

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

|                                                                                                        |                            |                                                                                        |
|--------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|
| <b>In re:</b><br><br><b>DYNACQ HEALTHCARE, INC., <i>et al.</i>,</b><br><br><b>Debtors.<sup>1</sup></b> | §<br>§<br>§<br>§<br>§<br>§ | <b>Case No. 25-90798</b><br><br><b>Chapter 11</b><br><br><b>(Jointly Administered)</b> |
|--------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|

**GLOBAL NOTES REGARDING DEBTORS' SCHEDULES OF ASSETS  
AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

The Schedules of Assets and Liabilities (the “Schedules”) and the Statements of Financial Affairs (the “Statements,” and collectively with the Schedules, the “Schedules and Statements”) filed by Dynacq Healthcare, Inc. (“Dynacq”), Vista Community Medical Center, LLP (“SSHA”), Vista Land & Equipment, LLC (“VLE”), Doctors Practice Management, Inc. (“DPM”), Surgery Specialty Clinicians, Inc. (“SSC”), Vista Hospital of Dallas, LLP (“VHD”), and Ambulatory Infusion Therapy Specialists, Inc. (“AIT” and together with Dynacq, SSHA, VLE, DPM, SSC, and VHD, collectively referred to hereinafter as the “Debtors”), in the United States Bankruptcy Court for the Southern District of Texas, Houston Division (the “Bankruptcy Court”), were prepared pursuant to section 521 of title 11 of the United States Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure by management of the Debtors and are unaudited. While Debtors’ management has made every reasonable effort to ensure that the Schedules and Statements are accurate and complete, based upon information that was available to them at the time of preparation, the subsequent receipt of information may result in material changes to the financial data and other information contained therein. The Debtors reserve the right to amend the Schedules and Statements from time to time as may be necessary or appropriate. These Global Notes regarding Debtors’ Schedules and Statements (the “Global Notes”) are incorporated by reference in, and comprise an integral part of, the Schedules and Statements, and should be referred to and reviewed in connection with any review of the Schedules and Statements.

**The Schedules and Statements and Global Notes should not be relied upon by any person for information relating to current or future financial conditions, events or performance of any of the Debtors. Due to numerous unliquidated, contingent and/or disputed claims, summary statistics in the Schedules, Statements and Global Notes likely understate the Debtors’ liabilities.**

1. Reservation of Rights. The Schedules and Statements are unaudited. Accordingly, although current management has made reasonable efforts to ensure that the Schedules and Statements are accurate and complete based on information that was available to them at the time

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<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number are: Dynacq Healthcare, Inc. [5477]; Vista Community Medical Center, L.L.P. [0805]; Vista Land & Equipment, L.L.C.[2625]; Doctors Practice Management, Inc. [5545]; Surgery Specialty Clinicians, Inc. [9216]; Vista Hospital of Dallas, L.L.P. [3122]; and, Ambulatory Infusion Therapy Specialists, Inc. [7422].

of preparation, subsequent information or discovery may result in material changes to one or more of the Schedules and Statements; indeed, inadvertent errors, omissions or inaccuracies may exist. Moreover, because the Schedules and Statements contain unaudited information, there can be no assurance that the Schedules and Statements are wholly accurate and complete. The Debtors reserve the right to amend and/or supplement any and all of the Schedules and Statements from time to time as they deem necessary or appropriate.

2. Description of the Cases and “as of” Information Date. On December 8, 2025 (the “Petition Date”), the Debtors filed voluntary petitions for relief (the “Chapter 11 Cases”) under Chapter 11, title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (as amended and modified, the “Bankruptcy Code”) in the Bankruptcy Court. The Chapter 11 Cases are being jointly administered and no trustee or examiner has been appointed. The Debtors continue to operate their business as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. Except as otherwise noted, the asset totals represent amounts as of December 8, 2025, and liability information provided herein represents the Debtors’ liabilities as of December 8, 2025. The Chapter 11 Cases have been procedurally consolidated for the purpose of joint administration by the Bankruptcy Court under Case No. 25-90522. Unless otherwise stated, asset and liability information is as of December 8, 2025. Additionally, the Debtors have made every effort to allocate liabilities between the pre-petition and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available to and further research is conducted by the Debtors, the Debtors’ allocation of liabilities between prepetition and post-petition periods may change.

3. Basis of Presentation. The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles (“GAAP”).

4. Summary of Significant Reporting Policies. The following conventions were adopted by the Debtors in the preparation of the Schedules and Statements.

- a. Book Value. Unless otherwise indicated herein or in the Schedules and Statements, each asset and liability of the Debtors is shown on the basis of the net book value of the asset or liability in accordance with the Debtors’ accounting records as of the Petition Date. Where DD&A schedules are not available, the asset is shown on the basis of book value. Unless otherwise noted, the Schedules reflect the carrying value of the assets and liabilities as listed in the Debtors’ books and records and are not based upon any estimate of their current market values.
- b. Currency. All amounts are reflected in U.S. Dollars.
- c. Debtors’ Consolidated Cash Management System. The Debtors utilize a sophisticated cash management system (the “Cash Management System”). The Cash Management System allows the Debtors to efficiently manage their cash receipts, transfers, and disbursements through routine deposits, withdrawals, and fund transfers to, from, and between six (6) pre-petition bank accounts and four (4) post-petition DIP Accounts (collectively, the “Accounts”). Specifically, the Debtors maintain six (6) pre-petition Accounts at Capital Bank of Texas (“Capital

Bank”) and four (4) DIP Accounts at East West Bank (“EWB” and collectively with Capital Bank, the “Banks”). The cash, depository, and bank account balances presented in Schedule A/B, Part 1 are as of December 8, 2025 for the Accounts at Capital Bank.

- d. Payments Made within 90 Days Prior to the Petition Date. Payments made by the Debtors within 90 days prior to the Petition Date reflect all payments made to vendors or creditors within 90 days regardless of which Debtor was obligated to make payment.
- e. Transfers to Insiders within 1-year. The following persons have been identified as insiders and have received payments or benefits greater than the \$6,825 threshold within one year of the Petition Date: Eric Chan, Hemant Khemka, Redwood Health Corporation, Anesthesia Associates of Houston, and Danel Monroe. However, inclusion on or exclusion from the Schedules or Statements is not and shall not be construed as an admission or determination as to the legal status of any insider.
- f. Certain Losses. As described in more detail in the Declaration of Dr. Eric Chan (Docket No. 22), the Debtors’ facility was vandalized, and all copper wiring was stripped from the building. The repairs are ongoing, and at this time, the Debtors are unable to determine the precise value of the property lost and the amounts of any payments received in connection with the loss. As the repair process continues, the Debtors will provide additional information regarding these amounts.
- g. Officers, Directors, Managing Members, General Partners, Members in Control, Controlling Shareholders. For preparation of the Schedules and Statements, all purported officers, directors, managing members, general partners, members in control, and controlling shareholders within one year of the Petition Date, regardless of legal status, have been included. However, inclusion on the Schedules or Statements is not and shall not be construed as an admission or determination as to the legal status of any board member.
- h. Accounts Receivable. Accounts receivable consists primarily of amounts billed to third-party insurance companies for patient care services and procedures provided by the hospital.
- i. Setoffs. The Debtors have not identified a list of parties that are currently applying Debtors’ funds, without permission, against amounts currently owed by the Debtors.
- j. Schedule A/B 38-53. All furniture and equipment owned as of the Petition Date may not be listed. Due to the large number of items comprising the Debtors’ furniture, fixtures, and equipment, as well as the difficulty of listing out every one of these assets, certain items are listed as group line items by category. The Debtors may lease furniture, fixtures, and equipment from certain third-party lessors. Any such leases are set forth in the Schedules and Statements. Nothing in the Schedules and Statements is or shall be construed to be an admission regarding the legal status

of any lease (including whether any lease is a true lease or financing agreement), and the Debtors reserve all of their rights with respect to the same.

- k. Real Property. Leasehold improvements, easement improvements, and major repairs are listed on Schedule A/B, Part 9. The Debtors reserve all of their rights to re-categorize and/or re-characterize such asset holdings to the extent the Debtors determine that such holdings were improperly listed.
- l. Causes of Action. The Debtors have not necessarily set forth all claims or causes of action against third parties as assets in the Schedules and Statements. The Debtors reserve all of their rights with respect to any such claims or causes of action they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims or causes of action.
- m. Secured Claims. Secured claim amounts have been listed on Schedule D without regard to the value of assets secured thereby. No attempt was made by the Debtors to estimate the fair market value as of the Petition Date of assets pledged pursuant to a secured obligation. Accordingly, deficiency claims of secured creditors were not listed on Schedule F and such omission is not an admission by the Debtors as to the sufficiency of collateral related to any secured claim listed on Schedule D. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.
- n. Priority Unsecured Claims. Priority unsecured claims related to taxes, certain debts owed to the government, wages, salaries, and commissions, and other non-lien claims have been placed under Schedule E of the applicable Debtor. The Debtors reserve all rights to dispute or challenge the amount of any such creditor's claim (or portion thereof) or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim.
- o. Nonpriority Unsecured Claims. Nonpriority unsecured claims related to general trade and other non-lien claims have been placed under Schedule F of the applicable Debtor. Numerous refund claimants have been designated as contingent, unliquidated, and disputed as the Debtors have been engaged in litigation in Texas due to long running stop-loss litigation. Furthermore, certain prepetition amounts owing to counterparties to executory contracts and unexpired leases are included, however, such prepetition amounts may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. The Debtors reserve all rights to dispute or challenge the amount of any such creditor's claim (or portion thereof) or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. While reasonable efforts have been made, determination of the date upon which each claim in Schedule F was incurred or arose would be unduly burdensome and cost

prohibitive, and therefore, the Debtors may not list a date for each claim listed on Schedule F.

- p. Executory Contracts. The business of the Debtors is complex. While every effort has been made to ensure the completeness and accuracy of the listing of executory contracts, inadvertent errors or omissions may have occurred. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement such Schedule as necessary. The contracts, agreements and leases listed on Schedule G may have expired, or been terminated, or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppels certificates, letters and other documents, instruments and agreements which may not be listed therein. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. Similarly, the absence of a contract or agreement on Schedule G does not constitute an admission that any other contract or agreement to which the Debtors are a party is not executory. Parties to executory contracts and unexpired leases were not listed on Schedule F, except where past due amounts were recorded in the Debtors' accounts payable. The Debtors have not listed on Schedule F landlords and executory contract counterparties which may have claims related to contract/lease rejection or other damages. The Debtors reserve all of their rights, claims and causes of action with respect to the contracts and agreements listed on the Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument.

5. Disputed, Contingent and/or Unliquidated Claims. Schedules D, E and F permit the Debtors to designate a claim as disputed, contingent and/or unliquidated. It became apparent to the Debtors' professionals that the Debtors' books and records are lacking and/or incomplete. Due to the condition of the Debtors' historical books and records, the amounts reflected on Schedules D, E, and F are based on information currently available to the Debtors and have been designated as unliquidated, where applicable. The Debtors and their professionals intend to reconcile the listed amounts with the applicable creditors and amend this Schedule, as appropriate. A failure to designate a claim on any of the Schedules as disputed, contingent and/or unliquidated does not constitute an admission that such claim is not subject to objection by the Debtors. The Debtors reserve the right to dispute, or assert offsets or defenses to, any claim reflected on the Schedules as to amount, liability or status.

6. Global Notes Control. In the event that the Schedules and Statements differ from the foregoing Global Notes, the Global Notes shall control.

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804☐ 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)**1a. Real property:**

Copy line 88 from Schedule A/B .....

\$0.00

**1b. Total personal property:**

Copy line 91A from Schedule A/B .....

\$337.09

**1c. Total of all property:**

Copy line 92 from Schedule A/B .....

\$337.09

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....

\$0.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F .....

\$163,147.97

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....

+ \$0.00

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$163,147.97

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804☐ 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**

2.1. \_\_\_\_\_ \$ \_\_\_\_\_

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

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | Current value of debtor's interest |
|----------------------------------------------|-----------------|---------------------------------|------------------------------------|
| 3.1. CAPITAL BANK                            | CHECKING        | 4748                            | \$337.09                           |

**4. Other cash equivalents (Identify all)**

| Description | Name of institution | Type of account | Last 4 digits of account number | Current value of debtor's interest |
|-------------|---------------------|-----------------|---------------------------------|------------------------------------|
| 4.1. _____  | _____               | _____           | _____                           | \$ _____                           |

**5. Total of part 1**

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

\$337.09

**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**7. Deposits, including security deposits and utility deposits**

| Description, including name of holder of deposit | Current value of debtor's interest |
|--------------------------------------------------|------------------------------------|
| 7.1. _____                                       | \$ _____                           |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Current value of  
debtor's interest

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

**9. Total of part 2**

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

\$0.00

**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**

Face amount

Doubtful or uncollectible  
accounts

11a. 90 days old or less: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

Face amount

Doubtful or uncollectible  
accounts

11b. Over 90 days old: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

**12. Total of part 3**

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

\$0.00

**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

**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. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

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

Describe

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of part 4**

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

\$0.00

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****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<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|------------------------------------------------------------|---------------------|-------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| <b>19. Raw materials</b>                                   |                     |                                     |                                                          |                                         |                                    |
| 19.1.                                                      |                     |                                     | \$                                                       |                                         | \$                                 |
| <b>20. Work in progress</b>                                |                     |                                     |                                                          |                                         |                                    |
| 20.1.                                                      |                     |                                     | \$                                                       |                                         | \$                                 |
| <b>21. Finished goods, including goods held for resale</b> |                     |                                     |                                                          |                                         |                                    |
| 21.1.                                                      |                     |                                     | \$                                                       |                                         | \$                                 |
| <b>22. Other inventory or supplies</b>                     |                     |                                     |                                                          |                                         |                                    |
| 22.1.                                                      |                     |                                     | \$                                                       |                                         | \$                                 |

**23. Total of part 5**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

**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<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|----------------------------------------------------------------------------|---------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| <b>28. Crops—either planted or harvested</b>                               |                     |                                                          |                                         |                                    |
| 28.1.                                                                      |                     | \$                                                       |                                         | \$                                 |
| <b>29. Farm animals. Examples: Livestock, poultry, farm-raised fish</b>    |                     |                                                          |                                         |                                    |
| 29.1.                                                                      |                     | \$                                                       |                                         | \$                                 |
| <b>30. Farm machinery and equipment (Other than titled motor vehicles)</b> |                     |                                                          |                                         |                                    |
| 30.1.                                                                      |                     | \$                                                       |                                         | \$                                 |
| <b>31. Farm and fishing supplies, chemicals, and feed</b>                  |                     |                                                          |                                         |                                    |
| 31.1.                                                                      |                     | \$                                                       |                                         | \$                                 |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****32. Other farming and fishing-related property not already listed in Part 6**

32.1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**33. Total of part 6**

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

\$0.00

**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<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| <b>39. Office furniture</b>                                                                                                                                                                                                                          |                                                          |                                         |                                    |
| 39.1. _____                                                                                                                                                                                                                                          | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>40. Office fixtures</b>                                                                                                                                                                                                                           |                                                          |                                         |                                    |
| 40.1. _____                                                                                                                                                                                                                                          | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>                                                                                                                                       |                                                          |                                         |                                    |
|                                                                                                                                                                                                                                                      | Net book value of debtor's interest                      | Valuation method used for current value | Current value of debtor's interest |
| 41.1. _____                                                                                                                                                                                                                                          | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>42. Collectibles.</b> Examples: 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. _____                                                                                                                                                                                                                                          | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>43. Total of part 7</b>                                                                                                                                                                                                                           |                                                          |                                         |                                    |
| Add lines 39 through 42. Copy the total to line 86.                                                                                                                                                                                                  |                                                          |                                         | \$0.00                             |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****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

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

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

47.1. \_\_\_\_\_ \$ \_\_\_\_\_

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

48.1. \_\_\_\_\_ \$ \_\_\_\_\_

**49. Aircraft and accessories**

49.1. \_\_\_\_\_ \$ \_\_\_\_\_

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1. \_\_\_\_\_ \$ \_\_\_\_\_

**51. Total of part 8**

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

\$0.00

**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

**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.

| Description and location of property<br>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|

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

55.1. \_\_\_\_\_ \$ \_\_\_\_\_

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****56. Total of part 9**

Add the current value on lines 55. 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<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| <b>60. Patents, copyrights, trademarks, and trade secrets</b>   |                                                          |                                         |                                    |
| 60.1. _____                                                     | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>61. Internet domain names and websites</b>                   |                                                          |                                         |                                    |
|                                                                 | Net book value of debtor's interest                      | Valuation method                        | Current value of debtor's interest |
| 61.1. _____                                                     | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>62. Licenses, franchises, and royalties</b>                  |                                                          |                                         |                                    |
| 62.1. _____                                                     | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>63. Customer lists, mailing lists, or other compilations</b> |                                                          |                                         |                                    |
| 63.1. _____                                                     | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>64. Other intangibles, or intellectual property</b>          |                                                          |                                         |                                    |
| 64.1. _____                                                     | \$ _____                                                 | _____                                   | \$ _____                           |
| <b>65. Goodwill</b>                                             |                                                          |                                         |                                    |
| 65.1. _____                                                     | \$ _____                                                 | _____                                   | \$ _____                           |

**66. Total of part 10**

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

\$0.00

**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

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of debtor's interest****71. Notes receivable**

|       | Description (include name of obligor) | Total face amount | Doubtful or uncollectible amount |           | Current value of debtor's interest |
|-------|---------------------------------------|-------------------|----------------------------------|-----------|------------------------------------|
| 71.1. | _____                                 | \$ _____          | - \$ _____                       | = ..... → | \$ _____                           |

**72. Tax refunds and unused net operating losses (NOLs)**

|       | Description (for example, federal, state, local) | Tax refund amount | NOL amount | Tax year | Current value of debtor's interest |
|-------|--------------------------------------------------|-------------------|------------|----------|------------------------------------|
| 72.1. | _____                                            | \$ _____          | \$ _____   | _____    | \$ _____                           |

**73. Interests in insurance policies or annuities**

|       | Insurance company                                          | Insurance policy No.                                                 | Annuity issuer name | Annuity account type | Annuity account No. | Current value of debtor's interest |
|-------|------------------------------------------------------------|----------------------------------------------------------------------|---------------------|----------------------|---------------------|------------------------------------|
| 73.1. | ALLIANZ GLOBAL CORPORATE & SPECIALTY                       | COMMERCIAL GENERAL LIABILITY - POLICY NO. MXI93094939                | _____               | _____                | _____               | UNDETERMINED                       |
| 73.2. | AGCS MARINE INSURANCE COMPANY                              | COMMERICAL PROPERTY - POLICY NO. MXI93094939                         | _____               | _____                | _____               | UNDETERMINED                       |
| 73.3. | LANDMARK AMERICAN INSURANCE COMPANY                        | MEDICAL PROFESSIONAL & PHARMACY LIABILITY - POLICY NO. LHM854708     | _____               | _____                | _____               | UNDETERMINED                       |
| 73.4. | KINSALE INSURANCE COMPANY                                  | GENERAL LIABILITY - POLICY NO. 0100159980-4                          | _____               | _____                | _____               | UNDETERMINED                       |
| 73.5. | LANDMARK AMERICAN INSURANCE COMPANY                        | PROFESSIONAL LIABILITY FULL PROGRAM INSURANCE - POLICY NO. LHM863889 | _____               | _____                | _____               | UNDETERMINED                       |
| 73.6. | TEXAS MEDICAL LIABILITY INSURANCE UNDERWRITING ASSOCIATION | PROFESSIONAL LIABILITY - POLICY NO. TX113678                         | _____               | _____                | _____               | UNDETERMINED                       |

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

|       | Nature of claim | Amount requested | Current value of debtor's interest |
|-------|-----------------|------------------|------------------------------------|
| 74.1. | _____           | \$ _____         | \$ _____                           |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****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 | Current value of debtor's interest |
|-------|-----------------|------------------|------------------------------------|
| 75.1. | _____           | \$ _____         | \$ _____                           |

**76. Trusts, equitable or future interests in property**

|       |       |  |          |
|-------|-------|--|----------|
| 76.1. | _____ |  | \$ _____ |
|-------|-------|--|----------|

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

Examples: Season tickets, country club membership

|       |       |  |          |
|-------|-------|--|----------|
| 77.1. | _____ |  | \$ _____ |
|-------|-------|--|----------|

**78. Total of part 11**

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

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

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****Part 12: Summary**

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

| Type of property                                                                                     | Current value of personal property | Current value of real property |
|------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>                 | \$337.09                           |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>                                     | \$0.00                             |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>                                         | \$0.00                             |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>                                                 | \$0.00                             |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>                                                   | \$0.00                             |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                          | \$0.00                             |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i> | \$0.00                             |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                          | \$0.00                             |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....                                         | →                                  | \$0.00                         |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                      | \$0.00                             |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> + UNDETERMINED                            |                                    |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.                                  | \$337.09                           | + 91b. \$0.00                  |
| 92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....                         |                                    | \$337.09                       |

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804☐ 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 and 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

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

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**

Case number *(if known)* **25-90804**

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$0.00**

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804☐ 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                           | As of the petition filing date, the claim is:<br><i>Check all that apply.</i>                                     | Total claim  | Priority amount                    |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------|
| ERIC CHAN<br>Address Intentionally Omitted                                  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$132,112.64 | \$17,150.00                        |
| Date or dates debt was incurred                                             | Basis for the claim:<br>UNPAID WAGES                                                                              |              | Nonpriority amount<br>\$114,962.64 |
| Last 4 digits of account number:                                            | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         |              |                                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |                                                                                                                   |              |                                    |

| 2.2. Priority creditor's name and mailing address                           | As of the petition filing date, the claim is:<br><i>Check all that apply.</i>                                                | Total claim | Priority amount                |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|
| IRS- UNITED STATES TREASURY<br>PO BOX 742562<br>CINCINNATI OH 45280         | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | \$30,990.33 | \$30,990.33                    |
| Date or dates debt was incurred                                             | Basis for the claim:<br>PAYROLL TAXES                                                                                        |             | Nonpriority amount<br>\$ _____ |
| Last 4 digits of account number:                                            | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                    |             |                                |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) |                                                                                                                              |             |                                |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804**

|      |                                                                                                                                   |                                                                                                                                                                                                                          |                               |                                       |
|------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|
| 2.3. | <b>Priority creditor's name and mailing address</b><br><br>TEXAS WORKFORCE COMMISSION<br>PO BOX 149037<br>AUSTIN TX 78714-9037    | <b>As of the petition filing date, the claim is:</b><br><i>Check all that apply.</i><br><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>Total claim</b><br>\$45.00 | <b>Priority amount</b><br>\$45.00     |
|      |                                                                                                                                   |                                                                                                                                                                                                                          |                               | <b>Nonpriority amount</b><br>\$ _____ |
|      | <b>Date or dates debt was incurred</b><br>_____                                                                                   | <b>Basis for the claim:</b><br>PAYROLL TAXES                                                                                                                                                                             |                               |                                       |
|      | <b>Last 4 digits of account number:</b><br><br><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8) | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                         |                               |                                       |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****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.

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

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address                                                                                         | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| INTERNAL REVENUE SVC<br>CENTRALIZED INSOLVENCY OPERATION<br>PO BOX 7346<br>PHILADELPHIA PA 19101-7346            | Part 1 line 2.2                                                            | _____                                   |
| INTERNAL REVENUE SVC<br>CENTRALIZED INSOLVENCY OPERATION<br>1111 PENNSYLVANIA AVE NW<br>WASHINGTON DC 20004-2541 | Part 1 line 2.2                                                            | _____                                   |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

|                                                          |     |   |              |
|----------------------------------------------------------|-----|---|--------------|
| <b>5a. Total claims from Part 1</b>                      | 5a. |   | \$163,147.97 |
| <b>5b. Total claims from Part 2</b>                      | 5b. | + | \$0.00       |
| <b>5c. Total of Parts 1 and 2</b><br>Lines 5a + 5b = 5c. | 5c. |   | \$163,147.97 |

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804☐ 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. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | COMMERCIAL BUSINESS INSURANCE<br>COMMERCIAL PROPERTY - POLICY NO. MXI93094939<br>INSURED<br>8/12/2026<br>_____          | AGCS MARINE INSURANCE COMPANY,<br>ATTN LEGAL DEPT<br>225 W. WASHINGTON ST., SUITE 1800,<br>CHICAGO IL 60606                                                                                                                                      |
| 2.2. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | COMMERCIAL BUSINESS INSURANCE<br>COMMERCIAL GENERAL LIABILITY - POLICY NO. MXI93094939<br>INSURED<br>8/12/2026<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>AGCS MARINE INSURANCE COMPANY,<br>ATTN LEGAL DEPT<br>225 W. WASHINGTON ST., SUITE 1800,<br>CHICAGO IL 60606 |
| 2.3. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | COMMERCIAL BUSINESS INSURANCE<br>GENERAL LIABILITY - POLICY NO. 0100159980-4<br>INSURED<br>8/12/2026<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>KINSALE INSURANCE COMPANY<br>ATTN LEGAL DEPT<br>2035 MAYWILL STREET<br>SUITE 100<br>RICHMOND VA 23230       |

Debtor **Ambulatory Infusion Therapy Specialists, Inc.**Case number (if known) **25-90804**

- 2.4. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** MEDICAL PROFESSIONAL & PHARMACY LIABILITY - POLICY NO. LHM854708  
**Nature of debtor's interest** INSURED  
**State the term remaining** 1/4/2026  
**List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**  
 LANDMARK AMERICAN INSURANCE COMPANY  
 ATTN LEGAL DEPT  
 945 EAST PACES FERRY ROAD  
 SUITE 1800  
 ATLANTA GA 30326
- 2.5. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** PROFESSIONAL LIABILITY FULL PROGRAM INSURANCE - POLICY NO. LHM863889  
**Nature of debtor's interest** INSURED  
**State the term remaining** 1/4/2026  
**List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**  
 LANDMARK AMERICAN INSURANCE COMPANY  
 ATTN LEGAL DEPT  
 945 EAST PACES FERRY ROAD  
 SUITE 1800  
 ATLANTA GA 30326
- 2.6. **Title of contract** BUSINESS ASSOCIATE AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - LEGAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** PERPETUAL  
**List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**  
 LAW OFFICE OF DAVID F. BRAGG  
 PO BOX 2047  
 BASTROP TX 78602
- 2.7. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** PROFESSIONAL LIABILITY - POLICY NO. TX113678  
**Nature of debtor's interest** INSURED  
**State the term remaining** 8/12/2026  
**List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**  
 TEXAS MEDICAL LIABILITY INSURANCE UNDERWRITING ASSOCIATION  
 ATTN LEGAL DEPT  
 1812 CENTRE CREEK DR  
 SUITE 305  
 HOUSTON TX 77056

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804☐ 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. \_\_\_\_\_

- ☐ D
- ☐ E/F
- ☐ G

**Fill in this information to identify the case:****Debtor name:** Ambulatory Infusion Therapy Specialists, Inc.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90804Official 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 1/23/2026  
MM/DD/YYYY

x

/s/ Eric Chan

Signature of individual signing on behalf of debtor

Eric Chan  
Printed name

CEO  
Position or relationship to debtor