the Company to execute and verify or certify a petition under Chapter 11 of the Bankruptcy Code and to cause the same to be filed in the United States Bankruptcy Court for the Northern District of Georgia (the "Bankruptcy Court"), at such time as said officer executing the same shall determine and in such form as such Authorized Officer may approve (such approval to be conclusively evidenced by the execution of the petition);

**RESOLVED**, that the Chairman of the Board is hereby authorized to designate one or more additional persons to serve as an officer of the Company, and to designate a replacement for any of the foregoing specified Authorized Officers in the event they should resign or cease to serve as an officer of the Company for any reason, and any such person so designated by the Chairman of the Board shall be deemed to be an "Authorized Officer" within the meaning of these Resolutions for all purposes;

**RESOLVED**, that the firm of Scroggins & Williamson, P.C., with an office currently located in Atlanta, Georgia, be, and it hereby is, employed as general bankruptcy counsel for the Company under a general retainer in connection with the prosecution of the Company's case under Chapter 11 of the Bankruptcy Code, and to pay to Scroggins & Williamson, P.C. reasonable compensation for services rendered in connection with such engagement;

**RESOLVED**, that each of the Authorized Officers be, and each of them hereby is, authorized to employ and retain on behalf of the Company other attorneys, consultants, investment bankers, accountants and other professionals to assist in the Company's Chapter 11 case on such terms as said officers deem necessary or proper, and to pay to such professionals reasonable compensation for such services;

**RESOLVED**, that each of the Authorized Officers, or their designate, be, and each of them hereby is, authorized to execute and file any and all petitions, schedules, motions, lists, applications, pleadings, and other papers, and to take any and all such other and further actions which the Authorized Officers or the Company's legal counsel may deem necessary or appropriate in connection with the Chapter 11 case;

**RESOLVED**, that the Authorized Officers of the Company be, and each of them hereby is, authorized and directed on behalf of the Company to take such actions and to make, sign, execute, acknowledge, deliver and perform (and record in a relevant office of the county clerk, if necessary) any and all such agreements listed above (including exhibits thereto), including any and all affidavits, orders, directions, certificates, requests, receipts, financing statements or other instruments as may reasonably be required to give effect to the foregoing Resolutions, and to execute and deliver such agreements (including exhibits thereto) and related documents, and to perform fully the terms and provisions thereof;

**RESOLVED**, that to the extent that any of the actions authorized by any of the foregoing Resolutions have been taken by the Authorized Officers of the Company on its behalf, such actions are hereby ratified and confirmed in their entirety.

**CERTIFICATION OF RESOLUTION**

I, Diane H. Green, Assistant Secretary of Southern Regional Medical Services, Inc. (the "Corporation"), hereby certify that the attached document is a true and exact copy of a Board Resolution of the Corporation adopted and approved July 29, 2015.

Said Resolution was adopted by all directors of the Southern Regional Medical Services, Inc. Board of Directors at a special called meeting held on July 29, 2015, called, held and conducted in conformity with the Corporation's bylaws.

The undersigned is the custodian of the corporate records of the Corporation and the original resolution is in my custody and control.

This Resolution is in full force and effect.

This the 30th day of July, 2015.

Diane H. Green  
Diane H. Green  
Assistant Secretary  
Southern Regional Medical Services, Inc.

Sworn to and subscribed before me,  
this the 30 day of July, 2015

Jane B  
Notary Public 3/27/16



Resolution Attached

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Northern District of Georgia**

In re Southern Regional Medical Services, Inc.

Debtor(s)

Case No.

Chapter 11

**CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
SOUND PHYSICIANS 760 BEECHNUT DRIVE PITTSBURGH, PA 15205	SOUND PHYSICIANS 760 BEECHNUT DRIVE PITTSBURGH, PA 15205			2,850,251.39
COMPLETE RX 245 E LAKE DR SE ATLANTA, GA 30317	COMPLETE RX 245 E LAKE DR SE ATLANTA, GA 30317			2,512,465.72
MORRISON MANAGEMENT SPEC. 7865 NORTH 86TH STREET MILWAUKEE, WI 53224	MORRISON MANAGEMENT SPEC. 7865 NORTH 86TH STREET MILWAUKEE, WI 53224			2,004,389.61
MEDICAL INFORMATION TECHNOLOGY PO BOX 952407 LAKE MARY, FL 32795	MEDICAL INFORMATION TECHNOLOGY PO BOX 952407 LAKE MARY, FL 32795			1,017,213.00
XANITOS 7823 SPIVEY STATION BLDG A SUITE 230 JONESBORO, GA 30236	XANITOS 7823 SPIVEY STATION BLDG A SUITE 230 JONESBORO, GA 30236			955,802.64
AGFA FINANCE CORPORATION 380 INTERSTATE N. PKWY SUITE 200 ATLANTA, GA 30339-2267	AGFA FINANCE CORPORATION 380 INTERSTATE N. PKWY SUITE 200 ATLANTA, GA 30339-2267			818,711.60
MACQUARIE EQUIPMENT FINANCE PO BOX 670865 48267-0865	MACQUARIE EQUIPMENT FINANCE PO BOX 670865 48267-0865			579,314.70
DIVERSIFIED CLINICAL SERVICES 2985 SCOTT STREET VISTA, CA 92083	DIVERSIFIED CLINICAL SERVICES 2985 SCOTT STREET VISTA, CA 92083			422,148.92
DELL FINANCIAL SERVICES ONE DELL WAY Round Rock, TX 78682	DELL FINANCIAL SERVICES ONE DELL WAY Round Rock, TX 78682			369,237.30



B4 (Official Form 4) (12/07) - Cont.

In re Southern Regional Medical Services, Inc.  
Debtor(s)

Case No. \_\_\_\_\_

**CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

COVENTRY 1100 CIRCLE 75 PKWY. SUITE 1400 Atlanta, GA 30339	COVENTRY 1100 CIRCLE 75 PKWY. SUITE 1400 Atlanta, GA 30339			302,450.69
STRYKER ORTHOPAEDICS P O BOX 3141 TEMPE, AZ 85280	STRYKER ORTHOPAEDICS P O BOX 3141 TEMPE, AZ 85280			272,937.11
HSI FINANCIAL SERVICE INC P O BOX 128 ST MEINRAD, IN 47577	HSI FINANCIAL SERVICE INC P O BOX 128 ST MEINRAD, IN 47577			272,660.59
LDR SPINE USA, INC 810 OVERHILL CT ATLANTA, GA 30328	LDR SPINE USA, INC 810 OVERHILL CT ATLANTA, GA 30328			262,885.00
CHP SPIVEY II JONESBORO GA PO BOX 1036 CHARLOTTE, NC 28201	CHP SPIVEY II JONESBORO GA PO BOX 1036 CHARLOTTE, NC 28201			239,568.32
NURSEFINDERS 360 MERRIMACK ST, BLDG 9 LAWRENCE, MA 01843	NURSEFINDERS 360 MERRIMACK ST, BLDG 9 LAWRENCE, MA 01843			230,648.99
PHILIPS HEALTHCARE 10266 ROCKINGHAM DRIVE SACRAMENTO, CA 95827	PHILIPS HEALTHCARE 10266 ROCKINGHAM DRIVE SACRAMENTO, CA 95827			227,711.23
CHP SPIVEY I JONESBORO GA CORPORATE TRUST DEPARTMENT P.O. BOX 392013 PITTSBURGH, PA 15251-9013	CHP SPIVEY I JONESBORO GA CORPORATE TRUST DEPARTMENT P.O. BOX 392013 PITTSBURGH, PA 15251-9013			225,501.80
MEDTRONIC 3850 VICTORIA STREET NORTH SHOREVIEW, MN 55126-2978	MEDTRONIC 3850 VICTORIA STREET NORTH SHOREVIEW, MN 55126-2978			224,246.75
BOSTON SCIENTIFIC 42301 VEBO DRIVE TEMECULA, CA 92591	BOSTON SCIENTIFIC 42301 VEBO DRIVE TEMECULA, CA 92591			220,242.57
MED ASSETS 3101 GAYLORD PKWY FRISCO, TX 75034	MED ASSETS 3101 GAYLORD PKWY FRISCO, TX 75034			200,498.73
AMERICAN RED CROSS PO Box 905890 Charlotte, NC 28290-5890	AMERICAN RED CROSS PO Box 905890 Charlotte, NC 28290-5890			200,423.10
NAVIN, HAFFTY & ASSOCIATES LL 75 ALLIE DR MCDONOUGH, GA 30252	NAVIN, HAFFTY & ASSOCIATES LL 75 ALLIE DR MCDONOUGH, GA 30252			199,000.48
GEORGIA PUBLIC HEALTH LAB 1930 BRANNAN ROAD ATLANTA, GA 30328	GEORGIA PUBLIC HEALTH LAB 1930 BRANNAN ROAD ATLANTA, GA 30328			197,556.54

B4 (Official Form 4) (12/07) - Cont.

In re Southern Regional Medical Services, Inc.  
Debtor(s)

Case No. \_\_\_\_\_

**CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

GREENBERG TRAURIG LLP 4350 LOCKHILL SELMA SUITE 150 SHAVANO PARK, TX 78249	GREENBERG TRAURIG LLP 4350 LOCKHILL SELMA SUITE 150 SHAVANO PARK, TX 78249			193,211.06
FINANCIAL HEALTHCARE RESOURCES PO BOX 503430 SAN DIEGO, CA 92150-3430	FINANCIAL HEALTHCARE RESOURCES PO BOX 503430 SAN DIEGO, CA 92150-3430			191,572.56
SIZEMORE INC 890 AIRPORT PARK RD GLEN BURNIE, MD 21061	SIZEMORE INC 890 AIRPORT PARK RD GLEN BURNIE, MD 21061			190,071.29
3M HEALTH INFORMATION SYSTEMS 3M CENTER BLDG 275-5E-02 SAINT PAUL, MN 55144-1000	3M HEALTH INFORMATION SYSTEMS 3M CENTER BLDG 275-5E-02 SAINT PAUL, MN 55144-1000			180,631.57
QUEST DIAGNOSTICS 6331 W BEVERLY RD LAVEEN, AZ 85339	QUEST DIAGNOSTICS 6331 W BEVERLY RD LAVEEN, AZ 85339			175,095.70
BATCHELOR AND KIMBALL 51 COBB PARKWAY SOUTH MARIETTA, GA 30060	BATCHELOR AND KIMBALL 51 COBB PARKWAY SOUTH MARIETTA, GA 30060			163,257.51
FIRST FINANCIAL INVESTMENT FUND V, LLC 230 PEACHTREE STREET 15TH FLOOR ATLANTA, GA 30303	FIRST FINANCIAL INVESTMENT FUND V, LLC 230 PEACHTREE STREET 15TH FLOOR ATLANTA, GA 30303		Disputed	2,000,000.00

B4 (Official Form 4) (12/07) - Cont.

In re Southern Regional Medical Services, Inc.  
Debtor(s)

Case No. \_\_\_\_\_

**CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date 7/30/2015

Signature /s/ Kimberly J. Ryan  
**Kimberly J. Ryan**  
CEO

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of Georgia**

In re Southern Regional Medical Services, Inc.

Debtor(s)

Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: July 30, 2015

/s/ Kimberly J. Ryan  
**Kimberly J. Ryan/CEO**  
Signer/Title

Georgia Department of Labor  
148 Andrew Young Int'l Blvd.  
Suite 826  
Atlanta, GA 30303

Georgia Department of Revenue  
1800 Century Boulevard, NE  
Suite 9100  
Atlanta, GA 30345

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Southern Regional Health Syst.  
11 Upper Riverdale Road, SW  
Riverdale, GA 30274