

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

<b>In re:</b>  <b>DYNACQ HEALTHCARE, INC., <i>et al.</i>,</b>  <b>Debtors.<sup>1</sup></b>	§ § § § § §	<b>Case No. 25-90798</b>  <b>Chapter 11</b>  <b>(Jointly Administered)</b>
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**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:** Vista Community Medical Center, L.L.P.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90799☐ 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 .....

\$86,781.17

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

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

\$86,781.17

**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 .....

\$69,385.29

**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 .....

\$638,505.80

**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 .....

+ \$21,497,680.11

**4. Total liabilities**

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

\$22,205,571.20

**Fill in this information to identify the case:****Debtor name:** Vista Community Medical Center, L.L.P.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90799☐ 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	4950	\$2,688.34
3.2.	CAPITAL BANK	CHECKING	5884	\$165.49
3.3.	CAPITAL BANK	CHECKING	0049	\$1,482.52

**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.

\$4,336.35

**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



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of  
debtor's interest

7.1. \_\_\_\_\_ \$ \_\_\_\_\_

**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. INSURANCE PREMIUM \$12,939.05

IPFS PROPERTY INSURANCE

8.2. SOFTWARE LICENSE \$12,948.82

SAGE SOFTWARE INC.

8.3. INSURANCE PREMIUM \$10,163.93

TEXAS MEDICAL LIABILITY

**9. Total of part 2**

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

\$36,051.80

**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: \$0.00 - \$0.00 = ..... → \$0.00

Face amount

Doubtful or uncollectible  
accounts

11b. Over 90 days old: \$46,393.02 - \$0.00 = ..... → \$46,393.02

**12. Total of part 3**

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

\$46,393.02

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



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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. SURGERY SPECIALTY CLINICIANS, INC. 100.00% \_\_\_\_\_ UNKNOWN

**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.

UNKNOWN

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<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>				
<b>General description</b>	<b>Date of the last physical inventory</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
22.1. MEDICAL SUPPLIES	UNKNOWN	UNKNOWN	_____	UNKNOWN
22.2. PHARMACY SUPPLIES	UNKNOWN	UNKNOWN	_____	UNKNOWN

**23. Total of part 5**

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

UNKNOWN

**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

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.



Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____
<b>29. Farm animals.</b> Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
31.1. _____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
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 (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1. _____	\$ _____	_____	\$ _____

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****40. Office fixtures**

40.1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. _____	\$ _____	_____	\$ _____

**42. Collectibles.** 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. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**43. Total of part 7**

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

\$0.00

**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**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest (Where available)**  
 (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

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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 Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

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

**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 (Where available)	Valuation method used for current value	Current value of debtor's interest
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**60. Patents, copyrights, trademarks, and trade secrets**

60.1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. WWW.SSHA.US.COM	UNKNOWN	_____	UNKNOWN

**62. Licenses, franchises, and royalties**

62.1. STATE OF TEXAS, HOSPITAL LICENSE NO. 006941	UNDETERMINED	N/A	UNDETERMINED
62.2. CMS - 450831	UNDETERMINED	N/A	UNDETERMINED
62.3. TMHP - 020981801	UNDETERMINED	N/A	UNDETERMINED
62.4. PHARMACY - BV6277924	UNDETERMINED	N/A	UNDETERMINED
62.5. CIHQ - 1250	UNDETERMINED	N/A	UNDETERMINED
62.6. NPI - 1891718789	UNDETERMINED	N/A	UNDETERMINED
62.7. CLIA - 45D0496271	UNDETERMINED	N/A	UNDETERMINED

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

62.8.	RADIOLOGY - R17026	UNDETERMINED	N/A	UNDETERMINED
62.9.	PASADENA HEALTH DEPARTMENT (KITCHEN) - 01464	UNDETERMINED	N/A	UNDETERMINED
62.10.	ELEVATOR - 56163	UNDETERMINED	N/A	UNDETERMINED
62.11.	BOILER - TX206889	UNDETERMINED	N/A	UNDETERMINED
62.12.	ICARE HER - SOFTWARE LICENSE	UNDETERMINED	N/A	UNDETERMINED
62.13.	CARE FUSION-PYXIS- PHARMACY MANAGEMENT	UNDETERMINED	N/A	UNDETERMINED
62.14.	PACS- RADIOLOGY SYSTEM - SOFTWARE LICENSE	UNDETERMINED	N/A	UNDETERMINED
62.15.	VERITY STREAM - SOFTWARE LICENSE	UNDETERMINED	N/A	UNDETERMINED
62.16.	CAREFUSION - SOFTWARE LICENSE	UNDETERMINED	N/A	UNDETERMINED

**63. Customer lists, mailing lists, or other compilations**

63.1.	PATIENT LIST	UNKNOWN	_____	UNKNOWN
-------	--------------	---------	-------	---------

**64. Other intangibles, or intellectual property**

64.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

**65. Goodwill**

65.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

**66. Total of part 10**

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

UNDETERMINED

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☐ No  
☒ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

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

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest**71. Notes receivable**

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

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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.	_____	\$ _____	\$ _____

**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

Debtor **Vista Community Medical Center, L.L.P.**

Case number (if known) **25-90799**

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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>	\$4,336.35	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$36,051.80	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$46,393.02	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	UNKNOWN	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	UNKNOWN	
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>	UNDETERMINED	
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.	\$86,781.17	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$86,781.17

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

**Debtor name:** Vista Community Medical Center, L.L.P.

**United States Bankruptcy Court for the:** Southern District of Texas

**Case number (if known):** 25-90799

☐ 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.

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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**ICARE.COM, LLC  
401 E LAS OLAS BLVD  
STE 1400  
FORT LAUDERDALE FL 33301**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/15/2024**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**

A GE HEALTHCARE L500EL REFURB SYSTEMS 12 INCH VAS 9800; SONY HYBRID GRAPHIC PRINTER AND CI NEW VIEW MONITOR UPGRADE 9800; A GE HEALTHCARE ULTRASOUND NEX GEN LOGIQ CONSOLE; A GE HEALTH ULTRASOUND LOGIQ E R7 MFG CONSOLE

\$59,250.00

UNDETERMINED

**Describe the lien**

SECURITY INTEREST

**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 **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

<p>2.2. <b>Creditor's name and address</b></p> <p>SPINAL ELEMENTS, INC. 3115 MELROSE DRIVE SUITE 200 CARLSBAD CA 92010</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred:</b> _____</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p style="margin-left: 20px;"><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO ALL PERSONAL PROPERTY OF DEBTOR</p> <p><b>Describe the lien</b></p> <p>UCC FINANCING STATEMENT; FILING NO. 24-0018802217; DOCUMENT NO.1337485150002</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$10,135.29</p>	<p>UNDETERMINED</p>
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3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$69,385.29**

**Fill in this information to identify the case:****Debtor name:** Vista Community Medical Center, L.L.P.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90799☐ 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. <b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>Total claim</b>	<b>Priority amount</b>
ANGELICA VILLARREAL Address Intentionally Omitted	<i>Check all that apply.</i>	\$177.22	\$177.22
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Nonpriority amount</b> \$ _____
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>		
_____	UNPAID WAGES		
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2. <b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>Total claim</b>	<b>Priority amount</b>
BARBARA SIERRA Address Intentionally Omitted	<i>Check all that apply.</i>	\$2,511.92	\$2,511.92
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Nonpriority amount</b> \$ _____
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>		
_____	UNPAID WAGES		
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.3.	<b>Priority creditor's name and mailing address</b>  BRENDA EASTMAN Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$992.39</td> <td style="text-align: center;">\$992.39</td> </tr> </table>	Total claim	Priority amount	\$992.39	\$992.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Nonpriority amount	\$ _____
Total claim	Priority amount									
\$992.39	\$992.39									
Nonpriority amount										
\$ _____										
2.4.	<b>Priority creditor's name and mailing address</b>  CLARAMMA THOMAS Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,490.12</td> <td style="text-align: center;">\$2,490.12</td> </tr> </table>	Total claim	Priority amount	\$2,490.12	\$2,490.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Nonpriority amount	\$ _____
Total claim	Priority amount									
\$2,490.12	\$2,490.12									
Nonpriority amount										
\$ _____										
2.5.	<b>Priority creditor's name and mailing address</b>  DAVID FARLEY Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,073.12</td> <td style="text-align: center;">\$2,073.12</td> </tr> </table>	Total claim	Priority amount	\$2,073.12	\$2,073.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Nonpriority amount	\$ _____
Total claim	Priority amount									
\$2,073.12	\$2,073.12									
Nonpriority amount										
\$ _____										

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.6.	<b>Priority creditor's name and mailing address</b>  ERIC MUGAMBI Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,536.38</td> </tr> </table>	Total claim	\$3,536.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,536.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$ _____</td> </tr> </table>	Priority amount	\$3,536.38	Nonpriority amount	\$ _____
Total claim										
\$3,536.38										
Priority amount										
\$3,536.38										
Nonpriority amount										
\$ _____										
2.7.	<b>Priority creditor's name and mailing address</b>  FRANCIS ALFRED Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$900.00</td> </tr> </table>	Total claim	\$900.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$900.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$ _____</td> </tr> </table>	Priority amount	\$900.00	Nonpriority amount	\$ _____
Total claim										
\$900.00										
Priority amount										
\$900.00										
Nonpriority amount										
\$ _____										
2.8.	<b>Priority creditor's name and mailing address</b>  GENET HAILE Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,744.89</td> </tr> </table>	Total claim	\$2,744.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,744.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$ _____</td> </tr> </table>	Priority amount	\$2,744.89	Nonpriority amount	\$ _____
Total claim										
\$2,744.89										
Priority amount										
\$2,744.89										
Nonpriority amount										
\$ _____										



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.9.	<b>Priority creditor's name and mailing address</b>  HEMANT KHEMKA Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$115,376.48</td> </tr> </table>	Total claim	\$115,376.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$17,150.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$98,226.48</td> </tr> </table>	Priority amount	\$17,150.00	Nonpriority amount	\$98,226.48
Total claim										
\$115,376.48										
Priority amount										
\$17,150.00										
Nonpriority amount										
\$98,226.48										
2.10.	<b>Priority creditor's name and mailing address</b>  HOMER CHIANG Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$47,125.00</td> </tr> </table>	Total claim	\$47,125.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$17,150.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$29,975.00</td> </tr> </table>	Priority amount	\$17,150.00	Nonpriority amount	\$29,975.00
Total claim										
\$47,125.00										
Priority amount										
\$17,150.00										
Nonpriority amount										
\$29,975.00										
2.11.	<b>Priority creditor's name and mailing address</b>  IRMA CAHEE Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,808.00</td> </tr> </table>	Total claim	\$2,808.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,808.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$ _____</td> </tr> </table>	Priority amount	\$2,808.00	Nonpriority amount	\$ _____
Total claim										
\$2,808.00										
Priority amount										
\$2,808.00										
Nonpriority amount										
\$ _____										

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.12.	<b>Priority creditor's name and mailing address</b>  IRS- UNITED STATES TREASURY PO BOX 742562 CINCINNATI OH 45280	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$305,994.84	<b>Priority amount</b> \$305,994.84
	<b>Date or dates debt was incurred</b> <hr/>	<b>Basis for the claim:</b> PAYROLL TAXES		<b>Nonpriority amount</b> \$ _____
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.13.	<b>Priority creditor's name and mailing address</b>  JACQUELYN PHAM Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$74,179.48	<b>Priority amount</b> \$17,150.00
	<b>Date or dates debt was incurred</b> <hr/>	<b>Basis for the claim:</b> UNPAID WAGES		<b>Nonpriority amount</b> \$57,029.48
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.14.	<b>Priority creditor's name and mailing address</b>  JULIA SEGUA Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,171.16	<b>Priority amount</b> \$1,171.16
	<b>Date or dates debt was incurred</b> <hr/>	<b>Basis for the claim:</b> UNPAID WAGES		<b>Nonpriority amount</b> \$ _____
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.15.	<b>Priority creditor's name and mailing address</b>  LATINA COLBERT Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,378.86</td> </tr> </table>	Total claim	\$2,378.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,378.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Priority amount	\$2,378.86	Nonpriority amount	\$ _____
Total claim										
\$2,378.86										
Priority amount										
\$2,378.86										
Nonpriority amount										
\$ _____										
2.16.	<b>Priority creditor's name and mailing address</b>  LAURIE RATHBURN Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$922.85</td> </tr> </table>	Total claim	\$922.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$922.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Priority amount	\$922.85	Nonpriority amount	\$ _____
Total claim										
\$922.85										
Priority amount										
\$922.85										
Nonpriority amount										
\$ _____										
2.17.	<b>Priority creditor's name and mailing address</b>  LISA AVILA Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,225.32</td> </tr> </table>	Total claim	\$2,225.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,225.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Priority amount	\$2,225.32	Nonpriority amount	\$ _____
Total claim										
\$2,225.32										
Priority amount										
\$2,225.32										
Nonpriority amount										
\$ _____										

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.18.	<b>Priority creditor's name and mailing address</b>  LYDIA ROSALES Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,364.00</td> <td style="text-align: center;">\$1,364.00</td> </tr> </table>	Total claim	Priority amount	\$1,364.00	\$1,364.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Nonpriority amount	\$ _____
Total claim	Priority amount									
\$1,364.00	\$1,364.00									
Nonpriority amount										
\$ _____										
2.19.	<b>Priority creditor's name and mailing address</b>  MARISOL MARTINEZ Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,160.65</td> <td style="text-align: center;">\$2,160.65</td> </tr> </table>	Total claim	Priority amount	\$2,160.65	\$2,160.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Nonpriority amount	\$ _____
Total claim	Priority amount									
\$2,160.65	\$2,160.65									
Nonpriority amount										
\$ _____										
2.20.	<b>Priority creditor's name and mailing address</b>  MIRANDA DANIEL Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,559.56</td> <td style="text-align: center;">\$2,559.56</td> </tr> </table>	Total claim	Priority amount	\$2,559.56	\$2,559.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$ _____</td> </tr> </table>	Nonpriority amount	\$ _____
Total claim	Priority amount									
\$2,559.56	\$2,559.56									
Nonpriority amount										
\$ _____										

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.21.	<b>Priority creditor's name and mailing address</b>  MISTY YEAGER Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$27,414.00</td> </tr> </table>	Total claim	\$27,414.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$17,150.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$10,264.00</td> </tr> </table>	Priority amount	\$17,150.00	Nonpriority amount	\$10,264.00
Total claim										
\$27,414.00										
Priority amount										
\$17,150.00										
Nonpriority amount										
\$10,264.00										
2.22.	<b>Priority creditor's name and mailing address</b>  ROBERT BROOKS Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,623.60</td> </tr> </table>	Total claim	\$1,623.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,623.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$ _____</td> </tr> </table>	Priority amount	\$1,623.60	Nonpriority amount	\$ _____
Total claim										
\$1,623.60										
Priority amount										
\$1,623.60										
Nonpriority amount										
\$ _____										
2.23.	<b>Priority creditor's name and mailing address</b>  RONELLE VANPELT Address Intentionally Omitted   <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> UNPAID WAGES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,186.86</td> </tr> </table>	Total claim	\$1,186.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,186.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$ _____</td> </tr> </table>	Priority amount	\$1,186.86	Nonpriority amount	\$ _____
Total claim										
\$1,186.86										
Priority amount										
\$1,186.86										
Nonpriority amount										
\$ _____										

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.24.	<b>Priority creditor's name and mailing address</b>  SAMUEL MCCLINTON Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,011.43	<b>Priority amount</b> \$2,011.43
				<b>Nonpriority amount</b> \$ _____
	<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> UNPAID WAGES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.25.	<b>Priority creditor's name and mailing address</b>  SARA HICKSON Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$3,479.00	<b>Priority amount</b> \$3,479.00
				<b>Nonpriority amount</b> \$ _____
	<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> UNPAID WAGES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.26.	<b>Priority creditor's name and mailing address</b>  SHAHNAZ MOGHARABI Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,599.45	<b>Priority amount</b> \$2,599.45
				<b>Nonpriority amount</b> \$ _____
	<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> UNPAID WAGES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.27.	<b>Priority creditor's name and mailing address</b>  TEXAS WORKFORCE COMMISSION PO BOX 149037 AUSTIN TX 78714-9037	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$24,561.05	<b>Priority amount</b> \$24,561.05
				<b>Nonpriority amount</b> \$ _____
	<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> PAYROLL TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.28.	<b>Priority creditor's name and mailing address</b>  VICTORIA LUU Address Intentionally Omitted	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,938.17	<b>Priority amount</b> \$1,938.17
				<b>Nonpriority amount</b> \$ _____
	<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> UNPAID WAGES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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.

<b>3.1. Nonpriority creditor's name and mailing address</b> 3M COMPANY PO BOX 842689 DALLAS TX 75284-0031	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$3,597.77
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> TRADE DEBT	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2. Nonpriority creditor's name and mailing address</b> 3M HEALTH INFORMATION SYSTEMS LBX 844394 PO BOX 844394 DALLAS TX 75284-3398	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$21,029.03
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> TRADE DEBT	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3. Nonpriority creditor's name and mailing address</b> 4301 VENTURA HOLDINGS, LLC	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> \$600,000.00
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.4.	<b>Nonpriority creditor's name and mailing address</b> A-1 FIRE EQUIPMENT 3202 MAIN ST LA MARQUE TX 77568  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,116.07
3.5.	<b>Nonpriority creditor's name and mailing address</b> AATRIX 2617 SOUTH COLUMBIA RD GRAND FORKS ND 58201  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$53.30
3.6.	<b>Nonpriority creditor's name and mailing address</b> ABBOTT LABORATORIES INC PO BOX 92679 CHICAGO IL 60675-2679  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$58,238.52

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.7.	<b>Nonpriority creditor's name and mailing address</b> ACHC - ACCREDITATION COMMISSION FOR HEALTH CARE PO BOX 1988 CARY NC 27512  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00
3.8.	<b>Nonpriority creditor's name and mailing address</b> ADVANCED STERILIZATION PRODUCTS PO BOX 74007359 CHICAGO IL 60674-7359  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,570.64
3.9.	<b>Nonpriority creditor's name and mailing address</b> AGILITI HEALTH INC. PO BOX 851313 MINNEAPOLIS MN 55485-1313  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43,978.63

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.10.	<b>Nonpriority creditor's name and mailing address</b> AIRGAS USA, LLC PO BOX 734671 DALLAS TX 75373-4671  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,105.94
3.11.	<b>Nonpriority creditor's name and mailing address</b> ALLOSOURCE PO BOX 801020 KANSAS CITY MO 64180-1020  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,279.97
3.12.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN FIRE PROTECTION GROUP PO BOX 74008409 CHICAGO IL 60674-8409  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,049.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.13.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN FUNDS PO BOX 2560 NORTHFOLK VA 23501  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,846.15
3.14.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN GUARANTEE & LIABILITY INSURANCE COMPANY 175 WATER STREET NEW YORK NY 10038  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$96,138.28
3.15.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN HOME ASSURANCE COMPANY 1271 AVE OF THE AMERICAS FLOOR 37 NEW YORK NY 10020-1304  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,043,854.49

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.16.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN INSURANCE COMPANY P.O. BOX 740174 ATLANTA GA 30374  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$105,623.88
3.17.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN PROFICIENCY INSTITUTE PO BOX 30516 LANSING MI 48909  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$147.67
3.18.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN SURGICAL PROFESSIONALS 7324 SOUTHWEST FWY STE 1550 HOUSTON TX 77074  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.19.	<b>Nonpriority creditor's name and mailing address</b> AMERISOURCEBERGEN DRUG CORP. PO BOX 978526 DALLAS TX 75397-8526  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,130.18
3.20.	<b>Nonpriority creditor's name and mailing address</b> AMERISURE INSURANCE 26777 HALSTED RD FARMINGTON HILLS MI 48331-3586  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$112,493.33
3.21.	<b>Nonpriority creditor's name and mailing address</b> AMRITA VENTURES LLC 10200 CROW CANYON RD CASTRO VALLEY CA 94552  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$58,800.00



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.22.	<b>Nonpriority creditor's name and mailing address</b> ANDERSON AU 6606 MILLFORD CT HOUSTON TX 77049  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,143.35
3.23.	<b>Nonpriority creditor's name and mailing address</b> ANESTHESIA ASSOCIATES OF HOUSTON 4301 VISTA RD PASADENA TX 77504  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$419,275.06
3.24.	<b>Nonpriority creditor's name and mailing address</b> ANGELINA PEREZ 1414 MARS PASADENA TX 77504  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,127.56

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.25.	<b>Nonpriority creditor's name and mailing address</b> ANGIODYNAMICS, INC. PO BOX 1549 ALBANY NY 12201-1549  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,122.03
3.26.	<b>Nonpriority creditor's name and mailing address</b> ANIKA FORMERLY PARCUS MEDICAL PO BOX 748445 ATLANTA GA 30374-8445  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,558.75
3.27.	<b>Nonpriority creditor's name and mailing address</b> APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,158.74

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.28.	<b>Nonpriority creditor's name and mailing address</b> ARMSTRONG MEDICAL INDUSTRIES 575 KINGHTSBRIDGE PKWY PO BOX 700 LINCOLNSHIRE IL 60069-0770  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$644.09
3.29.	<b>Nonpriority creditor's name and mailing address</b> ARTELLA SOLUTIONS, INC. 710 N POST OAK RD STE 515 HOUSTON TX 77024  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,400.00
3.30.	<b>Nonpriority creditor's name and mailing address</b> ARTHREX INC PO BOX 403511 ATLANTA GA 30384-3511  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$749.12

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.31.	<b>Nonpriority creditor's name and mailing address</b> ATOMIC ENERGY INDUSTRIAL LABOR 9315 KIRBY DR HOUSTON TX 77054-9719  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,368.90
3.32.	<b>Nonpriority creditor's name and mailing address</b> BARD PERIPHERAL VASCULAR INC PO BOX 75767 CHARLOTTE NC 28275  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$246,624.54
3.33.	<b>Nonpriority creditor's name and mailing address</b> BAXTER HEALTHCARE CORP PO BOX 730531 DALLAS TX 75373  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,081.91

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.34.	<b>Nonpriority creditor's name and mailing address</b> BAY BRIDGE ADMINISTRATORS PO BOX 161690 AUSTIN TX 78716  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$537.78
3.35.	<b>Nonpriority creditor's name and mailing address</b> BC TECHNICAL INC. PO BOX 809034 CHICAGO IL 60680-9034  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$56,941.36
3.36.	<b>Nonpriority creditor's name and mailing address</b> BCBS OF TEXAS PO BOX 650615 DALLAS TX 75265  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$40,811.94

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.37.	<b>Nonpriority creditor's name and mailing address</b> BEAUMONT ISD C/O TASB RISK MANAGEMENT FUND P.O. BOX 2010 AUSTIN TX 78768  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$77,935.79
3.38.	<b>Nonpriority creditor's name and mailing address</b> BECK REDDEN LLP 1221 MCKINNEY ST STE 1500 HOUSTON TX 77010  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$131,824.83
3.39.	<b>Nonpriority creditor's name and mailing address</b> BIOGENNIX LLC 1641 MCGAW AVE IRVINE CA 92614  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.40.	<b>Nonpriority creditor's name and mailing address</b> BLUEGRASS VASCULAR TECHNOLOGIES, INC. 12500 NETWORK BLVD STE 308 SAN ANTONIO TX 78249  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,595.00
3.41.	<b>Nonpriority creditor's name and mailing address</b> BMT- BAYLIS MEDICAL TECH. INC 2645 MATHESON BLVD EAST MISSISSAUGA ON L4W5S4 CANADA  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,734.75
3.42.	<b>Nonpriority creditor's name and mailing address</b> BRIGGS HEALTHCARE 4900 UNIVERSITY AVE STE #200 WEST DES MOINES IA 50266  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95.90

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.43.	<b>Nonpriority creditor's name and mailing address</b> BRITISH AMERICAN INSURANCE COMPANY 3535 TRAVIS STREET SUITE 210 DALLAS TX 75204  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70,956.03
3.44.	<b>Nonpriority creditor's name and mailing address</b> BROADSPIRE 1503 LYNDON B. JOHNSON FWY DALLAS TX 72534  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$68,218.24
3.45.	<b>Nonpriority creditor's name and mailing address</b> CARDINAL HEALTH - PHARMACY PO BOX 730112 DALLAS TX 75373-0112  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,575.12



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.46.	<b>Nonpriority creditor's name and mailing address</b> CAREFUSION 2200, INC 25146 NETWORK PL CHICAGO IL 60673-1250  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38,607.38
3.47.	<b>Nonpriority creditor's name and mailing address</b> CAREFUSION SOLUTIONS, LLC 25082 NETWORK PL CHICAGO IL 60673-1250  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97,981.78
3.48.	<b>Nonpriority creditor's name and mailing address</b> CASTLE BRANCH, INC.40 1844 SIR TYLER DR WILMINGTON NC 28405  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,265.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.49.	<b>Nonpriority creditor's name and mailing address</b> CDVA  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$885,000.00
3.50.	<b>Nonpriority creditor's name and mailing address</b> CENTERPOINT ENERGY PO BOX 4981 HOUSTON TX 77210-4981  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,149.96
3.51.	<b>Nonpriority creditor's name and mailing address</b> CERAPEDICS INC DEPT 1543 PO BOX 30106 SALT LAKE CITY UT 84130-0106  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,700.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.52.	<b>Nonpriority creditor's name and mailing address</b> CHANGE HEALTHCARE LLC 22423 NETWORK PL CHICAGO IL 60673-1224  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35,885.70
3.53.	<b>Nonpriority creditor's name and mailing address</b> CHARTER FIRE PROTECTION, INC. PO BOX 4578 PASADENA TX 77502  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$420.00
3.54.	<b>Nonpriority creditor's name and mailing address</b> CHASE INK - BUSINESS CREDIT CARD PO BOX 6294 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$365.95

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.55.	<b>Nonpriority creditor's name and mailing address</b> CITY OF PASADENA - PERMIT DEPARTMENT PO BOX 672 PASADENA TX 77501  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$675.00
3.56.	<b>Nonpriority creditor's name and mailing address</b> CITY OF PASADENA FIRE MARSHAL'S OFFICE 209 NMAIN PASADENA TX 77506  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$195.00
3.57.	<b>Nonpriority creditor's name and mailing address</b> CITY OF PASADENA-WATER PO BOX 1337 PASADENA TX 77501  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,162.30

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.58.	<b>Nonpriority creditor's name and mailing address</b> CLARK HILL STRASBURGER PO BOX 50100 DALLAS TX 75250-9989  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,105.32
3.59.	<b>Nonpriority creditor's name and mailing address</b> CLOUDFLARE 101 TOWNSEND ST SAN FRANCISCO CA 94107  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9.77
3.60.	<b>Nonpriority creditor's name and mailing address</b> COMCAST PO BOX 60533 CITY OF INDUSTRY CA 91716-0533  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,163.40

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.61.	<b>Nonpriority creditor's name and mailing address</b> CONMED CORPORATION CHURCH ST STATION PO BOX 6814 NEW YORK NY 10249-6814  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,590.46
3.62.	<b>Nonpriority creditor's name and mailing address</b> CONTINENTAL CASUALTY COMPANY 151 N. FRANKLIN ST CHICAGO IL 60606  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97,627.63
3.63.	<b>Nonpriority creditor's name and mailing address</b> COOK MEDICAL INCORPORATED 22988 NETWORK PL CHICAGO IL 60673-1229  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,445.21

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.64.	<b>Nonpriority creditor's name and mailing address</b> CORDIS US CORP PO BOX 748602 ATLANTA GA 30374-8602  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,259.74
3.65.	<b>Nonpriority creditor's name and mailing address</b> CORE SOUND IMAGING, INC. 5510 SIX FORKS RD STE 200 RALEIGH NC 27609  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$577.47
3.66.	<b>Nonpriority creditor's name and mailing address</b> COURT REPORTERS CLEARINGHOUSE, INC 1225 NORTH LOOP WEST STE 327 HOUSTON TX 77008  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,071.95

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.67.	<b>Nonpriority creditor's name and mailing address</b> CROSSROADS EXTREMITY SYSTEMS LLC 6423 SHELBY VIEW DR STE 101 MEMPHIS TN 38134  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,979.86
3.68.	<b>Nonpriority creditor's name and mailing address</b> CROWE, LLP 320 E JEFFERSON BLVD SOUTH BEND IN 46601  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,588.75
3.69.	<b>Nonpriority creditor's name and mailing address</b> CT CORPORATION SYSTEM PO BOX 4349 CAROL STREAM IL 60197-4349  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,687.06



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.70.	<b>Nonpriority creditor's name and mailing address</b> CULLIGAN 3201 PREMIER DR STE 300 IRVING TX 75063  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$607.24
3.71.	<b>Nonpriority creditor's name and mailing address</b> D & N SERVICES, INC 203 WEST LEAGUE CITY PKWY LEAGUE CITY TX 77573-5423  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$174.84
3.72.	<b>Nonpriority creditor's name and mailing address</b> DALLAS ANTHONY & JEFFORDS, PLLC 4400 OLD CANTON RD STE 170 JACKSON MS 39211  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125,474.78

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.73.	<b>Nonpriority creditor's name and mailing address</b> DANIEL MONROE 1920 LAZY HOLLOW PEARLAND TX 77581  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,000.00
3.74.	<b>Nonpriority creditor's name and mailing address</b> DELICIA STRUSS 16719 PALISADES PT HOUSTON TX 77059  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,030.00
3.75.	<b>Nonpriority creditor's name and mailing address</b> DEPUY SYNTHES SALES, INC PO BOX 406663 ATLANTA GA 30384-6663  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,922.68

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.76.	<b>Nonpriority creditor's name and mailing address</b> DIAMOND DIAGNOSTIC 333 FISKE ST HOLLISTON MA 01746  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,815.00
3.77.	<b>Nonpriority creditor's name and mailing address</b> DJO SURGICAL 9800 METRIC BLVD AUSTIN TX 78758  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,000.00
3.78.	<b>Nonpriority creditor's name and mailing address</b> DORMAKABA USA INC. 20519 SUNSHINE LN STE A SPRING TX 77388  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$590.13

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.79.	<b>Nonpriority creditor's name and mailing address</b> EAGLE TECHNOLOGY 23395 OLD HOWTH RD HEMPSTEAD TX 77445  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,339.21
3.80.	<b>Nonpriority creditor's name and mailing address</b> EBAY 2025 HAMILTON AVE SAN JOSE CA 95125  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,383.80
3.81.	<b>Nonpriority creditor's name and mailing address</b> EDWARDS LIFESCIENCES LLC ONE EDWARDS WAY PO BOX 978722 DALLAS TX 75397-8722  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,099.25

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.82.	<b>Nonpriority creditor's name and mailing address</b> ELEVATOR TRANSPORTATION SERVIC PO BOX 1543 PASADENA TX 77501-1543  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,474.04
3.83.	<b>Nonpriority creditor's name and mailing address</b> ELIZABETH LUU 2711 STUART MANOR HOUSTON TX 77082  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.84.	<b>Nonpriority creditor's name and mailing address</b> ENVIROMENTAL TESTING SERVICES, 10908 METRONOME DR HOUSTON TX 77043  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,738.57

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.85.	<b>Nonpriority creditor's name and mailing address</b> ERIC K. MUGAMBI 12754 GREAT SANDS DR HUMBLE TX 77346  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29.70
3.86.	<b>Nonpriority creditor's name and mailing address</b> ESIS 436 WALNUT ST. PHILADELPHIA PA 19106  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$108,133.33
3.87.	<b>Nonpriority creditor's name and mailing address</b> EVOQUA WATER TECHNOLOGIES LLC 28563 NETWORK PL CHICAGO IL 60673-1285  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,329.99

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.88.	<b>Nonpriority creditor's name and mailing address</b> FACILITY INSURANCE CORPORATION 7700 CHEVY CHASE DR. SUITE 400 AUSTIN TX 78752  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$103,297.48
3.89.	<b>Nonpriority creditor's name and mailing address</b> FEDERAL EXPRESS PO BOX 660481 DALLAS TX 75266-0481  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$49.95
3.90.	<b>Nonpriority creditor's name and mailing address</b> FINN CONTAINER CARGO SERVICES INC. 6003 MURPHY ST HOUSTON TX 77033  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$389.70

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.91.	<b>Nonpriority creditor's name and mailing address</b> FIRST PICC 1323 WINDLEAF DR LA PORTE TX 77571  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00
3.92.	<b>Nonpriority creditor's name and mailing address</b> FISHER HEALTHCARE PO BOX 404705 ATLANTA GA 30384-4705  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,658.25
3.93.	<b>Nonpriority creditor's name and mailing address</b> FIVE STAR DIALYSIS 2620 CULLEN BLVD STE 216 PEARLAND TX 77581  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$58,000.00



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.94.	<b>Nonpriority creditor's name and mailing address</b> FLORI - TEX LAWN SERVICES, INC PO BOX 8121 PASADENA TX 77508  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,773.50
3.95.	<b>Nonpriority creditor's name and mailing address</b> FLOW VASCULAR INSTITUTE 4140 SOUTHWEST FWY HOUSTON TX 77027  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,008.39
3.96.	<b>Nonpriority creditor's name and mailing address</b> FOBI MEDICAL 27831 COMMERCIAL PK LN TOMBALL TX 77375  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$603.69

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.97.	<b>Nonpriority creditor's name and mailing address</b> FS.COM 380 CENTERPOINT BLVD NEW CASTLE DE 19720  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$139.33
3.98.	<b>Nonpriority creditor's name and mailing address</b> FTG TEXAS. FILE 2362 1801 W OLYMPIC BLVD PASADENA CA 91199-2362  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,961.51
3.99.	<b>Nonpriority creditor's name and mailing address</b> GAITZ HVACR 5114 HIALEAH DR HOUSTON TX 77092  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,576.22

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.100.	<b>Nonpriority creditor's name and mailing address</b> GETINGE USA SALES, LLC PO BOX 775436 CHICAGO IL 60677-5436  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,130.61
3.101.	<b>Nonpriority creditor's name and mailing address</b> GLAXO SMITH KLINE PO BOX 740415 ATLANTA GA 30374-0415  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$554.05
3.102.	<b>Nonpriority creditor's name and mailing address</b> GOLF GCOH 5860 WILSON RD HUMBLE TX 77396  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66.83

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.103.	<b>Nonpriority creditor's name and mailing address</b> GRAINGER DEPT851252999 PO BOX 419267 KANSAS CITY MO 64141-6267  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,089.05
3.104.	<b>Nonpriority creditor's name and mailing address</b> GUARDIAN LIFE INSURANCE PO BOX 677458 DALLAS TX 75267  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,645.28
3.105.	<b>Nonpriority creditor's name and mailing address</b> GULF COAST REGIONAL EXTENSION 7000 FANNIN ST STE 600 HOUSTON TX 77030  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,004.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.106.	<b>Nonpriority creditor's name and mailing address</b> GULF INSURANCE COMPANY 10002 MARSH LANE DALLAS TX 75229  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$182,270.14
3.107.	<b>Nonpriority creditor's name and mailing address</b> HAPPY DONUTS 4130 ALLISON RD HOUSTON TX 77048  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$80.00
3.108.	<b>Nonpriority creditor's name and mailing address</b> HARRIS COUNTY HOSPITAL DISTRICT PO BOX 66769 HOUSTON TX 77266  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,281,676.50

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.109.	<b>Nonpriority creditor's name and mailing address</b> HARTFORD INSURANCE COMPANY OF THE MIDWEST ONE HARTFORD PLAZA HARTFORD CT 06155  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$158,207.03
3.110.	<b>Nonpriority creditor's name and mailing address</b> HARTFORD UNDERWRITERS INSURANCE COMPANY ONE HARTFORD PLAZA HARTFORD CT 06155  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$143,414.46
3.111.	<b>Nonpriority creditor's name and mailing address</b> HEALTH CARE LOGISTICS INC. PO BOX 400 CIRCLEVILLE OH 43113-0400  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,511.37

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.112.	<b>Nonpriority creditor's name and mailing address</b> HEB 646 S FLORES ST SAN ANTONIO TX 78204  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$45.20
3.113.	<b>Nonpriority creditor's name and mailing address</b> HERAMB K. SINGH MD 7930 DONIPHAN DR VINTON TX 79821-7613  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,846.54
3.114.	<b>Nonpriority creditor's name and mailing address</b> HOME DEPOT CREDIT SERVICES DEPT 322504774450 PO BOX 9001043 LOUISVILLE KY 40290-1043  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,499.20

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.115.	<b>Nonpriority creditor's name and mailing address</b> HOSPITAL PRICING SPECIALISTS LLC 1484 POLLARD RD #536 LOS GATOS CA 95032  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,672.30
3.116.	<b>Nonpriority creditor's name and mailing address</b> HOT SHOT FINAL MILE, LLC PO BOX 701189 HOUSTON TX 77270-1189  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$73.53
3.117.	<b>Nonpriority creditor's name and mailing address</b> HOUSTON EXTRACORPOREAL TECH- HET 2006 GUSKAPLAN DR STE D ALEXANDRIA LA 71301  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$840.00



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.118.	<b>Nonpriority creditor's name and mailing address</b> HYBRID EXTREMITY GROUP LLC 14710 WINSTON FALLS LN HUMBLE TX 77396  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,000.00
3.119.	<b>Nonpriority creditor's name and mailing address</b> ICARE.COM LLC 401 E LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,705.45
3.120.	<b>Nonpriority creditor's name and mailing address</b> ILLINOIS NATIONAL INSURANCE COMPANY 500 WEST MADISON STREET SUITE 3000 CHICAGO IL 60661  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$119,240.62

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.121.	<b>Nonpriority creditor's name and mailing address</b> IMAGEFIRST HEALTHCARE LAUNDRY SPECIALISTS PO BOX 778933 CHICAGO IL 60677  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,651.19
3.122.	<b>Nonpriority creditor's name and mailing address</b> INNOMED INC PO BOX 116888 ATLANTA GA 30368-6888  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$178.61
3.123.	<b>Nonpriority creditor's name and mailing address</b> INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA 500 WEST MADISON STREET SUITE 3000 CHICAGO IL 60661  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$753,582.81

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**3.124. **Nonpriority creditor's name and mailing address**

INTEGRA LIFESCIENCES CORPORATI  
PO BOX 404129  
ATLANTA GA 30384-4129

**Date or dates debt was incurred**  
\_\_\_\_\_**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$553.66

3.125. **Nonpriority creditor's name and mailing address**

IPFS CORPORATION  
2900 NORTH LOOP WEST  
STE 1150  
HOUSTON TX 77092

**Date or dates debt was incurred**  
\_\_\_\_\_**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

INSURANCE PREMIUM FINANCING

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$147,877.74

3.126. **Nonpriority creditor's name and mailing address**

ISOLVED HCM, LLC  
11215 N COMMUNITY HOUSE RD  
STE 800  
CHARLOTTE NC 28277

**Date or dates debt was incurred**  
\_\_\_\_\_**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$900.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.127.	<b>Nonpriority creditor's name and mailing address</b> IXS TECHNOLOGIES PO BOX 2947 CONROE TX 77305  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,609.43
3.128.	<b>Nonpriority creditor's name and mailing address</b> J & J HEALTH CARE SYSTEMS INC PO BOX 406663 ATLANTA GA 30384-6663  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91,511.72
3.129.	<b>Nonpriority creditor's name and mailing address</b> JASON'S DELI PO BOX 4869 DEPT 271 HOUSTON TX 77210-4869  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,003.09

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.130.	<b>Nonpriority creditor's name and mailing address</b> JOHNSON & JOHNSON FINANCE CORP PO BOX 409770 ATLANTA GA 30384-9770  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$75.70
3.131.	<b>Nonpriority creditor's name and mailing address</b> JOSEPHINA BATZIN 2002 DISMUKE ST HOUSTON TX 77023  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00
3.132.	<b>Nonpriority creditor's name and mailing address</b> JP MORGAN CHASE/GULF COAST REG PO BOX 301092 DALLAS TX 75303-1092  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83.25

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.133.	<b>Nonpriority creditor's name and mailing address</b> JRF ORTHO 4245 S HAVANA ST STE 300 ENGLEWOOD CO 80112  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250.00
3.134.	<b>Nonpriority creditor's name and mailing address</b> KROGER 1014 VINE ST CINCINNATI OH 45202  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14.49
3.135.	<b>Nonpriority creditor's name and mailing address</b> LABCORP PO BOX 12140 BURLINGTON NC 27216-2140  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,125.51

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.136.	<b>Nonpriority creditor's name and mailing address</b> LEMAITRE VASCULAR INC PO BOX 978979 DALLAS TX 75397-8979  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,689.96
3.137.	<b>Nonpriority creditor's name and mailing address</b> LEXIS NEXIS MATHEW BENDER PO BOX 733106 DALLAS TX 75373-3106  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$271.13
3.138.	<b>Nonpriority creditor's name and mailing address</b> LIFENET HEALTH 1864 CONCERT DR VIRGINIA BEACH VA 23453  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,024.79

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.139.	<b>Nonpriority creditor's name and mailing address</b> LITTLE CAESARS 2211 WOODWARD AVE DETROIT MI 48201  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$129.68
3.140.	<b>Nonpriority creditor's name and mailing address</b> LOOP ROUTES , LLC 4527 CLOUDMOUNT DR HOUSTON TX 77084  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,725.00
3.141.	<b>Nonpriority creditor's name and mailing address</b> LUMBERMENS MUTUAL CASUALTY COMPANY 1 CORPORATE DRIVE SUITE 200 LAKE ZURICH IL 60047  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$178,072.05



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.142.	<b>Nonpriority creditor's name and mailing address</b> MARLEY MEJIA 1810 HIGH FALLS LN PEARLAND TX 77581  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32.43
3.143.	<b>Nonpriority creditor's name and mailing address</b> MATHESON TRI-GAS, INC DEPT 3028 PO BOX 123028 DALLAS TX 75312  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$64,621.79
3.144.	<b>Nonpriority creditor's name and mailing address</b> MBM FINANCIAL CORPORATION PO BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,303.43

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.145.	<b>Nonpriority creditor's name and mailing address</b> MCKESSON MEDICAL SURGICAL PO BOX 660266 DALLAS TX 75266-0266  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,446.93
3.146.	<b>Nonpriority creditor's name and mailing address</b> MEDCOMP (MEDICAL COMPONENTS, INC) 1499 DELP DR HARLEYSVILLE PA 19438  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$113,207.82
3.147.	<b>Nonpriority creditor's name and mailing address</b> MEDELY PO BOX 736997 DALLAS TX 75373-6997  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$573.83

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.148.	<b>Nonpriority creditor's name and mailing address</b> MEDICAL LABORATORIES EVALUATION 11931 WICKCHESTER LN HOUSTON TX 77043  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$844.35
3.149.	<b>Nonpriority creditor's name and mailing address</b> MEDLINE P.O. BOX 121080 DALLAS TX 75312-1080  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83,000.00
3.150.	<b>Nonpriority creditor's name and mailing address</b> MEDTRONIC/ COVIDIEN SALES LLC PO BOX 409201 ATLANTA GA 30384-9201  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,578.88

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.151.	<b>Nonpriority creditor's name and mailing address</b> MEMORIAL HERMANN PATIENT BUSINESS SYSTEM PO BOX 4370 HOUSTON TX 77210-4370  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,337.53
3.152.	<b>Nonpriority creditor's name and mailing address</b> METROPOLITAN MEDICAL SERVICES 15 WESTSIDE DR ASHEVILLE NC 28806  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,711.31
3.153.	<b>Nonpriority creditor's name and mailing address</b> MH TRUST (TWIN SAILS) - MUNSCH, HARDT, KOFF & HARR, PC 700 MILAM ST STE 800 HOUSTON TX 77002-2806  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$337,500.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.154.	<b>Nonpriority creditor's name and mailing address</b> MIZUHO ORTHOPEDIC SYSTEMS INC DEPT CH 16977 PALATINE IL 60055-6977  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$129.18
3.155.	<b>Nonpriority creditor's name and mailing address</b> MONOPRICE INC 1 POINTE DR #400 BREA CA 92821  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$264.77
3.156.	<b>Nonpriority creditor's name and mailing address</b> MUSCULOSKELETAL TRANSPLANT FOU 125 MAY ST EDISON NJ 08837  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,959.85

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.157.	<b>Nonpriority creditor's name and mailing address</b> MXR IMAGING INC 4909 MURPHY CANYON RD STE 120 SAN DIEGO CA 92123  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,688.99
3.158.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL NEUROMONITORING SERVI 1141 N LOOP 1604 E #105-612 SAN ANTONIO TX 78232-1397  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$750.00
3.159.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA 5235 NORTH FROT STREET HARRISBURG PA 17110  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$212,802.58

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.160.	<b>Nonpriority creditor's name and mailing address</b> NEW HAMPSHIRE INSURANCE COMPANY C/O AIG CLAIMS, INC. P.O. BOX 25974 SHAWNEE MISSION KS 66225  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$171,084.62
3.161.	<b>Nonpriority creditor's name and mailing address</b> NII NELSON PO BOX 941436 HOUSTON TX 77094  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,000.00
3.162.	<b>Nonpriority creditor's name and mailing address</b> NOTHING BUNDT CAKES 5005 LYNDON B JOHNSON FWY DALLAS TX 75244  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$123.50

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.163.	<b>Nonpriority creditor's name and mailing address</b> ONE BEACON INSURANCE 15851 DALLAS PARKWAY ADDISON TX 75001  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70,306.66
3.164.	<b>Nonpriority creditor's name and mailing address</b> OPTIMUM MECHANICAL SOLUTIONS LLC 14090 FM 2910 STE 182 TOMBALL TX 77377  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,092.09
3.165.	<b>Nonpriority creditor's name and mailing address</b> OPTUM360 LLC PO BOX 88050 CHICAGO IL 60680-1050  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$108.37



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.166.	<b>Nonpriority creditor's name and mailing address</b> ORTHO PLUS INC PO BOX 690633 SAN ANTONIO TX 78269  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00
3.167.	<b>Nonpriority creditor's name and mailing address</b> PARAGON 28 INC DEPT V1532 PO BOX 17180 DENVER CO 80217-0180  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,292.50
3.168.	<b>Nonpriority creditor's name and mailing address</b> PASADENA VASCULAR DIRECT 4301 VISTA RD STE#109 PASADENA TX 77504  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,203.63

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.169.	<b>Nonpriority creditor's name and mailing address</b> PEARLAND THERAPY STAFFING, LLC 1980 COUNTRY PL PKWY PEARLAND TX 77584  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00
3.170.	<b>Nonpriority creditor's name and mailing address</b> PENNCOMP LLC PO BOX 10570 HOUSTON TX 77206  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,525.83
3.171.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES GLOBAL FINANCIAL PO BOX 371887 PITTSBURGH PA 15250-7887  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$668.90

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.172.	<b>Nonpriority creditor's name and mailing address</b> PIZZA HUT 7100 CORPORATE DR PLANO TX 75024  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36.22
3.173.	<b>Nonpriority creditor's name and mailing address</b> POWERHOUSE FORENSICS 6310 WAGNER WAY SUGAR LAND TX 77479  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,797.94
3.174.	<b>Nonpriority creditor's name and mailing address</b> PRINCE FOOD SYSTEMS INC 11001 S WILCREST DR STE 200 HOUSTON TX 77099  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$267.04

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.175.	<b>Nonpriority creditor's name and mailing address</b> PROMPTRAD RADIOLOGY, LLC 15 DARTMOOR CT SUGAR LAND TX 77479  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,407.53
3.176.	<b>Nonpriority creditor's name and mailing address</b> PROTECH LEADED EYEWEAR, INC. 1360 N KILLIAN DR STE 2 LAKE PARK FL 33403  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$633.55
3.177.	<b>Nonpriority creditor's name and mailing address</b> PS LIGHTWAVE 5959 CORPORATE DR STE 3300 HOUSTON TX 77036  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$697.59

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.178.	<b>Nonpriority creditor's name and mailing address</b> QUEST DIAGNOSTICS PO BOX 677960 DALLAS TX 75267  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,383.73
3.179.	<b>Nonpriority creditor's name and mailing address</b> REAL VNC 50-60 STATION RD CAMBRIDGE CAMBRIDGESHIRE CB1 2JH UNITED KINGDOM  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$505.31
3.180.	<b>Nonpriority creditor's name and mailing address</b> REDWOOD HEALTH CORPORATION 4301 VISTA RD PASADENA TX 77504  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,846,600.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.181.	<b>Nonpriority creditor's name and mailing address</b> RELIANCE NATIONAL INSURANCE COMPANY C/O TPCIGA FOR RELIANCE INS., SEDGWICK CLAIMS MANAGEMENT SERVICES INC. P.O. BOX 14152 LEXINGTON KY 40512  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$112,584.81
3.182.	<b>Nonpriority creditor's name and mailing address</b> RISK ENTERPRISE MANAGEMENT LIMITED LEGAL DEPT 2540 RTE 130 CRANBURY NJ 08512  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$73,621.95
3.183.	<b>Nonpriority creditor's name and mailing address</b> ROBERT G. PERRY B.S. 2713 BELMONT ST DICKINSON TX 77539  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$495.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.184.	<b>Nonpriority creditor's name and mailing address</b> ROBERT J YOUNG COMPANY INC PO BOX 306412 NASHVILLE TN 37230-6412  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$147.25
3.185.	<b>Nonpriority creditor's name and mailing address</b> ROSE GARDEN GONZALEZ LANDSCAPING SERVICES 4201 SHAVER ST PASADENA TX 77504  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,200.00
3.186.	<b>Nonpriority creditor's name and mailing address</b> ROYAL INDEMNITY COMPANY ARROWPOINT CAPITAL CORP P.O. BOX 19809 CHARLOTTE NC 28219  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$109,008.81

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.187.	<b>Nonpriority creditor's name and mailing address</b> RUHOF CORP. 393 SAGAMORE AVE MINEOLA NY 11501  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,572.54
3.188.	<b>Nonpriority creditor's name and mailing address</b> SAM'S CLUB 3500 SE CLUB BLVD BENTONVILLE AR 72712  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$297.23
3.189.	<b>Nonpriority creditor's name and mailing address</b> SECURITY CAMERAS CO  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28.08



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.190.	<b>Nonpriority creditor's name and mailing address</b> SETRAC-SOUTHEAST TEXAS REGIONA 1111 NORTH LOOP WEST STE 160 HOUSTON TX 77008  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,250.00
3.191.	<b>Nonpriority creditor's name and mailing address</b> SHERWIN-WILLIAMS 101 PROSPECT AVE NE CLEVELAND OH 44101  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$136.23
3.192.	<b>Nonpriority creditor's name and mailing address</b> SHRM SOCIETY FOR HUMAN RESOURCE MNGT 1800 DUKE ST ALEXANDRIA VA 22314  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$439.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.193.	<b>Nonpriority creditor's name and mailing address</b> SIMPLE ADMIT 45 OSWEGO ST BALDWINVILLE NY 13027  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$671.54
3.194.	<b>Nonpriority creditor's name and mailing address</b> SKYLARK MEDICAL INNOVATIONS, I 12620 FM 1960 W STE A4 -BOX 124 HOUSTON TX 77065  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,550.00
3.195.	<b>Nonpriority creditor's name and mailing address</b> SMITH & NEPHEW INC PO BOX 842935 DALLAS TX 75284-2935  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$773.13

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.196.	<b>Nonpriority creditor's name and mailing address</b> SOUTHWASTE DISPOSAL, LLC PO BOX 53988 LAFAYETTE LA 70505-3988  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,409.79
3.197.	<b>Nonpriority creditor's name and mailing address</b> STANDARD BARIATRICS 4362 GLENDALE MILLFORD RD CINCINNATI OH 45242  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,252.76
3.198.	<b>Nonpriority creditor's name and mailing address</b> STERIS CORP PO BOX 676548 DALLAS TX 75267-6548  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,415.93

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.199.	<b>Nonpriority creditor's name and mailing address</b> STEVEN PAYNE 3905 REGENCY DR DEER PARK TX 77536  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,160.00
3.200.	<b>Nonpriority creditor's name and mailing address</b> STRYKER ENDOSCOPY PO BOX 93276 CHICAGO IL 60673-3276  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,250.00
3.201.	<b>Nonpriority creditor's name and mailing address</b> STRYKER SALES (MAIN) 21343 NETWORK PL CHICAGO IL 60673-1213  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$46,108.72

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.202.	<b>Nonpriority creditor's name and mailing address</b> SUZANNE G SAULSBERRY 201 CAROLINE ST #1034 HOUSTON TX 77002  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,171.00
3.203.	<b>Nonpriority creditor's name and mailing address</b> SYNOLOGY 30 N GOULD ST STE 1051 SHERIDAN WY 82801  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$139.98
3.204.	<b>Nonpriority creditor's name and mailing address</b> SYSCO HOUSTON INC 10710 GREENS CROSSING BLVD HOUSTON TX 77038-2716  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,783.17

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.205.	<b>Nonpriority creditor's name and mailing address</b> TARGET CORPORATION C/O SEDGWICK CLAIMS MANAGEMENT SERVICES INC. P.O. BOX 14498 CHARLOTTE NC 28219  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$118,209.80
3.206.	<b>Nonpriority creditor's name and mailing address</b> TEK 4 U FAST 2185 E OHMER RD M24 MAYVILLE MI 48744  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$570.96
3.207.	<b>Nonpriority creditor's name and mailing address</b> TELEFLEX MEDICAL PO BOX 601608 CHARLOTTE NC 28260-1608  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,316.50

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.208.	<b>Nonpriority creditor's name and mailing address</b> TERUMO MEDICAL CORPORATION PO BOX 841733 DALLAS TX 75284-1733  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,661.32
3.209.	<b>Nonpriority creditor's name and mailing address</b> TEXAS DEPARTMENT OF HEALTH PO BOX 12190 AUSTIN TX 78711-2190  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,972.00
3.210.	<b>Nonpriority creditor's name and mailing address</b> TEXAS MEDICAID & HEALTHCARE PA 12357A RIATA TRACE PKWY BLDG 6 AUSTIN TX 78727  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,029.77

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.211.	<b>Nonpriority creditor's name and mailing address</b> TEXAS MUTUAL INSURANCE COMPANY 6210 EAST HWAY 290 AUSTIN TX 78723  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,086,989.63
3.212.	<b>Nonpriority creditor's name and mailing address</b> THE SSI GROUP, LLC DEPT#2455 BIRMINGHAM AL 35246-2455  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,246.40
3.213.	<b>Nonpriority creditor's name and mailing address</b> THOMSON REUTERS-WEST PAYMENT CTR PO BOX 6292 CAROL STREAM IL 60197-6292  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,724.39



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.214.	<b>Nonpriority creditor's name and mailing address</b> TOMMY STUNSON 4316 SUGARVINE CT LEAGUE CITY TX 77573  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.215.	<b>Nonpriority creditor's name and mailing address</b> TPCIGA FOR CENTRE INSURANCE COMPANY C/O TRISTAR RISK ENTERPRISE MANAGEMENT P.O. BOX 2805 CLINTON IA 52733  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$96,033.34
3.216.	<b>Nonpriority creditor's name and mailing address</b> TPCIGA FOR HOME INDEMNITY COMPANY C/O ZURICH INSURANCE CO P.O. BOX 968023 SHAUMBURG IL 60196  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$132,110.61

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**3.217. **Nonpriority creditor's name and mailing address**

TPCIGA FOR RELIANCE NATIONAL INSURANCE  
COMPANY  
C/O TPCIGA, SEDGWICK CLAIMS MANAGEMENT  
SERVICES INC., PLANO  
P.O. BOX 14152  
LEXINGTON KY 40512

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

REFUND CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$79,191.85

3.218. **Nonpriority creditor's name and mailing address**

TRACK1099  
255 SOUTH KING ST #1800  
SEATTLE WA 98104

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$78.66

3.219. **Nonpriority creditor's name and mailing address**

TRAVELERS COMPANY OF CONNECTICUT  
ONE TOWER SQUARE  
HARTFORD CT 06183

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

REFUND CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$145,516.38

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.220.	<b>Nonpriority creditor's name and mailing address</b> TRAVELERS INDEMNITY COMPANY ONE TOWER SQUARE HARTFORD CT 06183  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$237,103.82
3.221.	<b>Nonpriority creditor's name and mailing address</b> TRAVELERS INDEMNITY COMPANY OF CONNECTICUT ONE TOWER SQUARE HARTFORD CT 06183  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$774,651.98
3.222.	<b>Nonpriority creditor's name and mailing address</b> TRI-MED PHYSICAN SUPPLIES INC. 1251 NW MAYNARD RD PMB#320 CARY NC 27513  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,550.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**3.223. **Nonpriority creditor's name and mailing address**

TRIMED, LLC  
2800 EBROADWAY  
STE C-320  
PEARLAND TX 77581

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$1,550.00

3.224. **Nonpriority creditor's name and mailing address**

TWIN CITY FIRE INSURANCE COMPANY  
ONE TOWER SQUARE  
HARTFORD CT 06183

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

REFUND CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$119,085.24

3.225. **Nonpriority creditor's name and mailing address**

TYPENEX MEDICAL LLC  
303 E WACKER DR  
STE 1030  
CHICAGO IL 60601

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$711.67

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.226.	<b>Nonpriority creditor's name and mailing address</b> ULINE, INC PO BOX 88741 CHICAGO IL 60680-1741  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.37
3.227.	<b>Nonpriority creditor's name and mailing address</b> ULTIMATE BIOMEDICAL SOLUTIONS 6315B FM 1488 RD MAGNOLIA TX 77354-2526  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$118.08
3.228.	<b>Nonpriority creditor's name and mailing address</b> ULTIMATE MEDICAL SERVICES, INC 6004 HWY 90 EAST LAKE CHARLES LA 70615  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,394.57

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.229.	<b>Nonpriority creditor's name and mailing address</b> US BANK C/O LAM, LYN, & PHILIP, P.C. 6363 WOODWAY DR STE 975 HOUSTON TX 77057  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,597.22
3.230.	<b>Nonpriority creditor's name and mailing address</b> VENTURI VASCULAR  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,140,000.00
3.231.	<b>Nonpriority creditor's name and mailing address</b> VERITY STREAM, INC 500 11TH AVE NORTH STE 100 NASHVILLE TN 37203  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,449.66

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.232.	<b>Nonpriority creditor's name and mailing address</b> VGI MEDICAL LLC C/O MAGNOLIA FINANCIAL, INC. PO BOX 740643 ATLANTA GA 30374-0643  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,225.00
3.233.	<b>Nonpriority creditor's name and mailing address</b> VICTOR BROUSSARD 7 RIVERWAY UNIT 2103 HOUSTON TX 77056  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,080.00
3.234.	<b>Nonpriority creditor's name and mailing address</b> VITAL RECORDS CONTROL DEPT5874 PO BOX 11407 BIRMINGHAM AL 35246  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$479.10

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.235.	<b>Nonpriority creditor's name and mailing address</b> VOYA PO BOX 990071 HARTFORD CT 06199  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,715.94
3.236.	<b>Nonpriority creditor's name and mailing address</b> W.L. GORE & ASSOCIATES, INC. PO BOX 751331 CHARLOTTE NC 28275  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,221,037.00
3.237.	<b>Nonpriority creditor's name and mailing address</b> WALMART 702 SW 8TH ST BENTONVILLE AR 72716  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$60.62



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.238.	<b>Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT PO BOX 660345 DALLAS TX 75266-0345  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,107.01
3.239.	<b>Nonpriority creditor's name and mailing address</b> WENZEL SPINE INC 1130 RUTHERFORD LN STE 200 AUSTIN TX 78753  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,000.00
3.240.	<b>Nonpriority creditor's name and mailing address</b> WM COMPACTOR DEPT # 2008 PO BOX 29661 PHOENIX AZ 85038-9661  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$729.87

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.241.	<b>Nonpriority creditor's name and mailing address</b> WOLTERS KLUWER HEALTH INC PO BOX 1610 HAGERSTOWN MD 21741-1610  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$197.99
3.242.	<b>Nonpriority creditor's name and mailing address</b> WOODBURN AND WEDGE 6100 NEIL RD STE 500 PO BOX 2311 RENO NV 89505  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,347.74
3.243.	<b>Nonpriority creditor's name and mailing address</b> WORLDWIDE INTERPRETERS, INC. 1322 SPACE PK DR STE C245 HOUSTON TX 77058-3400  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,686.60

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.244.	<b>Nonpriority creditor's name and mailing address</b> WRIGHT MEDICAL TECHNOLOGY INC 1023 CHERRY RD MEMPHIS TN 38117-5423  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,298.00
3.245.	<b>Nonpriority creditor's name and mailing address</b> YELLOW CAB 4201 LANGLEY RD HOUSTON TX 77093  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,660.83
3.246.	<b>Nonpriority creditor's name and mailing address</b> YOLANDA AJALA MD 2710 BENT CREEK DR PEARLAND TX 77584  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$60,000.00

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.247.	<b>Nonpriority creditor's name and mailing address</b> ZAVATION MEDICAL PRODUCTS LLC 3670 FLOWOOD DR FLOWOOD MS 39232  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,100.00
3.248.	<b>Nonpriority creditor's name and mailing address</b> ZC INSURANCE COMPANY TPCIGA FOR ZURICH INSURANCE CO, SEDGWICK CMSI PLANO P.O. BOX 14152 LEXINGTON KY 40512  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83,895.22
3.249.	<b>Nonpriority creditor's name and mailing address</b> ZIMMER PO BOX 840166 DALLAS TX 75284-0166  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$65,304.65

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

3.250.	<b>Nonpriority creditor's name and mailing address</b> ZTRIP PO BOX 780146 WICHITA KS 67278  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,175.26
3.251.	<b>Nonpriority creditor's name and mailing address</b> ZURICH AMERICAN INSURANCE COMPANY P.O. BOX 14152 LEXINGTON KY 40512  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> REFUND CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$972,348.58

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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 CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346	Part 1 line 2.12	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 1111 PENNSYLVANIA AVE NW WASHINGTON DC 20004-2541	Part 1 line 2.12	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP TARA L GRUNDEMEIER P O BOX 3064 HOUSTON TX 77253-3064	Part 2 line 3.55	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP TARA L GRUNDEMEIER P O BOX 3064 HOUSTON TX 77253-3064	Part 2 line 3.56	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP TARA L GRUNDEMEIER P O BOX 3064 HOUSTON TX 77253-3064	Part 2 line 3.57	_____

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799****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.		\$638,505.80
<b>5b. Total claims from Part 2</b>	5b.	+	\$21,497,680.11
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$22,136,185.91

**Fill in this information to identify the case:****Debtor name:** Vista Community Medical Center, L.L.P.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90799☐ 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.	<p><b>Title of contract</b> COMPREHENSIVE SERVICE PLAN</p> <p><b>State what the contract or lease is for</b> EQUIPMENT MAINTENANCE AGREEMENT - CONTRACT 1050513</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> 2/21/2020</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>ABBOTT POINT OF CARE 400 COLLEGE ROAD EAST PRINCETON NJ 08540</p>
2.2.	<p><b>Title of contract</b> COMPREHENSIVE SERVICE PLAN</p> <p><b>State what the contract or lease is for</b> EQUIPMENT MAINTENANCE AGREEMENT - 06F23-90 I STAT ANALYZER, S/N 357714</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> 2/22/2023</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ABBOTT POINT OF CARE 400 COLLEGE ROAD EAST PRINCETON NJ 08540</p>
2.3.	<p><b>Title of contract</b> PURCHASE ORDER NO. 42196</p> <p><b>State what the contract or lease is for</b> MAINTENANCE AGREEMENT - STERRAD NX SERIAL NUMBER 33120644 DATED 7/15/2021</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> NOT STATED</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ADVANCED STERILIZATION PRODUCTS PO BOX 74007359 CHICAGO IL 60674-7359</p>



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.4. **Title of contract** PURCHASE ORDER NO. 42196  
**State what the contract or lease is for** MAINTENANCE AGREEMENT - STERRAD NX SERIAL NUMBER 33120644 DATED 7/15/2021  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** NOT STATED  
**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**  
 ADVANCED STERILIZATION PRODUCTS  
 PO BOX 74007359  
 CHICAGO IL 60674-7359
- 2.5. **Title of contract** \_\_\_\_\_  
**State what the contract or lease is for** \_\_\_\_\_  
**Nature of debtor's interest** \_\_\_\_\_  
**State the term remaining** 7/14/2021  
**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**  
 ADVANCED STERILIZATION PRODUCTS SERVICES, INC.  
 PO BOX 74007359  
 CHICAGO IL 60674-7359
- 2.6. **Title of contract** SERVICE AGREEMENT QUOTATION (EXECUTED 7/12/2019)  
**State what the contract or lease is for** MAINTENANCE AGREEMENT - EVOTECH(TM)SYSTEM 208V, SERIAL NO. 5041120178 (77FULLMF08); STERRAD NX, SERIAL NO. 33120644 (77FULLMF05)  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** ON 60 - DAYS WRITTEN NOTICE  
**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**  
 ADVANCED STERILIZATION PRODUCTS SERVICES, INC.  
 PO BOX 74007359  
 CHICAGO IL 60674-7359
- 2.7. **Title of contract** SERVICE AGREEMENT QUOTATION (EXECUTED 8/31/2021)  
**State what the contract or lease is for** MAINTENANCE AGREEMENT - STERRAD NX, SERIAL NO. 33120644 (77FULLMF06)  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** ON 60 - DAYS WRITTEN NOTICE  
**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**  
 ADVANCED STERILIZATION PRODUCTS SERVICES, INC.  
 PO BOX 74007359  
 CHICAGO IL 60674-7359
- 2.8. **Title of contract** SERVICE AGREEMENT QUOTATION (DATED 1/14/2019)  
**State what the contract or lease is for** MAINTENANCE AGREEMENT - STERRAD NX, SERIAL NO. 33120644 (77FULLMF05)  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** ON 60 - DAYS WRITTEN NOTICE  
**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**  
 ADVANCED STERILIZATION PRODUCTS SERVICES, INC.  
 PO BOX 74007359  
 CHICAGO IL 60674-7359

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.9.	<b>Title of contract</b>	SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SERVICES - EQUIPMENT MAINTENANCE	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	ADVANCED STERILIZATION PRODUCTS SERVICES, INC.
	<b>State the term remaining</b>	NOT STATED	PO BOX 74007359
	<b>List the contract number of any government contract</b>	_____	CHICAGO IL 60674-7359
2.10.	<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	COMMERICAL PROPERTY - POLICY NO. MXI93094939	
	<b>Nature of debtor's interest</b>	INSURED	AGCS MARINE INSURANCE COMPANY,
	<b>State the term remaining</b>	8/12/2026	ATTN LEGAL DEPT
	<b>List the contract number of any government contract</b>	_____	225 W. WASHINGTON ST., SUITE 1800,
			CHICAGO IL 60606
2.11.	<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	COMMERCIAL GENERAL LIABILITY - POLICY NO. MXI93094939	
	<b>Nature of debtor's interest</b>	INSURED	AGCS MARINE INSURANCE COMPANY,
	<b>State the term remaining</b>	8/12/2026	ATTN LEGAL DEPT
	<b>List the contract number of any government contract</b>	_____	225 W. WASHINGTON ST., SUITE 1800,
			CHICAGO IL 60606
2.12.	<b>Title of contract</b>	SUPPLEMENTAL EQUIPMENT SERVICES AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	EQUIPMENT MAINTENANCE AGREEMENT - CUSTOMER OWNED EQUIPMENT - AGTI # 20485	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	AGILITI HEALTH INC.
	<b>State the term remaining</b>	7/23/2023	SCOTT CHRISTENSEN VP AND CONTROLLER
	<b>List the contract number of any government contract</b>	_____	6625 WEST 78TH ST
			STE 300
			MINNEAPOLIS MN 55439
2.13.	<b>Title of contract</b>	SURGICAL ASSISTANTS SURGICAL AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	PROFESSIONAL SERVICES - PROFESSIONAL MEDICAL SERVICES (5/1/2020)	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	AMERICAN SURGICAL PROFESSIONALS, INC.
	<b>State the term remaining</b>	5/1/2022 WITH AUTOMATIC 1 - YEAR RENEWALS AND TERMINATED ON 120 - DAYS WRITTEN NOTICE	DBA AMERICAN SURGICAL PROFESSIONALS
	<b>List the contract number of any government contract</b>	_____	ATTN DAVID RICHARDSON CFO
			7324 SOUTHWEST FREEWAY
			STE 1550
			HOUSTON TX 77074-2053

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.14. **Title of contract** SURGICAL ASSISTANTS SURGICAL AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - PROFESSIONAL MEDICAL SERVICES (5/1/2020/9/30/2020)  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 5/1/2022 WITH AUTOMATIC 1 - YEAR RENEWALS AND TERMINATED ON 120 - DAYS WRITTEN NOTICE  
**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**  
 AMERICAN SURGICAL PROFESSIONALS, INC.  
 DBA AMERICAN SURGICAL PROFESSIONALS  
 ATTN DAVID RICHARDSON CFO  
 7324 SOUTHWEST FREEWAY  
 STE 1550  
 HOUSTON TX 77074-2053
- 2.15. **Title of contract** ANESTHESIOLOGY SERVICES AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - MEDICAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 8/1/2010 WITH AUTOMATIC 1 - YEAR RENEWALS  
**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**  
 ANESTHESIA ASSOCIATES OF HOUSTON METROPLEX  
 DR ERIC CHAN  
 4301 VISTA ROAD  
 BLDG A STE 200  
 PASADENA TX 77504
- 2.16. **Title of contract** ADDENDUM TO ANESTHESIA SERVICES AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - MEDICAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** \_\_\_\_\_  
**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**  
 ANESTHESIA ASSOCIATES OF HOUSTON METROPLEX  
 DR ERIC CHAN  
 4301 VISTA ROAD  
 BLDG A STE 200  
 PASADENA TX 77504
- 2.17. **Title of contract** AMENDMENT TO LETTER OF COMMITMENT  
**State what the contract or lease is for** INSOURCE HEALTH SERVICES MEMBERS COMMITMENT - DRUG PROVIDER  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** \_\_\_\_\_  
**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**  
 BERGEN BRUNSWICK DRUG COMPANY  
 ATTN EXECUTIVE VP  
 4000 METROPOLITAN DRIVE  
 ORANGE CA 92868
- 2.18. **Title of contract** BIOTRICITY MASTER AGREEMENT  
**State what the contract or lease is for** EQUIPMENT - REMOTE CARDICA MONITORING MACHINES & LICENSE FOR EMBEDDED SOFTWARE  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNTIL EXPIRATION OF ALL ORDERS  
**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**  
 BIOTRICITY  
 275 SHORELINE DR  
 SUITE 150  
 REDWOOD CITY CA 94065

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.19. **Title of contract** BUSINESS ASSOCIATE AGREEMENT - 10.9.2019  
**State what the contract or lease is for** \_\_\_\_\_  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** CONTINUES UNTIL ALL PHI DESTROYED  
**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**  
BIOTRICITY, INC.  
275 SHORELINE DR.  
STE. 150  
REDWOOD CITY CA 94065
- 2.20. **Title of contract** ENGAGEMENT LETTER DATED SEPTEMBER 6, 2018  
**State what the contract or lease is for** PROFESSIONAL SERVICES - ACCOUNTING - MEDICARE AND MEDICAID COST REPORT  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNTIL SERVICES COMPLETED  
**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**  
BKD LLP  
7901 WOODWAY DRIVE  
SUITE 100  
WACO TX 76712-3897
- 2.21. **Title of contract** PART II – COMPENSATION (HMO)  
**State what the contract or lease is for** \_\_\_\_\_  
**Nature of debtor's interest** \_\_\_\_\_  
**State the term remaining** \_\_\_\_\_  
**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**  
BLUE CROSS AND BLUE SHIELD OF TEXAS  
PO BOX 650615  
DALLAS TX 75265
- 2.22. **Title of contract** HOSPITAL AGREEMENT FOR BLUE ADVANTAGE HMO NETWORK PARTICIPATION  
**State what the contract or lease is for** PROFESSIONAL SERVICES - HOSPITAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNTIL TERMINATED  
**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**  
BLUE CROSS AND BLUE SHIELD OF TEXAS  
ATTN DIVISIONAL SENIOR VP TX  
HEALTH CARE DELIVERY  
PO BOX 833840  
RICHARDSON TX 75083-3840
- 2.23. **Title of contract** HOSPITAL AGREEMENT FOR BLUE ESSENTIALS NETWORK PARTICIPATION  
**State what the contract or lease is for** PROFESSIONAL SERVICES - HOSPITAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNTIL TERMINATED  
**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**  
BLUE CROSS AND BLUE SHIELD OF TEXAS  
ATTN DIVISIONAL SENIOR VP TX  
HEALTH CARE DELIVERY  
PO BOX 833840  
RICHARDSON TX 75083-3840

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.24. **Title of contract** HOSPITAL AGREEMENT FOR TRADITIONAL INDEMNITY BUSINESS  
**State what the contract or lease is for** PROFESSIONAL SERVICES - HOSPITAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNTIL TERMINATED  
**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**  
 BLUE CROSS AND BLUE SHIELD OF TEXAS  
 ATTN DIVISIONAL SENIOR VP TX  
 HEALTH CARE DELIVERY  
 PO BOX 833840  
 RICHARDSON TX 75083-3840
- 2.25. **Title of contract** HOSPITAL AGREEMENT FOR PPO AND POS NETWORK PARTICIPATION  
**State what the contract or lease is for** PROFESSIONAL SERVICES - HOSPITAL  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNTIL TERMINATED  
**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**  
 BLUE CROSS AND BLUE SHIELD OF TEXAS  
 ATTN DIVISIONAL SENIOR VP TX  
 HEALTH CARE DELIVERY  
 PO BOX 833840  
 RICHARDSON TX 75083-3840
- 2.26. **Title of contract** CUSTOMER ORDER NUMBER 1000046784  
**State what the contract or lease is for** EQUIPMENT & SOFTWARE - PYXIS  
**Nature of debtor's interest** LESSEE  
**State the term remaining** \_\_\_\_\_  
**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**  
 CAREFUSION SOLUTIONS, LLC  
 3750 TORREY VIEW COURT  
 SAN DIEGO CA 92130
- 2.27. **Title of contract** AMENDMENT TO RENTAL AND SUPPORT AGREEMENTS  
**State what the contract or lease is for** EQUIPMENT - EXTENSION OF RENTAL AND SUPPORT TERM - PYXIS  
**Nature of debtor's interest** LICENSEE  
**State the term remaining** 7/1/2022  
**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**  
 CAREFUSION SOLUTIONS, LLC  
 3750 TORREY VIEW COURT  
 SAN DIEGO CA 92130
- 2.28. **Title of contract** ES WINDOWS 10 UPGRADE  
**State what the contract or lease is for** CUSTOMER NO. 1000192564  
**Nature of debtor's interest** LICENSEE  
**State the term remaining** \_\_\_\_\_  
**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**  
 CAREFUSION SOLUTIONS, LLC  
 ATTN: CONTRACTS  
 3750 TORREY VIEW COURT  
 SAN DIEGO CA 92130

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.29.	<b>Title of contract</b>	AMENDMENT TO MASTER AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	EQUIPMENT & SOFTWARE - PYXIS - AMENDMENT TO SUPPORT TERMS	
	<b>Nature of debtor's interest</b>	LICENSEE	CAREFUSION SOLUTIONS, LLC
	<b>State the term remaining</b>	_____	ATTN: CONTRACTS
	<b>List the contract number of any government contract</b>	_____	3750 TORREY VIEW COURT SAN DIEGO CA 92130
2.30.	<b>Title of contract</b>	PLANNED MAINTENANCE (PM) AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	EQUIPMENT MAINTENANCE AGREEMENT - PASADENA, TX - CUMMINS, GENERAC & STAMFORD GENERATORS	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	CLIFFORD POWER SYSTEMS, INC..
	<b>State the term remaining</b>	8/31/2020 WITH AUTOMATIC 1 - YEAR RENEWAL UNLESS CANCELLED ON 60 - DAYS NOTICE	2121 BRITTMORE RD STE 2900 HOUSTON TX 77043
	<b>List the contract number of any government contract</b>	_____	
2.31.	<b>Title of contract</b>	FACILITY AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	PROFESSIONAL SERVICES - HEALTH MAINTENANCE	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	COMMUNITY HEALTH CHOICE, INC.
	<b>State the term remaining</b>	7/15/2022 WITH AUTOMATIC 1 - YEAR RENEWALS	2636 SOUTH WEST LOOP SUITE 125 HOUSTON TX 77054
	<b>List the contract number of any government contract</b>	_____	
2.32.	<b>Title of contract</b>	DME SUPPLY AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	EQUIPMENT SUPPLIER - DURABLE MEDICAL EQUIPMENT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	COMPRESSION SOLUTIONS, LLC
	<b>State the term remaining</b>	5/31/2022 WITH AUTOMATIC 1 - YEAR RENEWALS UNLESS CANCELLED ON 60 - DAYS NOTICE	ATTN GENERAL MANAGER 817 E. 4TH STREET TULSA OK 74120
	<b>List the contract number of any government contract</b>	_____	
2.33.	<b>Title of contract</b>	GOLD SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	EQUIPMENT & FIELD SERVICE AGREEMENT (REFERENCE 20295502) - SX-CA530, SERIAL NO. A2355; HM-MICROS60, SERIAL NO. 404CS94009	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	DIAMOND DIAGNOSTICS, INC.
	<b>State the term remaining</b>	12/31/2020	333 FISK STREET HOLLISTON MA '01748
	<b>List the contract number of any government contract</b>	_____	

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.34. **Title of contract** GOLD SERVICE AGREEMENT
- State what the contract or lease is for** EQUIPMENT & FIELD SERVICE AGREEMENT (REFERENCE 20300961) - PENTRA -HM-PENTRA4001SE, SERIAL NO. 308P43276; HM-PENTRA4001SE, SERIAL NO. 306P43276; HM-PENTRA4001SE, SERIAL NO. 308P43276; HM-PENTRA4001SE, SERIAL NO. 306P43276
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 5/11/2022
- 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**  
DIAMOND DIAGNOSTICS, INC.  
333 FISK STREET  
HOLLISTON MA '01748
- 2.35. **Title of contract** ELECTRICITY SALES AGREEMENT
- State what the contract or lease is for** PURCHASE AGREEMENT - DIRECT ENERGY BUSINESS, LLC D/B/A NRG AND NRG BUSINESS - 4301 VISTA RD, PASADENA, TX 77504-2117 - CONTRACT NO. 1-45K4U8Q
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 5/31/2026
- 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**  
DIRECT ENERGY BUSINESS, LLC  
NRG AND NRG BUSINESS  
910 LOUISIANA STREET  
HOUSTON TX 77002
- 2.36. **Title of contract** AMENDMENT TO TWIN SAILS LICENSE AND SERVICE AGREEMENT
- State what the contract or lease is for** SOFTWARE LICENSE AGREEMENT
- Nature of debtor's interest** LICENSEE
- State the term remaining** NOT STATED
- 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**  
DOCTORS PRACTICE  
MANAGEMENT, INC.  
DR. ERIC CHAN  
4301 VISTA RD.  
PASADENA TX 77504
- 2.37. **Title of contract** CREDENTIALING SERVICES CONTRACT
- State what the contract or lease is for** PROFESSIONAL SERVICES - CREDENTIALING
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 10/2/2019 WITH AUTOMATIC 1 - YEAR RENEWALS UNLESS CANCELLED ON 30 - DAYS NOTICE
- 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**  
DOMINIQUE, ROBIN  
Address Intentionally Omitted
- 2.38. **Title of contract** SALES AGREEMENT
- State what the contract or lease is for** LICENSE AGREEMENT - EPCS, RCOP AND IPSCB
- Nature of debtor's interest** LICENSEE
- State the term remaining** NOT STATED
- 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**  
DRFIRST.COM, INC.  
9420 KEY WEST AVE STE 230  
ROCKVILLE MD 20850



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.39.	<b>Title of contract</b>	SALES AGREEMENT AND FACILITY MASTER SERVICES AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	LICENSE AGREEMENT NO. 31525 FOR EPCS	
	<b>Nature of debtor's interest</b>	LICENSEE	DRFIRST.COM, INC. ATTN LEGAL DEPT 9420 KEY WEST AVE SUITE 230 ROCKVILLE MD 20850
	<b>State the term remaining</b>	UNTIL TERMINATED	
	<b>List the contract number of any government contract</b>	_____	
2.40.	<b>Title of contract</b>	PROFESSIONAL SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	PROFESSIONAL SERVICES - MEDICAL - RADIOLOGY	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	EL PASO VINTON DIAGNOSTICS. P.A 7390 DONAPHAN DRIVE VINTON TX 79821
	<b>State the term remaining</b>	8/9/2019 AND THEREAFTER ON 30 - DAYS NOTICE	
	<b>List the contract number of any government contract</b>	_____	
2.41.	<b>Title of contract</b>	ELSEVIER SUBSCRIPTION AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	CLINICAL PHARMACOLOGY	
	<b>Nature of debtor's interest</b>	SUBSCRIBER	ELSEVIER, INC. 1600 JOHN F KENNEDY BLVD STE 1800 PHILADELPHIA PA 19103
	<b>State the term remaining</b>	NOT LEGIBLE	
	<b>List the contract number of any government contract</b>	_____	
2.42.	<b>Title of contract</b>	POWER SALES AGREEMENT ("PSA") – FIXED RATE WITH PASS-THROUGH CHARGES	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	PURCHASE AGREEMENT - ERCOT ENERGY - 4301 VISTA RD, PASADENA, TX 77504 & 4301 VISTA RD, SUITE A, PASADENA, TX 77504; TX LG COMMERCIAL AGMT 022520	ENTRUST ENERGY ATTN: GENERAL COUNSEL 1301 MCKINNEY SUITE 2950 HOUSTON TX 77010
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	2/10/2025	
	<b>List the contract number of any government contract</b>	_____	
2.43.	<b>Title of contract</b>	POWER SALES AGREEMENT ("PSA") – FIXED RATE WITH PASS-THROUGH CHARGES	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	PURCHASE AGREEMENT - ERCOT ENERGY - 4301 VISTA RD, PASADENA, TX 77504 & 4301 VISTA RD, SUITE A, PASADENA, TX 77504; TX LG COMMERCIAL AGMT 062119	ENTRUST ENERGY ATTN: GENERAL COUNSEL 1301 MCKINNEY SUITE 2950 HOUSTON TX 77010
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	2/10/2025	
	<b>List the contract number of any government contract</b>	_____	



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.44. **Title of contract** PURCHASE ORDER NO. 0041665  
**State what the contract or lease is for** SUPPLIER AGREEMENT - ACCT: 0332042286 - WATER  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 1/31/2022  
**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**  
EVOQUA WATER TECHNOLOGIES  
28563 NETWORK PLACE  
CHICAGO IL 60673-1285
- 2.45. **Title of contract** PURCHASE ORDER NO. 42798  
**State what the contract or lease is for** SUPPLIER AGREEMENT - CUSTOMER NO. 0332042286 - WATER  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 1/31/2023  
**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**  
EVOQUA WATER TECHNOLOGIES  
28563 NETWORK PLACE  
CHICAGO IL 60673-1285
- 2.46. **Title of contract** HEMODIALYSIS SERVICES AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - MEDICAL - HEMODIALYSIS SERVICES  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 6/6/2019 WITH AUTOMATIC 1 - YEAR RENEWALS UNLESS TERMINATED 30 - DAYS WRITTEN NOTICE  
**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**  
FIVE STAR DIALYSIS LLC  
DBA FIVE STAR ACUTE DIALYSIS  
2620 CULLEN BLVD  
SUITE 216  
PEARLAND TX 77581
- 2.47. **Title of contract** MASTER AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - MEDICAL - BLOOD CENTER  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 10/30/2008 WITH AUTOMATIC 1 - YEAR RENEWALS UNLESS TERMINATED ON 30 - DAYS WRITTEN NOTICE  
**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**  
GULF COAST REGIONAL BLOOD CENTER  
ATTN MR. BRIAN G. GANNON  
1400 LA CONCHA LANE  
HOUSTON TX 77054
- 2.48. **Title of contract** BILLING SERVICES AGREEMENT  
**State what the contract or lease is for** SUBSCRIPTION AGREEMENT - SOFTWARE & MARKETING AND DEBIT CARD PROCESSING  
**Nature of debtor's interest** LICENSEE  
**State the term remaining** NOT STATED  
**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**  
ICARE FINANCIAL  
975 COBB PLACE BLVD  
SUITE 317  
KENNESAW GA 30144

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- |       |  |   |   |
|-------|--|---|---|
| 2.49. | <b>Title of contract</b>                                   | ICARE MASTER SUBSCRIPTION AGREEMENT, BUSINESS ASSOCIATE AGREEMENT, CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT AND PROFESSIONAL SERVICES AGREEMENT | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | PROFESSIONAL SERVICES AND SOFTWARE LICENSE AGREEMENTS   | ICARE.COM LLC<br>ATTN: GENERAL COUNSEL<br>401 EAST LAS OLAS BLVD<br>SUITE 1400<br>FORT LAUDERDALE FL 33301                        |
|       | <b>Nature of debtor's interest</b>                         | LICENSEE  |   |
|       | <b>State the term remaining</b>                            | UNTIL ALL SUBSCRIPTIONS EXPIRED OR TERMINATED AND ALL PHI DESTROYED   |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.50. | <b>Title of contract</b>                                   | ORDER FORM  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | DEFINES SCOPE AND KEY BUSINESS TERMS IN MASTER SERVICES AGREEMENT   | ICARE.COM LLC<br>ATTN: GENERAL COUNSEL<br>401 EAST LAS OLAS BLVD<br>SUITE 1400<br>FORT LAUDERDALE FL 33301                        |
|       | <b>Nature of debtor's interest</b>                         | _____   |   |
|       | <b>State the term remaining</b>                            | 8/1/2023 WITH AUTOMATIC 1 - YEAR RENEWALS   |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.51. | <b>Title of contract</b>                                   | SCOPE STATEMENT   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | IMPLEMENTATION  | ICARE.COM LLC<br>ATTN: GENERAL COUNSEL<br>401 EAST LAS OLAS BLVD<br>SUITE 1400<br>FORT LAUDERDALE FL 33301                        |
|       | <b>Nature of debtor's interest</b>                         | _____   |   |
|       | <b>State the term remaining</b>                            | _____   |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.52. | <b>Title of contract</b>                                   | COMMERCIAL BUSINESS INSURANCE   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | GENERAL LIABILITY - POLICY NO. 0100159980-4   | KINSALE INSURANCE COMPANY<br>ATTN LEGAL DEPT<br>2035 MAYWILL STREET<br>SUITE 100<br>RICHMOND VA 23230                             |
|       | <b>Nature of debtor's interest</b>                         | INSURED   |   |
|       | <b>State the term remaining</b>                            | 8/12/2026   |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.53. | <b>Title of contract</b>                                   | COMMERCIAL BUSINESS INSURANCE   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | MEDICAL PROFESSIONAL & PHARMACY LIABILITY - POLICY NO. LHM854708  | LANDMARK AMERICAN INSURANCE COMPANY<br>ATTN LEGAL DEPT<br>945 EAST PACES FERRY ROAD<br>SUITE 1800<br>ATLANTA GA 30326             |
|       | <b>Nature of debtor's interest</b>                         | INSURED   |   |
|       | <b>State the term remaining</b>                            | 1/4/2026  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.54. **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
- 2.55. **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
- 2.56. **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
- 2.57. **Title of contract** DONOR INSTITUTION AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - MEDICAL - DONATION  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 7/16/2022 WITH AUTOMATIC 1 - YEAR RENEWAL AND TERMINATED ON 120 - DAYS NOTICE  
**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**  
 LIFEGIFT ORGAN DONATION CENTER  
 KEVIN A MYER MSHA, PRESIDENT AND CEO  
 2510 WESTRIDGE STREET  
 HOUSTON TX 77054
- 2.58. **Title of contract** MEMORANDUM OF AGREEMENT  
**State what the contract or lease is for** PROFESSIONAL SERVICES - QUALITY IMPROVEMENT ORGANIZATION (QIO) PROGRAM  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** 4/28/2022 AND CONTINUES AS LONG AS BFCC-QIO IS A CMS CONTRACTOR, TERMINATED ON 60 - DAYS WRITTEN NOTICE  
**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**  
 LIVANTA LLC  
 GLYN CASHWELL, ESQ., GENERAL COUNSEL  
 10830 GUILFORD RD  
 SUITE 312  
 ANNAPOLIS JUNCTION MD 20701

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- |       |   |   |   |
|-------|---|---|---|
| 2.59. | <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> | CLIENT AGREEMENT<br>PROFESSIONAL SERVICES - MEDICAL TRANSPORTATION<br>CONTRACT PARTY<br>ON 30 - DAYS WRITTEN NOTICE<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>LOOP ROUTES, LLC<br>OSVALDO RAMIREZ CEO<br>4527 CLOUDMOUNT DR<br>HOUSTON TX 77084  |
| 2.60. | <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> | PATHOLOGY SERVICES AGREEMENT<br>PROFESSIONAL SERVICES - PATHOLOGY<br>CONTRACT PARTY<br>1/1/2023 WITH AUTOMATIC 1 - 2 YEAR RENEWAL WITH TERMINATION ON 60 - DAYS NOTICE<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MANGINI, LAKHIA AND ASSOCIATES, P.A.<br>P. DELAHOUSAYE MD<br>1140 BUSINESS CENTER DRIVE<br>SUITE 370<br>HOUSTON TX 77043 |
| 2.61. | <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> | 1ST AMENDMENT TO MASTER LICENSE AGREEMENT<br>LICENSE AGREEMENT - ADD INDICIA HL7 INTERFACE SOLUTION<br>LICENSEE<br>4/15/2023<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MCG HEALTH, LLC<br>701 FIFTH AVE<br>SUITE 4900<br>SEATTLE WA 98104   |
| 2.62. | <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> | 2ND AMENDMENT TO MASTER LICENSE AGREEMENT<br><hr/> LICENSEE<br>4/14/2024<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MCG HEALTH, LLC<br>701 FIFTH AVE<br>SUITE 4900<br>SEATTLE WA 98104   |
| 2.63. | <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> | BUSINESS ASSOCIATE AGREEMENT - 4.13.2020<br>SERVICES & HIPAA REQUIREMENTS<br>CONTRACT PARTY<br>CONTINUES UNTIL ALL PHI DESTROYED<br><hr/>                                       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MCG HEALTH, LLC<br>901 FIFTH AVENUE<br>SUITE 2000<br>SEATTLE WA 98164  |

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

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|-------|---|--|---|
| 2.64. | <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> | MASTER LICENSE AGREEMENT<br>SOFTWARE LICENSE AGREEMENT - PATIENT CARE<br>LICENSEE<br>4/14/2023 RENEWED ONLY ON WRITTEN AGREEMENT BETWEEN BOTH PARTIES<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MCG HEALTH, LLC<br>ATTN: CONTRACTS<br>901 FIFTH AVENUE<br>SUITE 2000<br>SEATTLE WA 98164               |
| 2.65. | <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> | MEDICAL DEVICE - MAINTENANCE SERVICE AGREEMENT<br>EQUIPMENT MAINTENANCE - MEDICAL DEVICES - OHMEDA AESTIVA S5 7900 ANESTHESIA MACHINES AND VAPOR CONCENTRATION ANALYSIS<br>CONTRACT PARTY<br>02/28/2022<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>METROPOLITAN MEDICAL SERVICES OF NC, INC.<br>15 WESTSIDE DRIVE<br>ASHEVILLE NC 28806                   |
| 2.66. | <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> | MUTUAL AMENDMENT TO THE HOSPITAL SERVICES AGREEMENT<br>AMENDS COMPENSATION PROVISIONS IN ORIGINAL HOSPITAL SERVICES AGREEMENT<br><hr/> <hr/> <hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MOLINA HEALTHCARE OF TEXAS<br>5605 N. MACARTHUR BLVD<br>SUITE 400<br>IRVING TX 7503                    |
| 2.67. | <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> | HOSPITAL SERVICES AGREEMENT<br>PROFESSIONAL SERVICES - HEALTHCARE PLAN PARTICIPATION AGREEMENT<br>CONTRACT PARTY<br>ON 90 - DAYS WRITTEN NOTICE<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>MOLINA HEALTHCARE OF TEXAS<br>JOHN MCGUINNESS<br>5605 N. MACARTHUR BLVD<br>SUITE 400<br>IRVING TX 7503 |
| 2.68. | <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> | INDEPENDENT CONTRACTOR AGREEMENT - ADDENDUM<br>PROFESSIONAL SERVICES - QUALIFICATIONS<br>CONTRACT PARTY<br>EFFECTIVE 6/21/2018<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>NATIONAL NEUROMONITORING SERVICES<br>1141 N LOOP 1604 E #105-612<br>SAN ANTONIO TX 78232-1397          |

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

- 2.69. **Title of contract** INDEPENDENT CONTRACTOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES - INTRAOPERATIVE NEUROMONITORING
- Nature of debtor's interest** CONTRACT PARTY NATIONAL NEUROMONITORING SERVICES, LLC
- State the term remaining** 9/30/2017 WITH AUTOMATIC 1 - YEAR RENEWALS WITH TERMINATION ON 30 - DAYS NOTICE 3502 PAESANOS PKWY SUITE 100 SAN ANTONIO TX 78231
- List the contract number of any government contract** \_\_\_\_\_
- 2.70. **Title of contract** SURGICAL ASSISTANT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES - MEDICAL - SURGERY ASSISTANT
- Nature of debtor's interest** CONTRACT PARTY NII-OTABIL NELSON, M.D.
- State the term remaining** 5/18/2024 AND RENEWABLE ON MUTUAL AGREEMENT WITH 30 - DAYS NOTICE TO TERMINATE P.O. BOX #941436 HOUSTON TX 77094
- List the contract number of any government contract** \_\_\_\_\_
- 2.71. **Title of contract** MEMORANDUM OF AGREEMENT BETWEEN OHIO KEPRO, INC., AND SURGERY SPECIALTY HOSPITALS OF AMERICA (1891718789) **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES - QUALITY IMPROVEMENT ORGANIZATION (QIO) PROGRAM
- Nature of debtor's interest** CONTRACT PARTY OHIO KEPRO, INC.
- State the term remaining** 10/6/2020 AND CONTINUES AS LONG AS QIO IS A CMS CONTRACTOR 777 EAST PARK DRIVE HARRISBURG PA 17111
- List the contract number of any government contract** \_\_\_\_\_
- 2.72. **Title of contract** FULL SERVICE MAINTENANCE AGREEMENT & AMENDMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT PURCHASE AND MAINTENANCE AGREEMENT - PURCHASE ORDER# 60380 - GE 1.ST 11X E CITE 8 CHANNEL SHORTBORE M RI SYSTEM
- Nature of debtor's interest** CONTRACT PARTY POLARIS MEDICAL IMAGING
- State the term remaining** 5/31/2019 P.O. BOX 35438 HOUSTON TX 77235
- List the contract number of any government contract** \_\_\_\_\_
- 2.73. **Title of contract** PRICING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES - CLINICAL LAB TESTING
- Nature of debtor's interest** CONTRACT PARTY QUEST DIAGNOSTICS
- State the term remaining** \_\_\_\_\_ PO BOX 677960 DALLAS TX 75267
- List the contract number of any government contract** \_\_\_\_\_

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

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| 2.74. | <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> | QUANUM ELABS USER AGREEMENT<br>PROFESSIONAL SERVICES - CLINICAL LAB TESTING<br>CONTRACT PARTY<br><hr/> <hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>QUEST DIAGNOSTICS IRVING<br>LABORATORY<br>PO BOX 677960<br>DALLAS TX 75267                                |
| 2.75. | <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> | QUANUM ELABS USER AGREEMENT<br>PROFESSIONAL SERVICES - CLINICAL LAB TESTING<br>CONTRACT PARTY<br>UNTIL TERMINATED<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>QUEST DIAGNOSTICS IRVING<br>LABORATORY<br>PO BOX 677960<br>DALLAS TX 75267                                |
| 2.76. | <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> | CORRESPONDENCE DATED SEPTEMBER 30, 2014<br>CONFIRMING INTENT TO EXTEND HOSPITAL IN-HOUSE<br>EMERGENCY COVERAGE AGREEMENT<br>PROFESSIONAL SERVICES - MEDICAL<br>CONTRACT PARTY<br>8/31/2015 AND SUBJECT TO FURTHER RENEWALS<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>REDWOOD HEALTH CORPORATION<br>DR. ERIC CHAN<br>4301 VISTA ROAD BLDG. A,<br>SUITE 200<br>PASADENA TX 77504 |
| 2.77. | <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> | MEDICAL RECRUITMENT AGREEMENT<br>PROFESSIONAL SERVICES - MEDICAL STAFF<br>CONTRACT PARTY<br><hr/> <hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>REDWOOD HEALTH CORPORATION<br>DR. ERIC CHAN<br>4301 VISTA ROAD BLDG. A,<br>SUITE 200<br>PASADENA TX 77504 |
| 2.78. | <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> | TECHNICAL SERVICE AGREEMENT<br>PROFESSIONAL SERVICES - MEDICAL - ACUTE DIALYSIS<br>SERVICES<br>CONTRACT PARTY<br>12/1/2018 WITH AUTOMATIC RENEWALS UNTIL<br>TERMINATED ON 60 - DAYS WRITTEN NOTICE<br><hr/>                         | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RENAL TOUCH, LLC<br>13280 NORTHWEST FREEWAY<br>STE F #243<br>HOUSTON TX 77040-6003                        |



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

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| 2.79. | <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> | STUDENT AFFILIATION AGREEMENT<br>PROFESSIONAL SERVICES - MEDICAL TRAINING FOR ENROLLED STUDENTS<br>CONTRACT PARTY<br>8/31/2025 AND EXTENDED BY MUTUAL CONSENT OF PARTIES FOR ADDITIONAL 5 - YEAR TERM<br><hr/>  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SAN JACINTO COMMUNITY COLLEGE DISTRICT<br>CENTRAL CAMPUS (SJCD)<br>ASSOCIATE DEGREE NURSING PROGRAM<br>CENTRAL CAMPUS HEALTH SCIENCES DIVISION<br>8060 SPENCER HWY.<br>PASADENA TX 77505 |
| 2.80. | <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> | CONTRACT SUMMARY SHEET, CONFIDENTIALITY AGREEMENT AND BUSINESS ASSOCIATE AGREEMENT<br>SOFTWARE LICENSE AGREEMENT - PATIENT ADMISSION - ENGAGEMENT SOLUTIONS<br>LICENSEE<br>10/23/2019 WITH AUTOMATIC 18 - MONTHS RENEWALS TERMINATED ON 90 - DAYS WRITTEN NOTICE<br><hr/> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SIMPLE ADMIT LLC<br>VINEY VARUGHESE<br>45 OSWEGO ST<br>BALDWINVILLE NY 13027   |
| 2.81. | <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> | PROFESSIONAL SERVICE AGREEMENT<br>PROFESSIONAL SERVICES - MEDICAL - RADIOLOGY<br>CONTRACT PARTY<br>8/9/2019 AND THEREAFTER ON 30 - DAYS NOTICE<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SINGH M.D., HERAM B K.<br>7390 DONAPHAN DRIVE<br>VINTON TX 79821   |
| 2.82. | <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> | SECURITY SERVICE AGREEMENT<br>SERVICES - SECURITY PATROL - 4301 VISTA RD., PASADENA, TX 77504<br>CONTRACT PARTY<br>7/17/2021 AND CONTINUE THEREAFTER ON MONTH-TO-MONTH UNTIL 30 - DAYS WRITTEN NOTICE TO TERMINATE<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SMITH PROTECTIVE SERVICES<br>P.O. BOX 802649<br>DALLAS TX 75380  |
| 2.83. | <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> | PARTICIPATING AGENCY AGREEMENT<br>HEALTHCARE PREPAREDNESS PROGRAM<br>CONTRACT PARTY<br>6/30/2022<br><hr/>   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL<br>SETRAC<br>1111 NORTH LOOP WEST<br>SUITE 160<br>HOUSTON TX 77008   |



Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

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| 2.84. | <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> | ASSOCIATED VENDOR AGREEMENT<br>SERVICES - SECURE DESTRUCTION OF RECORDS<br>CONTRACT PARTY<br>NOT STATED<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>SOUTHERN SHRED<br>5909 CENTRALCREST ST.<br>HOUSTON TX 77092   |
| 2.85. | <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> | SERVICE AGREEMENT<br>BIOHAZARDOUS REGULATED MEDICAL WASTE DISPOSAL - ACCOUNT/SITE #2096053-001<br>CONTRACT PARTY<br>9/1/2020 WITH AUTOMATIC 24 - MONTH RENEWALS WITH 60 - DAYS WRITTEN NOTICE TO CANCEL<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>STERICYCLE<br>28161 N. KEITH DRIVE<br>LAKE FOREST IL 60045  |
| 2.86. | <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> | SERVICE AGREEMENT<br>FIRST AMENDMENT - BIOHAZARDOUS REGULATED MEDICAL WASTE DISPOSAL - ACCOUNT/SITE #2096053-001<br>CONTRACT PARTY<br>9/1/2020 WITH AUTOMATIC 24 - MONTH RENEWALS WITH 60 - DAYS WRITTEN NOTICE TO CANCEL<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>STERICYCLE<br>28161 N. KEITH DRIVE<br>LAKE FOREST IL 60045  |
| 2.87. | <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> | SERVICE AGREEMENT<br>SECOND AMENDMENT - BIOHAZARDOUS REGULATED MEDICAL WASTE DISPOSAL - ACCOUNT/SITE #2096053-001<br>CONTRACT PARTY<br>_____<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>STERICYCLE<br>28161 N. KEITH DRIVE<br>LAKE FOREST IL 60045  |
| 2.88. | <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> | AGREEMENT<br>EQUIPMENT LEASE & MAINTENANCE AGREEMENT<br>LESSEE<br>1/31/2024<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>STERIS CORPORATION<br>SERVICE CONTRACTS<br>ADMINISTRATION DEPARTMENT-<br>HEALTHCARE<br>5960 HEISLEY ROAD<br>MENTOR OH 44060 |

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.89.	<b>Title of contract</b>	STATEMENT OF WORK	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	CONTRACT NO. 07 020 20181210 - BI DIRECTIONAL HL7 INTERFACE AND MAINTENANCE	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	STUDYCAST 5510 SIX FORKS ROAD SUITE 200 RALEIGH NC 27609
	<b>State the term remaining</b>	BEGINNING 12/8/2020	
	<b>List the contract number of any government contract</b>	_____	
2.90.	<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	PROFESSIONAL LIABILITY - POLICY NO. TX113678	
	<b>Nature of debtor's interest</b>	INSURED	TEXAS MEDICAL LIABILITY INSURANCE UNDERWRITING ASSOCIATION ATTN LEGAL DEPT 1812 CENTRE CREEK DR SUITE 305 HOUSTON TX 77056
	<b>State the term remaining</b>	8/12/2026	
	<b>List the contract number of any government contract</b>	_____	
2.91.	<b>Title of contract</b>	HEALTHCARE LINEN SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SERVICES - MEDICAL - LINEN SUPPLIES	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	TEXAS TEXTILE SERVICES 9201 CENTER POINT HOUSTON TX 77054
	<b>State the term remaining</b>	3/28/2017 WITH AUTOMATIC 1 - YEAR RENEWALS WITH 60 - DAYS WRITTEN NOTICE TO TERMINATE	
	<b>List the contract number of any government contract</b>	_____	
2.92.	<b>Title of contract</b>	HIPAA BUSINESS ASSOCIATE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SERVICES & HIPAA REQUIREMENTS	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	THE ACCREDITATION ASSOCIATION FOR HOSPITALS AND HEALTH SYSTEMS 506 NORTH CLARK STREET SUITE 301 CHICAGO IL 60045
	<b>State the term remaining</b>	CONTINUES UNTIL ALL PHI DESTROYED	
	<b>List the contract number of any government contract</b>	_____	
2.93.	<b>Title of contract</b>	CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	CONSULTING SERVICES - IT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	TOWNSEND, BRADLEY AZAELA HEALTH INNOVATIONS, INC. 6 CONOURSE PKWY NE SUITE 2550 ATLANTA GA 30328
	<b>State the term remaining</b>	PERPETUAL	
	<b>List the contract number of any government contract</b>	_____	

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

2.94.	<b>Title of contract</b>	BUSINESS ASSOCIATE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	CONSULTING SERVICES - IT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	TOWNSEND, BRADLEY AZAELA HEALTH INNOVATIONS, INC. 6 CONCOURSE PKWY NE SUITE 2550 ATLANTA GA 30328
	<b>State the term remaining</b>	PERPETUAL	
	<b>List the contract number of any government contract</b>	_____	
2.95.	<b>Title of contract</b>	AMENDMENT TO TWIN SAILS LICENSE AND SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SOFTWARE LICENSE AGREEMENT	
	<b>Nature of debtor's interest</b>	LICENSEE	TWIN SAILS TECHNOLOGY GROUP, INC. HOMER CHIANG PRESIDENT MUNSCH HARDT KOPF M. HARVEY 700 MILAM ST STE 800 HOUSTON TX 77002-2806
	<b>State the term remaining</b>	NOT STATED	
	<b>List the contract number of any government contract</b>	_____	
2.96.	<b>Title of contract</b>	HEALTH INFORMATION TECHNOLOGY PRACTICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SERVICE AGREEMENT - ANALYSIS OF PRACTICE & PROCEDURES	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON ON BEHALF OF GULF COAST REGIONAL EXTENSION CENTER ATTN MEGAN CROSSAN 7000 FANNIN STREET, SUITE 600 HOUSTON TX 77030
	<b>State the term remaining</b>	2/28/2020 WITH AUTOMATIC 1 - YEAR RENEWALS TERMINATED ON 30 - DAYS WRITTEN NOTICE	
	<b>List the contract number of any government contract</b>	_____	
2.97.	<b>Title of contract</b>	HIPAA BUSINESS ASSOCIATE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	_____	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	VERITYSTREAM, INC. DEBORAH B. SHAPIRO SENIOR COUNSEL 500 11TH AVE NORTH STE 100 NASHVILLE TN 37203
	<b>State the term remaining</b>	UNTIL TERMINATED	
	<b>List the contract number of any government contract</b>	_____	
2.98.	<b>Title of contract</b>	MASTER SERVICE AGREEMENT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SOFTWARE LICENSE AGREEMENT	
	<b>Nature of debtor's interest</b>	LICENSEE	VERITYSTREAM, INC. KAREN FRAZIER CONTRACTS MANAGER 361 CENTENNIAL PARKWAY SUITE 150 LOUISVILLE CO 80027
	<b>State the term remaining</b>	WHEN ALL LICENSES EXPIRED OR SERVICE TERMINATED ON 90 - DAYS WRITTEN NOTICE	
	<b>List the contract number of any government contract</b>	_____	

Debtor **Vista Community Medical Center, L.L.P.**Case number (if known) **25-90799**

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| 2.99.  | <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> | ORDER FORM (NO. ORD-0733432)<br>SOFTWARE LICENSE AGREEMENT<br>LICENSEE<br>NOT STATED<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>VERITYSTREAM, INC.<br>REECE LYKINS<br>361 CENTENNIAL PARKWAY<br>SUITE 150<br>LOUISVILLE CO 80027                |
| 2.100. | <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> | CONSIGNMENT AGREEMENT<br>CONSIGNMENT - MEDICAL DEVICE INVENTORY - ACCOUNT# 12167222<br>CONSIGNOR<br>ON 30 - DAYS WRITTEN NOTICE<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>W. L. GORE & ASSOCIATES, INC.<br>ATTN: CONSIGNMENT SPECIALIST<br>2205 W WHISPERING WIND DR.<br>PHOENIX AZ 85085 |

**Fill in this information to identify the case:****Debtor name:** Vista Community Medical Center, L.L.P.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90799☐ 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:** Vista Community Medical Center, L.L.P.**United States Bankruptcy Court for the:** Southern District of Texas**Case number (if known):** 25-90799Official 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