UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

In Re:	§	
	§	
WESTLAKE SURGICAL, L.P. D/B/A	§	**Case No. 23-10747**
THE HOSPITAL AT WESTLAKE	§	**Chapter 11**
MEDICAL CENTER,[1]	§	
	§	
Debtor.	§	

NOTICE OF EFFECTIVE DATE AND SUBSTANTIAL CONSUMMATION

TO ALL CREDITORS, EQUITY INTEREST HOLDERS,
AND OTHER PARTIES IN INTEREST:

PLEASE TAKE NOTICE that an *Order Approving Debtor's Disclosure Statement on a Final Basis And Confirming Debtor's Plan* (the "Plan") *of Reorganization Under Chapter 11 of the Bankruptcy Code* (the "Confirmation Order") [ECF No. 687] was entered by the United States Bankruptcy Court for the Western District of Texas (the "Bankruptcy Court") on February 27, 2025, in the above-referenced case.[2]

PLEASE THAT FURTHER NOTICE that the Effective Date of the Plan occurred on March 20, 2025 (the "Effective Date"). All conditions precedent to the Effective have been satisfied or waived in accordance with the Plan and the Confirmation Order.

PLEASE TAKE FURTHER NOTICE that, pursuant to Article 4.02 of the Plan, requests for payment of Professional Fee Claims for services rendered and reimbursement of expenses

[1] The last four digits of the Debtor's federal tax identification number are 8078. The Debtor's address is 5656 West Lake Hills, TX 78746.
[2] Unless otherwise defined in this notice, capitalized terms used herein shall have the meanings ascribed to them in the Plan and Confirmation Order.

incurred prior to the Confirmation Date must be filed with the Bankruptcy Court no later than forty-five (45) days after the Effective Date, which is Sunday, May 4, 2025.

PLEASE TAKE FURTHER NOTICE that, pursuant to Article 7.02 of the Plan, counterparties to rejected Executory Contracts and Unexpired Leases have forty-five (45) days from the Effective Date, which is Sunday, May 4, 2025, to file a proof of claim arising out of such rejection. Any claims arising out of the rejection of an Executory Contract or Unexpired Lease not filed with the Notice and Claims Agent within such time will be automatically disallowed, forever barred from assertion, and shall not be enforceable against the Debtor or the Reorganized Debtor, the Estate, or their property without the need for any objection by the Reorganized Debtor or further notice to, or action, order, or approval of the Bankruptcy Court or any other entity, and any Claim arising out of the rejection of the Executory Contract or Unexpired Lease shall be deemed fully satisfied, released, and discharged, notwithstanding anything in the Proof of Claim to the contrary.

PLEASE TAKE FURTHER NOTICE that in accordance with Articles 3.05 and 3.06 of the Plan, requests for allowance of Administrative Expense Claims or for allowance of post-petition fees or costs pursuant to 11 U.S.C. § 506(b) must be filed within forty-five (45) days after the Effective Date, which is Sunday, May 4, 2025, or such requests shall be barred.

PLEASE TAKE FURTHER NOTICE that copies of the Confirmation Order, the Plan, and related documents are available free of charge by visiting https://www.donlinrecano.com/Clients/wls/Dockets. You may also obtain copies of any pleadings by visiting the Bankruptcy Court's website at https://www.ecf.txtb.uscourts.gov. To access documents on the Bankruptcy Court's website, you will need a PACER login and password, which can be obtained at https://pacer.psc.uscourts.gov.

PLEASE TAKE FURTHER NOTICE that the Plan and its provisions are binding on the Debtor, the Reorganized Debtor, and any holder of a Claim against or Equity Interest in the Debtor irrespective of whether such holder's or entity's Claim or Equity Interest is impaired under the Plan and whether or not such holder or entity voted to accept the Plan.

Dated: March 21, 2025.

Respectfully submitted,

HAYWARD PLLC

By:/s/ Charlie Shelton
Charlie Shelton
Bar Number 24079317
Bach W. Norwood
Bar Number 24134529
7600 Burnet Road, Suite 530
Austin, TX 78757
(737) 881-7100 (phone/fax)
cshelton@haywardfirm.com
bnorwood@haywardfirm.com

ATTORNEYS FOR WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER

CERTIFICATE OF SERVICE

I hereby certify that on March 21, 2025, a true and correct copy of the foregoing was served electronically to all parties receiving notice via the Court's CM/ECF system. In addition, on March 21, 2025, a true and correct copy of the foregoing were served via United States First Class Mail to the parties listed below, on the attached Complex Service List, and on the attached Schedule G.

Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center 5656 Bee Caves Road Austin, Texas 78746 ***Debtor***	United States Trustee 903 San Jacinto Blvd, # 230 Austin, TX 78701 ***United States Trustee***
Travis County Healthcare District dba Central Health 1111 East Cesar Chavez St. Austin, TX 78702	Travis County Healthcare District dba Central Health Attn: Dr. Patrick Lee President & CEO 1111 East Cesar Chavez St. Austin, TX 78702
Christine Patino Herrman & Herrman PLLC Re: Rosario Martinez 1201 3rd St Corpus Christi, TX 78404	Christine Patino Herrman & Herrman PLLC Re: Samantha Garcia 1201 3rd St Corpus Christi, TX 78404

/s/ Charlie Shelton
Charlie Shelton

Westlake Surgical, L.P.

ABBOTT LABORATORIES INC
ANIKET SINGH
22400 NETWORK PL
CHICAGO IL 60673-1224

ALLSCRIPTS HEALTHCARE, LLC
222 MERCHANDISE MART PLZ
CHICAGO IL 60654

ATTILA MANAGEMENT
NICOLE LENCHNER
1251 WESTWOOD BLVD
LOS ANGELES CA 90024

BARRON & NEWBURGER, P.C.
STEPHEN W SATHER
7320 N MOPAC EXPY.,STE 400
AUSTIN TX 78731

BIOFUSION MEDICAL
RYLAN REED
4020 S. INDUSTRIAL DRIVE
SUITE 135
AUSTIN TX 78744

BIOFUSION MEDICAL
2101 E. ST. ELMO ROAD
BUILDING 1, SUITE 100
AUSTIN TX 78744

BIOVENTUS LLC
4721 EMPEROR BLVD
DURHAM NC 27703

BOSTON SCIENTIFIC CORP
S JACOB AND WOLF LP
ANGELA EKE
PO BOX 12045
COLLEGE STATION TX 77842-2045

BOSTON SCIENTIFIC CORP. S
JACOB & WOLF, LP
PO BOX 12045
COLLEGE STATION TX 77842-2045

BRADLEY ARANT BOULT CUMMINGS LLP
ROGER G. JONES
1600 DIVISION STREET
SUITE 700
NASHVILLE TN 37203

BRADLEY ARANT BOULT CUMMINGS LLP
JAY R BENDER
TRUIST CENTER
214 NORTH TRYON ST.,STE 3700
CHARLOTTE NC 28202

BREVET CAPITAL ADVISORS
441 NINTH AVE 20TH FL
NEW YORK NY 10001

C T CORP SYSTEM AS REPRESENTATIVE
330 N BRAND BLVD STE 700
GLENDALE CA 91203

CARDINAL HEALTH
PO BOX 730112
DALLAS TX 75373

CENTINEL SPINE LLC
SARAH MELOCHE
PO BOX 207368
DALLAS TX 75320-7368

CENTINEL SPINE LLC
WAYNE MALCOLM
900 AIRPORT RD.,STE 3B
WESTCHESTER PA 19380

CHANNEL PARTNERS CAPITAL LLC
10900 WAYZATA BLVD
STE 200
HOPKINS MN 55305-5505

CNH FINANCE FUND I LP
NKA ECAPITAL HEALTHCARE CORP
2 GREENWICH PLZ
GREENWICH CT 06830

CORP SVC CO AS REPRESENTATIVE
PO BOX 2576
SPRINGFIELD IL 62708

CURITEVA INC
PHILIP CUPERO
25127 WILL MCCOMB DRIVE
TANNER AL 35671

CURITEVA, INC
MICHAEL ENGLISH
25127 WILL MCCOMB DR
TANNER AL 35671

DATEXOHMEDA, INC
PO BOX 641936
PITTSBURGH PA 15264-1936

DEPT OF STATE HEALTH SVC
OFFICE OF GEN COUNSEL MARC CONNELLY
1100 W 49TH ST
AUSTIN TX 78756-3199

DR. THOMAS A. MACKEY
2883 PALOMINO SPRINGS
BANDERA TX 78003

EASTERN FUNDING LLC
213 W 35TH ST STE 2W
NEW YORK NY 10001

ECAPITAL
TIM PETERS
245 EAST AVE. # 1285
NEW CANAAN CT 06840

FAEGRE DRINKER BIDDLE & REATH LLP
KRISTEN L PERRY
1717 MAIN ST.,STE 5400
DALLAS TX 75201

FCS ADVISORS LLC
441 9TH AVE FL 20
NEW YORK NY 10001

FIRST-CITIZENS BANK & TRUST COMPANY
PO BOX 29519
RALEIGH NC 27626

FLEX FINANCIAL
A DIVISION OF STRYKER SALES CORP
1901 ROMENCE RD PKWY
PORTAGE MI 49002

FOLEY & LARDNER LLP
JAKE W. GORDON
500 WOODWARD AVENUE
SUITE 2700
DETROIT MI 48226-3489

FOLEY & LARDNER LLP
EDWARD J. GREEN
321 NORTH CLARK STREET
SUITE 3000
CHICAGO IL 60654-4762

FOLEY & LARDNER LLP
ALISSA M. NANN
90 PARK AVENUE
NEW YORK NY 10016

FOLEY & LARDNER LLP
MARK C. MOORE
2021 MCKINNEY AVENUE, SUITE 1600
DALLAS TX 75201

HOLLAND & KNIGHT LLP
ERIC J. TAUBE; MARK TAYLOR
100 CONGRESS AVE
SUITE 1800
AUSTIN TX 78701

HOLLAND & KNIGHT LLP
WILLIAM R "TRIP" NIX
100 CONGRESS AVE.,STE 1800
AUSTIN TX 78701

HOLLAND & KNIGHT LLP
MARK C TAYLOR
100 CONGRESS AVE.,STE 1800
AUSTIN TX 78701

HUSCH BLACKWELL LLP
LYNN HAMILTON BUTLER
111 CONGRESS AVE.,STE 1400
AUSTIN TX 78701

INTERNAL REVENUE SVC
CENTRALIZED INSOLVENCY OPERATION
PO BOX 7346
PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SVC
1111 CONSTITUTION AVE NW
WASHINGTON DC 20004

JACKSON WALKER LLP
JENNIFER F WERTZ
100 CONGRESS STE 1100
AUSTIN TX 78701

JACKSON WALKER LLP
BEAU H BUTLER
100 CONGRESS STE 1100
AUSTIN TX 78701

KELL C. MERCER, P.C.
KELL MERCER
901 S. MOPAC EXPY., BLDG 1
AUSTIN TX 78746

LANGLEY & BANACK INC
DAVID S GRAGG
TRINITY PLAZA II, STE 700
745 EAST MULBERRY
SAN ANTONIO TX 78212

LAW OFFICES OF RAY BATTAGLIA PLLC
RAYMOND W. BATTAGLIA
66 GRANBURG CIRCLE
SAN ANTONIO TX 78218

M AND T BANK CORP
1 M&T PLZ
BUFFALO NY 14203

MAKO SURGICAL CORP
26545 NETWORK PL
CHICAGO IL 60673-1265

MED ONE CAPITAL FUNDING LLC
10712 S 1300 E
SANDY UT 84094

MED ONE CAPITAL FUNDING TEXAS LP
10712 S 1300 E
SANDY UT 84094

MEDITECH SPINE, LLC
1447 PEACHTREE ST STE 440
ATLANTA GA 30309

MLEE HEALTHCARE STAFFING AND RECRUITING
1901 N LAMAR BLVD
AUSTIN TX 78705

MORITT HOCK & HAMROFF LLP
LESLIE A BERKOFF
400 GARDEN CITY PLAZA
GARDEN CITY NY 11530

MOVEDOCSCOM LLC
4670 S PORT APACHE RD
STE 200
LAS VEGAS NV 89147-7941

NATIONAL NEUROMONITORING SERVICES LLC
CHRISTOPHER MATTHEWS
5080 SPECTRUM DR.,STE 1100E
ADDISON TX 75001

NATIONAL NEUROMONITORING SERVICES, LLC
CINDI RAMIREZ
1141 N LOOP 1604 E 105-612
SAN ANTONIO TX 78232

NFS LEASING INC
900 CUMMINGS CTR
STE 226-U
BEVERLY MA 01915

NORTH STAR LEASING
A DIVISION OF PEOPLES BANK
PO BOX 4505
BURLINGTON VT 05406

NUVASIVE, INC
TANYA ROBINSON
PO BOX 50678
LOS ANGELES CA 90074-0678

OFFICE OF THE TEXAS ATTORNEY GENERAL
BANKRUPTCY & COLLECTIONS DIV.
LAYLA MILLIGAN; SEAN FLYNN
300 W 15TH STREET
AUSTIN TX 78701

OFFICE OF THE UNITED STATES TRUSTEE
JOHN CASEY ROY
903 SAN JACINTO
STE 230
AUSTIN TX 78701

OFFICE OF US ATTORNEY
STEVEN B. BASS
903 SAN JACINTO BLVD
SUITE 334
AUSTIN TX 78701

OLYMPUS AMERICA INC
3500 CORPORATE PKWY
CENTER VALLEY PA 18034

ORTHO-CLINICAL DIAGNOSTICS INC.
1001 US HIGHWAY 202
RARITAN NJ 08869

PADFIELD & STOUT LLP
OWEN C BABCOCK
420 THROCKMORTON ST.,STE 1210
FORT WORTH TX 76102

PADFIELD & STOUT LLP
CHRISTOPHER V ARISCO
420 THROCKMORTON ST.,STE 1210
FORT WORTH TX 76102

PALAT PLLC
SOPHIA KATHERINE PALAT
21607 HEATHER
LAGO VISTA TX 78645

PALMER LEHMAN SANDBERG PLLC
LARRY CHEK
8350 N CENTRAL EXPRESSWAY STE 1111
DALLAS TX 75206

PANTHEON SPINAL LLC
40132 INDUSTRIAL PARK CIRCLE
STE 101
GEORGETOWN TX 78626

PANTHEON SPINAL LLC
P.O. BOX 161233
AUSTIN TX 78716

PARADIGM CAPITAL LLC
PO BOX 907
KAYSVILLE UT 84037

PHILIPS HEALTHCARE - IPC
PO BOX 100355
ATLANTA GA 30384-0355

PIONEER BANK SSB
PO BOX 4
DRIPPING SPRINGS TX 78620

PIONEER HEALTH SYSTEMS, LLC
5040 ADDISON CIR STE 400
ADDISON TX 75001

SMITH AND NEPHEW ORTHOPAEDICS
PO BOX 951605
DALLAS TX 75395

SOUTHSIDE BANK
PO BOX 1079
TYLER TX 75710

SPECIALTY STAFFING SOLUTIONS, LLC
DAVID ZAMBRZYCKI
PO BOX 1463
CEDAR PARK TX 78630

STRYKER INSTRUMENTS
21343 NETWORK PL
CHICAGO IL 60673-1213

SYNERGY SURGICAL LLC
TINA TYROPANIS
701 E PLANO PKWY STE 506
PLANO TX 75074

TEXAS COMPTROLLER
PO BOX 13528
AUSTIN TX 78711

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
REVENUE ACCT DIV BANKRUPTCY
PO BOX 13528 CAPITOL STATION
AUSTIN TX 78711

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
CHRISTOPHER S MURPHY,ASSISTANT ATTORNEY GENERAL
BANKRUPTCY & COLLECTIONS DIVISION
P O BOX 12548
AUSTIN TX 78711-2548

TEXAS WORKFORCE COMMISSION
TWC BUILDING REGULATROY INTEGRITY DIV
101 EAST 15TH ST
AUSTIN TX 78778

TRAVIS COUNTY ATTORNEY
JASON A STARKS, ASSISTANT COUNTY ATTORNEY
P O BOX 1748
AUSTIN TX 78767

UNITED STATES ATTORNEY
WESTERN DISTRICT OF TEXAS
601 NW LOOP 410
STE 600
SAN ANTONIO TX 78216

UNITED STATES ATTORNEY GENERAL
DEPT OF JUSTICE
950 PENNSYLVANIA AVE
WASHINGTON DC 20530

US ACUTE CARE SOLUTIONS
4535 DRESSLER RD NW
CANTON OH 44718

US EXPRESS LEASING INC
10 WATERVIEW BLVD
PARSIPPANY NJ 07054

US FOODS INC
9399 W HIGGINS RD
ROSEMONT IL 60018

VEP HEALTHCARE, INC
1001 GALAXY WAY
STE 400
CONCORD CA 94520

VFI-SPV IX, CORP.
6340 S 3000 E.
STE 400
SALT LAKE CITY UT 84121

WESTERN HEALTHCARE
TREY DAVIS
13155 NOEL RD STE 800
DALLAS TX 75240

WESTERN HEALTHCARE LLC
JOHN BURGER
13155 NOEL RD.,STE 800
DALLAS TX 75240

WESTLAKE EMERGENCY PHYSICIANS, PA
4535 DRESSLER RD NW
CANTON OH 44718

WESTLAKE MEDICAL CENTER - PHASE II
RIP MILLER
PO BOX 161507
AUSTIN TX 78716-1507

WESTLAKE SURGICAL, LP DBA THE
HOSPITAL AT WESTLAKE MED. CENTER
DR. MARK SHEN, CEO
5656 BEE CAVES RD
STE M 302
WEST LAKE HILLS TX 78746

WESTRISE LLC
3003 BEE CAVES RD
AUSTIN TX 78746

WHITE & CASE LLP
MATTHEW E. LINDER/ADAM SWINGLE
111 SOUTH WACKER DRIVE
SUITE 5100
CHICAGO IL 60606-4302

WHITE & CASE LLP
AMANDA PARRA CRISTE
SOUTHEAST FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD, STE 4900
MIAMI FL 33131-2352

WHITE & CASE LLP
CHRIS DODSON/CHARLES KOSTER
609 MAIN STREET
SUITE 2900
HOUSTON TX 77002

WICK PHILLIPS GOULD & MARTIN LLP
SCOTT D LAWRENCE;MALLORY A DAVIS
3131 MCKINNEY AVE.,STE 500
DALLAS TX 75204

WINSTEAD PC
PHILLIP LAMBERSON;ANNMARIE CHIARELLO
500 WINSTEAD BLDG
2728 N HARWOODS ST
DALLAS TX 75201

XEROX FINANCIAL SVC
201 MERRITT 7
NORWALK CT 06851

XTANT MEDICAL, INC
XSPINE SYSTEMS INC
DEPT CH 16872
PALATINE IL 60055

ZIMMER BIOMET
BELINDA HICKS
75 REMITTANCE DR
STE 3283
CHICAGO IL 60675-3283

ZIMMER US INC DBA ZIMMER BIOMET
ANDREW BUIS
345 E MAIN ST
WARSAW IN 46580

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ 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.	**Title of contract**	SOFTWARE LICENSE AGREEMENT	3M HEALTH INFORMATION SYSTEMS, INC. MICHELLE DOYLE 575 WEST MURRAY BLVD. MURRAY UT 84123
	State what the contract or lease is for	PATIENT PAYMENT PLATFORM	
	Nature of debtor's interest	_____	
	State the term remaining	10/27/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.2.	**Title of contract**	BUSINESS ASSOCIATE 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	HEALTH INFORMATION SOLUTIONS	
	Nature of debtor's interest	_____	3M HEALTH INFORMATION SYSTEMS, INC. PAULETTE BRIMLEY 575 WEST MURRAY BLVD. MURRAY UT 84123
	State the term remaining	SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.3.	**Title of contract**	ASSET PURCHASE 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	ACQUISITION	
	Nature of debtor's interest	_____	5TH VITAL HEALTHCARE AUSTIN, LLC JERRY DEVRIES, COLIN SCULLY 3003 BEE CAVES ROAD AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.4. **Title of contract** NEUROMODULATION PRODUCTS PURCHASE AGREEMENT

State what the contract or lease is for MEDICAL DEVICE PRODUCTS

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

ABBOTT LABORATORIES INC.
ZEKE LEE
6300 BEE CAVE ROAD
BLDG. TWO, STE 100
AUSTIN TX 78746

2.5. **Title of contract** FACILITY STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE RECRUITER

Nature of debtor's interest _____

State the term remaining 07/23/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ACADIA WORKFORCE
DBA NURSING GROUP
JUAN ESPARZA
3009 EDGE CREEK ROAD
ROUND ROCK TX 78681

2.6. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for PROVIDER OF SERVICES OR PRODUCTS FOR PRIVATE HEALTHCARE INFORMATION

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

ACADIA WORKFORCE DBA
NURSING GROUP
JUAN ESPARZA
3009 EDGE CREEK ROAD
ROUND ROCK TX 78681

2.7. **Title of contract** N/A

State what the contract or lease is for HEALTHCARE STAFFING

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

ACCOUNTABILITY RESOURCES LLC
JENNIFER JENKINS
6300 BRIDGEPOINT PKWY.
BUILDING 1
SUITE 250
AUSTIN TX 78730

2.8. **Title of contract** ADDENDUM EXTENSION TO AGREEMENT FOR TRANSCRIPTION SERVICES

State what the contract or lease is for PROVIDES TRANSCRIPTION SERVICES TO PHYSICIANS AND PROFESSIONALS

Nature of debtor's interest _____

State the term remaining 08/15/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ACUSIS, LLC
LARRY JACKSON
4 SMITHFIELD STREET
PITTSBURGH PA 15222

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.9. **Title of contract** MERCHANT APPLICATION / PROCESSING AGREEMENT

State what the contract or lease is for CREDIT CARD PROCESSING EQUIPMENT

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

ADVANCED MERCHANT SERVICES
722 W CHAMPMAN AVE.
#H
ORANGE CA 92868

2.10. **Title of contract** PATIENT TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

Nature of debtor's interest _____

State the term remaining 01/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AESTHETIC PHYSICIANS, PC,
D/B/A SONO BELLO BODY
CONTOUR CENTERS
8525 E. PINNACLE PEAK ROAD
STE 101
SCOTTSDALE AZ 85255

2.11. **Title of contract** HOSPITAL SERVICES AGREEMENT

State what the contract or lease is for HEALTH BENEFITS

Nature of debtor's interest _____

State the term remaining 08/15/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AETNA HEALTH, INC.
GREG E. STEVENS
2777 N. STEMMONS FREEWAY
SUITE 1450
DALLAS TX 75207

2.12. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for CODING SERVICES

Nature of debtor's interest _____

State the term remaining 11/14/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AGS HEALTH LLC
PATRICIA WOLFE
1015 18TH STREET NW
SUITE 1101
WASHINGTON DC 20036

2.13. **Title of contract** PATIENT TRANSPORTATION SERVICE AGREEMENT

State what the contract or lease is for AMBULANCE TRANSPORTATION SERVICES

Nature of debtor's interest _____

State the term remaining 08/03/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ALLEGIANCE BLUEBIRD MEDICAL
ENTERPRISES, LLC
V
AMANDA BAUM
3201 SOUTH AUSTIN AVENUE
STE. 335
GEORGETOWN TX 78626

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.14.	**Title of contract**	EQUIPMENT FINANCING 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	EQUIPMENT	
	Nature of debtor's interest	_____	ALLIANCE FUNDING GROUP 17542 17TH STREET STE 200 TUSTIN CA 92780
	State the term remaining	60 MONTH TERM	
	List the contract number of any government contract	_____	
2.15.	**Title of contract**	EXTERNSHIP 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	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	ALLIED HEALTH CAREERS BRANCH CAPITAL CITY TRADE AND TECHNICAL SCHOOL DR. DENNIS CHILDERS 5424 HWY 290 WEST #105 AUSTIN TX 78735
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.16.	**Title of contract**	MASTER CLIENT 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	HEALTHCARE SOFTWARE	
	Nature of debtor's interest	_____	ALLSCRIPTS 222 W MERCHANDISE MART PLAZA #2024 CHICAGO IL 60654
	State the term remaining	12/21/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.17.	**Title of contract**	LICENSE 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	CREDENTIAL PROFILE	
	Nature of debtor's interest	_____	AMERICA MEDICAL ASSOCIATION SUSAN WILSON 330 NORTH WABASH CHICAGO IL 60611
	State the term remaining	09/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.18.	**Title of contract**	CARDMEMBER 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	HOSPITAL CREDIT CARD	
	Nature of debtor's interest	_____	AMERICAN EXPRESS MERCHANT SERVICES 200 VESEY STREET MANHATTAN NEW YORK NY 10281
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.19. **Title of contract** CARDMEMBER AGREEMENT

State what the contract or lease is for HOSPITAL CREDIT CARD

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

AMERICAN EXPRESS MERCHANT SERVICES
200 VESEY STREET MANHATTAN
NEW YORK NY 10281

2.20. **Title of contract** HEALTHCARE STAFFING AGREEMENT

State what the contract or lease is for TRAVEL NURSE AGENCY

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

AMN HEALTHCARE, INC.
KIM HOWARD
12400 HIGH BLUFF DRIVE
SUITE 100
SAN DIEGO CA 92130

2.21. **Title of contract** MASTER SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 09/30/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AMN WORKFORCE SOLUTIONS, LLC
LINDA MURPHY
302 KNIGHTS RUN AVENUE
S-1025
TAMPA FL 33602

2.22. **Title of contract** LINEN AND LAUNDRY SERVICES CONTRACT

State what the contract or lease is for HOSPITAL LINEN AND LAUNDRY SERVICES

Nature of debtor's interest _____

State the term remaining 10/20/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ANGELICA TEXTILES
1307 SMITH RD.
AUSTIN TX 78721

2.23. **Title of contract** SUBSCRIPTION SERVICE ADDENDUM TO MASTER AGREEMENT

State what the contract or lease is for CLOUD-BASED CREDENTIALING SOFTWARE FOR HEALTHCARE INDUSTRY

Nature of debtor's interest _____

State the term remaining 05/12/2024, SUBJECT TO AUTOMATIC RENEWAL

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

APPLIED STATISTICS & MANAGEMENT
NICKOLAUS PHAN
PO BOX 2738
TEMECULA CA 92593

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.24. **Title of contract** LABORATORY AGREEMENT

State what the contract or lease is for LAB TESTING

Nature of debtor's interest _____

State the term remaining 08/25/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ARISE HEALTHCARE SYSTEM, LLC
DBA ARISE AUSTIN MEDICAL CENTER
3003 BEE CAVES ROAD
AUSTIN TX 78746

2.25. **Title of contract** MUTUAL NON-DISCLOSURE AGREEMENT

State what the contract or lease is for NON-DISCLOSURE

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

ARISE HEALTHCARE SYSTEM, LLC
DBA ARISE AUSTIN MEDICAL CENTER
3003 BEE CAVES ROAD
AUSTIN TX 78746

2.26. **Title of contract** EMPLOYEE LOANING AGREEMENT

State what the contract or lease is for EMPLOYEE LOANING

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

ARISE HEALTHCARE SYSTEM, LLC
DBA ARISE AUSTIN MEDICAL CENTER
JOHN WEINBERG
3003 BEE CAVES ROAD
AUSTIN TX 78746

2.27. **Title of contract** AFFILIATION AGREEMENT

State what the contract or lease is for CLINICAL TRAINING AND EDUCATIONAL PURPOSES

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

ARIZONA BOARD OF REGENTS
2700 N. CENTRAL AVENUE
SUITE 400
PHOENIX AZ 85004

2.28. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for WESTLAKE TO PROVIDE SERVICES TO AHG PATIENTS

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

ASSIST HEALTH GROUP (AHG)
2100 VALLEY VIEW LN.
#490
FARMERS BRANCH TX 75234

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.29. **Title of contract** AGREEMENT FOR CONTRACTOR SERVICES

State what the contract or lease is for TRAVEL NURSE AGENCY

Nature of debtor's interest _____

State the term remaining 10/14/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ATLAS MEDSTAFF
11840 NICHOLAS ST.
STE. 215
OMAHA NE 68154

2.30. **Title of contract** MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for HOSPITAL MANAGER

Nature of debtor's interest _____

State the term remaining 01/21/2038, SUBJECT TO AUTOMATIC RENEWAL

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

ATTILA MANAGEMENT, LLC
MICHAEL WELCH
1801 CENTURY PARK EAST
SUITE 2240
LOS ANGELES CA 90067

2.31. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for GENERATOR SERVICING

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

AUSTIN FLEET MAINTENANCE, INC.
DBA FLEET MAINTENANCE OF TEXAS
TAYLOR RUSSO
1806 HYDRO DRIVE
AUSTIN TX 78728

2.32. **Title of contract** EMERGENCY PATIENT TRANSFER CONTRACT

State what the contract or lease is for TRANSFER OF PATIENTS

Nature of debtor's interest _____

State the term remaining 02/23/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AUSTIN FOOT AND ANKLE SPECIALIST
THOMAJAN FOOT CARE, P. A.
5000 BEE CAVES ROAD
SUITE 202
AUSTIN TX 78746

2.33. **Title of contract** HOSPITALIST SERVICES AGREEMENT

State what the contract or lease is for ON CALL PHYSICIAN COVERAGE

Nature of debtor's interest _____

State the term remaining 06/02/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AUSTIN MEDICINE CONSULTANTS, PLLC
EMILY KUO, D.O.
3736 BEE CAVES ROAD
SUITE 1-134
WESTLAKE HILLS TX 78746

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.34. **Title of contract** MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 04/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

AUSTIN NEURO SURGEONS
DANIEL PETERSON, MD
3003 BEE CAVES RD.
STE. 201
AUSTIN TX 78746

2.35. **Title of contract** TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

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

AUSTIN PAIN WELLNESS
ROBER P. WILLS
2745 BEE CAVE ROAD
SUITE 101
AUSTIN TX 78746

2.36. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for RADIOLOGY SERVICES

Nature of debtor's interest _____

State the term remaining ONE MEDICAL PASSPORT, INC.

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

AUSTIN RADIOLOGICAL ASSOCIATION, MSO, LLC
DOYLE RABE
1900 STONELAKE BLVD.
SUITE A-250
AUSTIN TX 78759

2.37. **Title of contract** PURCHASER AGREEMENT

State what the contract or lease is for SUPPLY VENDOR PRODUCTS

Nature of debtor's interest _____

State the term remaining 12/31/2023, SUBJECT TO AUTOMATIC RENEWAL

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

BAXTER HEALTHCARE CORPORATION
KRISTA WEBER
1 BAXTER PKWY
DEERFIELD IL 60015

2.38. **Title of contract** HOSPITAL TRANSFER AGREEMENT

State what the contract or lease is for MEDICAL FACILITY

Nature of debtor's interest _____

State the term remaining 11/04/2025, SUBJECT TO AUTOMATIC RENEWAL

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

BAYLOR SCOTT
PHILLIPPE BOR
100 MEDICAL PARKWAY
LAKEWAY TX 78738

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.39. **Title of contract** FACILITY SERVICE AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING PROVIDER

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

BEECH STREET CORPORATION
DANIEL J. MARION
25500 COMMERCENTRE DRIVE
LAKE FOREST CA 92630

2.40. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for PERFUSION SERVICES

Nature of debtor's interest _____

State the term remaining 07/27/2024, SUBJECT TO AUTOMATIC RENEWAL

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 BLOOD PERFUSION GROUP LLC
NICK PATSOR
PO BOX 302379
AUSTIN TX 78703

2.41. **Title of contract** AMENDMENT TO HOSPITAL AGREEMENT FOR BLUE ESSENTIALS NETWORK

State what the contract or lease is for HEALTH INSURANCE PROVIDER

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 BLUE SHIELD
SHARA MCCLURE
1001 E LOOKOUT DRIVE
RICHARDSON TX 75082

2.42. **Title of contract** AMENDMENT TO HOSPITAL AGREEMENT FOR HMO MEDICAID MANAGED CARE PROGRAM PARTICIPANTS

State what the contract or lease is for HEALTH INSURANCE PROVIDER

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 BLUE SHIELD
SHARA MCCLURE
1001 E LOOKOUT DRIVE
RICHARDSON TX 75082

2.43. **Title of contract** AMENDMENT TO HOSPITAL AGREEMENT FOR TRADITIONAL INDEMNITY BUSINESS

State what the contract or lease is for HEALTH INSURANCE PROVIDER

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 BLUE SHIELD
SHARA MCCLURE
1001 E LOOKOUT DRIVE
RICHARDSON TX 75082

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.44. **Title of contract** AMENDMENT TO HOSPITAL AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

Nature of debtor's interest _____

State the term remaining 04/15/2024, SUBJECT TO AUTOMATIC RENEWAL

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 BLUE SHIELD
SHARA MCCLURE
1001 E LOOKOUT DRIVE
RICHARDSON TX 75082

2.45. **Title of contract** REBATE AGREEMENT

State what the contract or lease is for REBATE

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

BOSTON SCIENTIFIC CORPORATION
S JACOB AND WOLF LP
ANGELA EKE
116 WALCOURT LOOP
COLLEGE STATION TX 77845

2.46. **Title of contract** EMPLOYMENT AGREEMENT

State what the contract or lease is for CHIEF FINANCIAL OFFICER

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

BYRON LUETTERS
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

2.47. **Title of contract** DIRECT PLACEMENT AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

CAMERON SEARCH STAFFING
244 5TH AVE
NEW YORK NY 10001

2.48. **Title of contract** PARTICIPATING AGENCY/SUBCONTRACTOR AGREEMENT

State what the contract or lease is for HOSPITAL FUNDING

Nature of debtor's interest _____

State the term remaining 6/30/2022

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

CAPITAL AREA TRAUMA REGIONAL ADVISORY COUNCIL (CATRAC)
4100 ED BLUESTEIN BLVD.
SUITE 200
AUSTIN TX 78721

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.49. **Title of contract** EXTERNSHIP AGREEMENT

State what the contract or lease is for STUDENT EXTERNSHIP

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

CAPITOL CITY TRADE AND TECHNICAL SCHOOL ALLIED HEALTH CAREERS BRANCH
205 E RIVERSIDE DR
AUSTIN TX 78704

2.50. **Title of contract** COMMITMENT AGREEMENT

State what the contract or lease is for PHARMACEUTICAL PRODUCTS DISTRIBUTION SERVICES

Nature of debtor's interest _____

State the term remaining 8/31/2026

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

CARDINAL HEALTH 108, LLC
7000 CARDINAL PLACE
DUBLIN OH 43107

2.51. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for CLINICAL OPERATIONS CONSULTANT

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

CAROLYN MASOOD
ADDRESS UNKNOWN

2.52. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for HVAC MAINTENANCE PLAN

Nature of debtor's interest _____

State the term remaining 03/10/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CARRIER
13995 PASTEUR BLVD.
PALM BEACH GARDENS FL 33418

2.53. **Title of contract** MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 09/01/2025, SUBJECT TO AUTOMATIC RENEWAL

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

CENTRAL TEXAS ORTHOPEDICS
SCOTT WELSH, MD
3003 BEE CAVES RD.
STE. 201
AUSTIN TX 78746

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.54. **Title of contract** AMENDMENT NO. 1 TO MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 09/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CENTRAL TEXAS SPINE INSTITUTE
RANDALL DRYER
6818 AUSTIN CENTER BLVD.
SUITE 200
AUSTIN TX 78731

2.55. **Title of contract** PROXY AGREEMENT

State what the contract or lease is for BID AGREEMENT FOR EQUIPMENT

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

CENTURION SERVICES GROUP, LLC
3325 MOUNT PROSPECT ROAD
FRANKLIN PARK IL 60131

2.56. **Title of contract** CYBER PROTECTION PACKAGE

State what the contract or lease is for CYBER SECURITY SERVICES

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

CHUBB INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
CHUBB CUSTOMER SERVICES
PO BOX 1000
PHILADELPHIA PA 19106

2.57. **Title of contract** HOSPITAL SERVICES AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

Nature of debtor's interest _____

State the term remaining 05/11/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CIGNA HEALTHCARE OF TEXAS, INC.
VP OF PROVIDER CONTRACTING
2800 N LOOP W
SUITE 700
HOUSTON TX 77092

2.58. **Title of contract** PATHOLOGY SERVICES AGREEMENT

State what the contract or lease is for PATHOLOGY SERVICES

Nature of debtor's interest _____

State the term remaining 06/23/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CLINICAL PATHOLOGY ASSOCIATES
GERALD JACKNOW
9200 WALL STREET
AUSTIN TX 78754

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.59. **Title of contract** CLINICAL LABORATORY AGREEMENT

State what the contract or lease is for CLINICAL LAB SERVICES

Nature of debtor's interest _____

State the term remaining 05/31/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CLINICAL PATHOLOGY LABORATORIES
9200 WALL STREET
AUSTIN TX 78754

2.60. **Title of contract** STAFFING AGREEMENT

State what the contract or lease is for RADIOLOGY HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 07/06/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CLUB STAFFING, INC.
JAY GOLDSTEIN
5901 BROKEN SOUND PARKWAY #500
BOCA RATON FL 33487

2.61. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for SIGN LANGUAGE SERVICES

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

COMMUNICATION BY HAND
DELIA MOTT MERRITT
1802 W KOENING LANE
AUSTIN TX 78756

2.62. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for HOTLINE SERVICE CENTER

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

COMPLIANCE RESOURCE CENTER
5911 KINGSTOWNE VILLAGE PKWY
ALEXANDRIA VA 22315

2.63. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for MEDICAL DEVICES

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

CONMED LINVATEC
11311 CONCEPT BLVD
LARGO FL 33773

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.64. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for LAB TESTING

Nature of debtor's interest _____

State the term remaining 5/10/2024

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

CORDANT HEALTH SOLUTIONS
12015 EAST 46TH AVENUE.
SUITE 220
DENVER CO 80238

2.65. **Title of contract** MASTER CAPITAL PURCHASE AGREEMENT

State what the contract or lease is for MEDICAL DEVICE PRODUCTS

Nature of debtor's interest _____

State the term remaining 10/31/2024, SUBJECT TO AUTOMATIC RENEWAL

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

COVIDIEN SALES LLC
PO BOX 120823
DALLAS TX 75312

2.66. **Title of contract** STAFFING SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 04/13/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CRDENTIA CORPORATION
3 BALA PLZ W
STE 400A
BALA CYNWYD PA 19004

2.67. **Title of contract** AGREEMENT

State what the contract or lease is for STUDENT EDUCATIONAL PROGRAM

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

CREIGHTON UNIVERSITY
2500 CALIFORNIA PLAZA
OMAHA NE 68178

2.68. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for DOCUMENT TRANSLATION SERVICES

Nature of debtor's interest _____

State the term remaining 06/13/2024, SUBJECT TO AUTOMATIC RENEWAL

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

CYRACOM INTERNATIONAL, INC.
SUSAN SWEENEY
5780 N. SWAN ROAD
TUSCAN AZ 85718

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.69. **Title of contract** TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

Nature of debtor's interest _____

State the term remaining 11/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

DAUGHTERS OF CHARITY HEALTH SERVICES OF AUSTIN
DBA SETON MEDICAL CENTER
1201 W 38TH STREET
AUSTIN TX 78705

2.70. **Title of contract** OFFICECARE PROGRAM CONSIGNMENT AGREEMENT

State what the contract or lease is for CONSIGNMENT OF ORTHOPEDIC PRODUCTS

Nature of debtor's interest _____

State the term remaining 01/27/2023, SUBJECT TO AUTOMATIC RENEWAL

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

DJO, INC.
GARY JUSTAK
1430 DECISION STREET
VISTA CA 92081

2.71. **Title of contract** MANAGEMENT SYSTEM CERTIFICATION/ACCREDITATION AGREEMENT

State what the contract or lease is for HEALTHCARE ASSURANCE SERVICES

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

DNV GL HEALTHCARE USA, INC.
DARREL SCOTT
1400 RAVELLO DRIVE
KATY TX 77449

2.72. **Title of contract** MASTER SERVICES AGREEMENT

State what the contract or lease is for DOCUMENT AND CONTRACT MANAGEMENT SERVICES

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

DOCUSIGN
221 MAIN ST.
SUITE 1550
SAN FRANCISCO CA 94105

2.73. **Title of contract** AGREEMENT

State what the contract or lease is for STUDENT EDUCATIONAL PROGRAM

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

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT,
RANGOS SCHOOL OF HEALTH SCIENCES
302 HEALTH SCIENCES BUILDING
PITTSBURGH PA 15282

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.74. **Title of contract** AFFILIATION AGREEMENT

State what the contract or lease is for UNPAID WORK-BASED INSTRUCTION

Nature of debtor's interest _____

State the term remaining 10/24/2019

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

EANES SCHOOL DISTRICT
601 CAMP CRAFT ROAD
AUSTIN TX 78746

2.75. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for MEDICAL EQUIPMENT RENTAL

Nature of debtor's interest _____

State the term remaining 06/14/2021, SUBJECT TO AUTOMATIC RENEWAL

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

EDAP TECHNOMED, INC.
NICOLAS POUTRAIN
5321 INDUSTRIAL OAKS BLVD.
SUITE 110
AUSTIN TX 78735

2.76. **Title of contract** INDEPENDENT CONTRACTOR AGREEMENT

State what the contract or lease is for PATIENT CODING PROCEDURES

Nature of debtor's interest _____

State the term remaining 05/15/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ELANOR JILL BUDEK
ELANOR JILL BUDEK
1467 TRILOGY PARK DRIVE
HOSCHTON GA 30548

2.77. **Title of contract** N/A

State what the contract or lease is for PROCUREMENT SERVICES

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

ENTEGRA PROCUREMENT SERVICES
9801 WASHINGTONIAN BLVD
GAITHERSBURG MD 20878

2.78. **Title of contract** NEUROMONITORING AGREEMENT

State what the contract or lease is for NEUROMONITORING SERVICES CONTRACTOR

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

EPIOM, PLLC
JENNA BLEDSOE
18756 STONE OAK PKWAY
#200
SAN ANTONIO TX 78258

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.79. **Title of contract** MUTUAL CONFIDENTIALITY AGREEMENT

State what the contract or lease is for CONFIDENTIALITY DISCLOSURE

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

EPISODE SOLUTIONS
HUTTON EADIE
102 WOODMONT BLVD. SUITE 250
NASHVILLE TN 37205

2.80. **Title of contract** HOSPITAL HEALTHCARE SERVICES PROVIDER AGREEMENT

State what the contract or lease is for N/A

Nature of debtor's interest _____

State the term remaining 11/18/2024, SUBJECT TO AUTOMATIC RENEWAL

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

FAIRPRICE HEALTHCARE, LLC
JAMES PATTON
14503 RIDGETOP TERRACE
AUSTIN TX 78732

2.81. **Title of contract** SUPPLEMENTAL STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

FAVORITE HEALTHCARE STAFFING
7725 W 98TH TERRACE
#150
OVERLAND PARK KS 66212

2.82. **Title of contract** N/A

State what the contract or lease is for HEALTH PHYSICS AND RADIATION CONSULTING

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

FOXFIRE SCIENTIFIC INC.
ATTN: LEGAL DEPARTMENT
4621 S. COOPER STREET
STE 131-332
ARLINGTON TX 76017

2.83. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for HEALTHCARE PRODUCTS

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

GE HEALTHCARE
500 W MONROE ST.
CHICAGO IL 60661

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.84. **Title of contract** FACILITY SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE SERVICES FOR PERSONAL INJURY CLAIMS

Nature of debtor's interest _____

State the term remaining 01/17/2014, SUBJECT TO AUTOMATIC RENEWAL

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

GGMT COMMERCIAL HOLDINGS, LLC
DBA AUSTIN ANCILLARY MEDICAL SERVICES
GRANT GOBY
P.O. BOX 90421
AUSTIN TX 78709

2.85. **Title of contract** EMPLOYMENT AGREEMENT

State what the contract or lease is for DIRECTOR OF NURSING

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

GINGER CARREON
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

2.86. **Title of contract** ORDER FORM

State what the contract or lease is for MEDICAL DEVICES & TRAINING

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

GMED, INC.
2700 SOUTH COMMERCE
SUITE 400
WESTON FL 33326

2.87. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for SPINAL AND ORTHOPAEDIC DEVICES

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

GRAFTON MEDICAL ALLIANCE
JERRY SUMMERS
7416 S. COUNTY LINE RD.
SUITE E
BURR RIDGE IL 60527

2.88. **Title of contract** N/A

State what the contract or lease is for N/A

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

HEALTHCARE STRATEGIC SUPPORT, INC.
SUSAN TODD
7715 EAST 111TH STREET
TULSA OK 74133

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.89. **Title of contract** BUSINESS ASSISTANCE SERVICES AGREEMENT

State what the contract or lease is for IT SERVICES

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

HEALTHSEND, INC.
2303 RANCH ROAD 620
STE 135-229
AUSTIN TX 78734

2.90. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for HOSPITAL HOUSEKEEPING

Nature of debtor's interest _____

State the term remaining 08/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

HOSPITAL HOUSEKEEPING SERVICES
12495 SILVER CREEK RD
DRIPPING SPRINGS TX 78620

2.91. **Title of contract** CORPORATE AGREEMENT

State what the contract or lease is for CORPORATE RATES FOR HOTEL

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

HOTEL GRANDUCA
1080 UPTOWN PARK BLVD.
HOUSTON TX 77056

2.92. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for NON PROFIT CONSULTING SERVICES

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

HOWARD CONSULTING LLC
ADAM HOWARD
3379 HUGH DRIGGERS ROAD
GLENNVILLE GA 30427

2.93. **Title of contract** LETTER OF AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

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

HUMANA HEALTH PLANS OF TEXAS, INC.
ATTN LEGAL DEPT
221 S MOPAC EXPY STE 200
AUSTIN TX 78746-7625

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.94. **Title of contract** LETTER OF AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

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

HUMANA INSURANCE COMPANY
ATTN LEGAL DEPT
500 WEST MAIN STREET
LOUISVILLE KY 40202

2.95. **Title of contract** AGREEMENT FOR LEGAL SERVICES

State what the contract or lease is for RETAINED FOR REVIEWING A CONTACT FOR COMPLIANCE WITH STARK LAW

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

HUSCH BLACKWELL LLP
CHAD GEISLER
111 CONGRESS AVENUE
SUITE 1400
AUSTIN TX 78701

2.96. **Title of contract** HOSPITAL TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

Nature of debtor's interest _____

State the term remaining 07/19/2024, SUBJECT TO AUTOMATIC RENEWAL

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

HYDE PARK SURGERY CENTER
4611 GUADALUPE STREET
STE. 100
AUSTIN TX 78751

2.97. **Title of contract** N/A

State what the contract or lease is for HEALTH INSURANCE BROKERS

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

INSURICA
5100 N. CLASSEN BLVD
SUITE 400
OKLAHOMA CITY OK 73118

2.98. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

IRONSIDE HUMAN RESOURCES
6060 N CENTRAL EXPY
STE 658
DALLAS TX 75206

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.99. **Title of contract** EMPLOYMENT AGREEMENT

State what the contract or lease is for DIRECTOR OF QUALITY, COMPLIANCE

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

JESSE LAWS-RODRIGUEZ
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

2.100. **Title of contract** INDEPENDENT CONTRACTOR SERVICES AGREEMENT

State what the contract or lease is for LAW ENFORCEMENT EDUCATIONAL, PREVENTATIVE SCREENING TESTING AND PREVENTATIVE MEDICAL CARE SERVICES

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

JS MD SIGMA PLLC,
JON SHEINBERG
11014 CUT PLAINS LOOP
AUSTIN TX 78726

2.101. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for MEDICAL DEVICE PRODUCTS

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

K7 SPINE
JASON STANAFORD
5500 NEWCASTLE DRIVE
MIDLAND TX 79705

2.102. **Title of contract** MEDICAL AND ADMINISTRATIVE DIRECTOR AGREEMENT

State what the contract or lease is for PROVIDES MEDICAL AND ADMINISTRATIVE DIRECTOR SERVICES IN CONNECTION WITH ITS HEALTHCARE SERVICES

Nature of debtor's interest _____

State the term remaining 03/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

KARAKOURTIS, M.D./D.D.S., MARK H.
11200 NATIVE TEXAN TRL
AUSTIN TX 78735

2.103. **Title of contract** MEMORANDUM OF AGREEMENT

State what the contract or lease is for HEALTHCARE QUALITY PROGRAMS

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

KEPRO
6095 MARSHALEE DRIVE
SUITE 130.
ELKRIDGE MD 21075

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.104. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for PURCHASER OF MEDICAL ACCOUNTS RECEIVABLES

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

KEY HEALTH MEDICAL SOLUTIONS, INC.
JEFFREY S. TRIGILIO
30699 RUSSELL RANCH ROAD
#174
WESTLAKE VILLAGE CA 91362

2.105. **Title of contract** SUPPLIER AGREEMENT

State what the contract or lease is for LAB TESTING

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

LAB CORP
531 SOUTH SPRING ST.
BURLINGTON NC 27215

2.106. **Title of contract** PURCHASES SERVICES AGREEMENT

State what the contract or lease is for TELEPHONIC TRANSLATION SERVICES

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

LANGUAGE SERVICES ASSOCIATES
PO BOX 829752
PHILADELPHIA PA 19182

2.107. **Title of contract** CLIENT CONTRACT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 11/17/2023, SUBJECT TO AUTOMATIC RENEWAL

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

LAWRENCE RECRUITING SPECIALISTS, INC.
DBA LRS HEALTHCARE
HEATHER SUTHERLAND
PO BOX 310781
DES MOINES IA 50331

2.108. **Title of contract** FACILITY STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

LC TRAVEL STAFF LLC
(PARENT CO) RAD LINK
DEBBIE TERREL
718 DELAWARE
PERRY OK 73077

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.109. **Title of contract** FACILITY STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

LIGHTHOUSE NURSING
DEBBIE TERREL
718 DELAWARE
PERRY OK 73077

2.110. **Title of contract** EQUIPMENT FINANCING AGREEMENT

State what the contract or lease is for EQUIPMENT

Nature of debtor's interest _____

State the term remaining 63 MONTH TERM

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

MACROLEASE
185 EXPRESS ST.
SUITE 100
PLAINVIEW NY 11803

2.111. **Title of contract** EMERGENCY CALL COVERAGE SERVICES AGREEMENT

State what the contract or lease is for ON-CALL BASIS MEDICAL CARE

Nature of debtor's interest _____

State the term remaining 04/14/2024, SUBJECT TO AUTOMATIC RENEWAL

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

Name and Address Intentionally Omitted

2.112. **Title of contract** EMPLOYMENT AGREEMENT

State what the contract or lease is for CHIEF EXECUTIVE OFFICER

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

MARK W. SHEN
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

2.113. **Title of contract** N/A

State what the contract or lease is for INSURANCE POLICY / HEALTH CARE AND SOCIAL ASSISTANCE

Nature of debtor's interest _____

State the term remaining 11/30/2019, SUBJECT TO AUTOMATIC RENEWAL

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

MARSH & MCLENNAN AGENCY, LLC
JOHN J. LUPICA
7015 COLLEGE BLVD.
OVERLAND PARK KS 66211

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.114. **Title of contract** FACILITY STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 06/29/2023, SUBJECT TO AUTOMATIC RENEWAL

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

MAXIM HEALTHCARE SERVICES, INC.
DBA MAXIM STAFFING SOLUTIONS
RYNELL PARSON
3737 EXECUTIVE CENTER DRIVE
SUITE 200
AUSTIN TX 78731

2.115. **Title of contract** 2ND AMENDMENT TO MCG MASTER LICENSE AGREEMENT

State what the contract or lease is for CLINICAL SOFTWARE

Nature of debtor's interest _____

State the term remaining 1/6/2026

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

MCG MILLIMAN CARE
701 5TH AVE
#4900
SEATTLE WA 98104

2.116. **Title of contract** TERMINATION AGREEMENT

State what the contract or lease is for N/A

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

MCKESSON MEDICAL SURGICAL
PO BOX 660266
DALLAS TX 75266

2.117. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 07/21/2025, SUBJECT TO AUTOMATIC RENEWAL

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

MEDELY
KHALED NASR
2355 WESTWOOD BLVD.
#412
LOS ANGELES CA 90064

2.118. **Title of contract** SOFTWARE LICENSE AGREEMENT

State what the contract or lease is for SOFTWARE

Nature of debtor's interest _____

State the term remaining 02/05/2024, SUBJECT TO AUTOMATIC RENEWAL

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

MEDHOST
6550 CAROTHERS PKWY
#100
FRANKLIN TN 37067

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.119. **Title of contract** STAFFING SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 09/07/2024, SUBJECT TO AUTOMATIC RENEWAL

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

MEDICAL CONCEPTS STAFFING, INC.
3169 HOLCOMB BRIDGE RD
SUITE 765
NORCROSS GA 30071

2.120. **Title of contract** CONTRACT SERVICE AGREEMENT

State what the contract or lease is for MEDICAL SUPPLY DISTRIBUTER

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

MEDICAL SOLUTIONS
1010 N 102ND ST.
SUITE 300
OMAHA NE 68114

2.121. **Title of contract** STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

MEDICAL STAFFING NETWORK
901 YAMATO RD
BOCA RATON FL 33487

2.122. **Title of contract** STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

MEDICAL STAFFING OPTIONS, INC.
9200 WORTHINGTON RD.
SUITE 101
WESTERVILLE OH 43082

2.123. **Title of contract** PRIME VENDOR AGREEMENT

State what the contract or lease is for HEALTHCARE PRODUCTS

Nature of debtor's interest _____

State the term remaining 02/14/2024, SUBJECT TO AUTOMATIC RENEWAL

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

MEDLINE INDUSTRIES, INC.
DEPT 1080
POB 121080
DALLAS TX 75312

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.124. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for SERVICES AGREEMENT

Nature of debtor's interest _____

State the term remaining 07/30/2025, SUBJECT TO AUTOMATIC RENEWAL

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

MEDOFFICE PRO, INC.
DIJJOTAM RAINA
525 FIVE GREENTREE CENTER, RT. 73 N
SUITE 104
MARLTON NJ 08053

2.125. **Title of contract** RECEIVABLES PURCHASE AND ASSIGNMENT AGREEMENT

State what the contract or lease is for RECEIVABLES PAYABLES PURCHASER

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

MEDSTAR FUNDING
7301 RR 620 NORTH
STE. 155-334
AUSTIN TX 78726

2.126. **Title of contract** EXTERNAL STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

MEDTRUST LLC
6655 FIRST PARK TEN BLVD
STE 222
SAN ANTONIO TX 78213

2.127. **Title of contract** DATADIVE AGREEMENT

State what the contract or lease is for HEALTHCARE DATA

Nature of debtor's interest _____

State the term remaining 12/31/2019

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

MGMA DATA DRIVE
AKASH MADIAH
104 INVERNESS TERRACE EAST
ENGLEWOOD CO 80112

2.128. **Title of contract** MICROSOFT PRODUCTS AND SERVICES AGREEMENT

State what the contract or lease is for MICROSOFT SOFTWARE ACCOUNTS

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

MICROSOFT CORPORATION
JOSHUA FARLOW
ONE MICROSOFT WAY
REDMOND WA 98052

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.129. **Title of contract** END USER AGREEMENT

State what the contract or lease is for HEALTHCARE MANAGEMENT SOFTWARE

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

MIDASPLUS, INC.
4801 EAST BROADWAYBLVD
STE 335
TUCSON AZ 85711

2.130. **Title of contract** MEMORANDUM OF AGREEMENT

State what the contract or lease is for EYE TISSUE RECOVERY

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

MIRACLES IN SIGHT
3900 WESTPOINT BLVD
WINSTON-SALEM NC 27103

2.131. **Title of contract** PROFESSIONAL STAFFING AND SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 07/15/2024, SUBJECT TO AUTOMATIC RENEWAL

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

MLEE HEALTHCARE STAFFING AND RECRUITING, INC.
ANDREW MCCALL
5113 SOUTHWEST PARKWAY
SUITE 210
AUSTIN TX 78735

2.132. **Title of contract** INDEPENDENT CONTRACTOR AGREEMENT

State what the contract or lease is for NUCLEAR MEDICINE TECHNICIAN

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

MORELAND, CHERYL ANN
CHERYL MORELAND
1011 MAGNOLIA CV
BUDA TX 78610

2.133. **Title of contract** BULK IRREVOCABLE ASSIGNMENT FOR COLLECTION

State what the contract or lease is for OUTSTANDING ACCOUNTS RECEIVABLE COLLECTION

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

MOVEDOCS.COM, LLC
KENNETH FUST
6325 S. JONES BLVD.
SUITE 400
LAS VEGAS NV 89118

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.134. **Title of contract** CUSTOMER ORDER FORM

State what the contract or lease is for MATERIAL SAFETY DATA SHEETS

Nature of debtor's interest _____

State the term remaining 6/29/2022

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

MSDSONLINE
DOMINIC DAVIA
222 W MERCHANDISE MART PLAZA
STE 1750
CHICAGO IL 60654

2.135. **Title of contract** PARTICIPATING FACILITY AGREEMENT

State what the contract or lease is for HEALTHCARE COST MANAGEMENT SOLUTIONS

Nature of debtor's interest _____

State the term remaining 10/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

MULTIPLAN, INC.
MARK TABAK
1100 WINTER STREET
WALTHAM MA 02451

2.136. **Title of contract** LETTER OF UNDERSTANDING

State what the contract or lease is for PURCHASE OF LIENS

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

NATIONAL HEALTH FINANCE DM, LLC
1347 N ALMA SCHOOL RD
SUITE 120
CHANDLER AZ 85224

2.137. **Title of contract** NEUROPHYSIOLOGIC MONITORING SERVICES AGREEMENT

State what the contract or lease is for NEUROMONITORING SVCS

Nature of debtor's interest _____

State the term remaining 05/31/2023, SUBJECT TO AUTOMATIC RENEWAL

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

NATIONAL NEUROMONITORING SVCS LLC
1141 N LOOP 1604 E 105612
SAN ANTONIO TX 78232

2.138. **Title of contract** FIRST AMENDMENT TO CLIENT ADDENDUM TO MASTER PHARMACY MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE MANAGEMENT SOLUTIONS

Nature of debtor's interest _____

State the term remaining 12/31/2023, SUBJECT TO AUTOMATIC RENEWAL

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

NAVITUS HEALTH SOLUTIONS, LLC
361 INTEGRITY DRIVE
MADISON WI 53717

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.139. **Title of contract** MAIL FINANCE LEASE AGREEMENT

State what the contract or lease is for GREEN MAILING SOLUTIONS

Nature of debtor's interest _____

State the term remaining 03/01/2022, SUBJECT TO AUTOMATIC RENEWAL

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

NEOPOST, INC.
KEVIN DURTEN
478 WHEELERS FARMS ROAD
MILFORD CT 06461

2.140. **Title of contract** SYSTEM SUPPORT AGREEMENT

State what the contract or lease is for SOFTWARE DEVELOPMENT SERVICES

Nature of debtor's interest _____

State the term remaining 12/21/2023, SUBJECT TO AUTOMATIC RENEWAL

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

NET SOLUTIONS
11601 WILSHIRE BLVD
5TH FLOOR
LOS ANGELES CA 90025

2.141. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for HEALTHCARE SOFTWARE

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

NEXTGEN HEALTHCARE
INFORMATION SYSTEMS, INC.
ATTN: HIPAA OFFICER
MIKE LOVETT
795 HORSHAM ROAD
HORSHAM PA 19044

2.142. **Title of contract** CERTIFICATE OF LIABILITY INSURANCE

State what the contract or lease is for HEALTHCARE SERVICES

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

NEXTMED HOLDINGS LLC
6339 E SPEEDWAY BLVD.
SUITE 201
TUCSON AZ 85710

2.143. **Title of contract** CUSTOMER AGREEMENT

State what the contract or lease is for RADIOLOGY WORKSTATIONS

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

NOVARAD CORPORATION
752 E 1180 S
STE 200
AMERICAN FORK UT 84003

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.144. **Title of contract** GENERAL CONDITIONS OF ASSIGNMENT

State what the contract or lease is for SPECIALIZED ADMINISTRATIVE STAFFING

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

OFFICE TEAM STAFFING
10801 N. MOPAC EXPY
SUITE 220
AUSTIN TX 78759

2.145. **Title of contract** EQUIPMENT SERVICE AGREEMENT

State what the contract or lease is for AGREEMENT TO SERVICE EQUIPMENT

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

OLYMPUS AMERICA INC
3500 CORPORATE PKWY
CENTER VALLEY PA 18034

2.146. **Title of contract** MASTER AGREEMENT

State what the contract or lease is for PHARMACY AND MEDICATION SOFTWARE

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

OMNICELL INC
PO BOX 204650
DALLAS TX 75320

2.147. **Title of contract** CLOUD SERVICES AGREEMENT

State what the contract or lease is for CLOUD SERVICES AGREEMENT

Nature of debtor's interest _____

State the term remaining 05/30/2024, SUBJECT TO AUTOMATIC RENEWAL

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

ONE MEDICAL PASSPORT, INC.
STEPHEN PUNZAK, MD
PO BOX 69
WILLINGTON CT 06279

2.148. **Title of contract** N/A

State what the contract or lease is for N/A

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

ONEBEACON INSURANCE COMPANY
INTACT INSURANCE
605 HIGHWAY 169 NORTH
STE 800
PLYMOUTH MN 55441

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.149. **Title of contract** STAFFING SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

ONYX HEALTH CARE STAFFING, LLC
PAUL GUNNOE, CEO
7500 RIALTO BLVD.
SUITE 1-250
AUSTIN TX 78735

2.150. **Title of contract** SUPPLY AGREEMENT

State what the contract or lease is for SUPPLY OF MEDICAL PRODUCTS

Nature of debtor's interest _____

State the term remaining 1/30/2023

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

ORTHO CLINICAL DIAGNOSTICS, INC.
100 INDIGO CREEK DRIVE
ROCHESTER NY 14626

2.151. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for PROVIDES DME AND BRACES SERVICES AND/OR PRODUCTS

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

ORTHOSTAT, LLC
ERIC BUESCHER
141 CHERRYBARK DRIVE
COPPELL TX 75019

2.152. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for PHYSICIAN

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

PAUL PLAYFAIR M.D.
PAUL PLAYFAIR
1337 SPYGLASS DR
AUSTIN TX 78746

2.153. **Title of contract** SOFTWARE AGREEMENT

State what the contract or lease is for RECRUITING SOFTWARE

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

PAYCOR
RYAN DELACK
4811 MONTGOMERY RD
CINCINNATI OH 45212

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.154. **Title of contract** CUSTOMER AGREEMENT

State what the contract or lease is for HEALTHCARE PAYMENT PORTAL

Nature of debtor's interest _____

State the term remaining 08/31/2025, SUBJECT TO AUTOMATIC RENEWAL

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

PAYGROUND INC.
DREW MERCER
365 E. GERMANN RD
SUITE 280
GILBERT AZ 85297

2.155. **Title of contract** MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 04/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

PETERSON MD, DR. DAN
DANIEL PETERSON, MD
3003 BEE CAVES RD.
STE. 201
AUSTIN TX 78746

2.156. **Title of contract** EXTENSION AGREEMENT

State what the contract or lease is for AFFIRMATIVE ACTION PLAN (AAP)

Nature of debtor's interest _____

State the term remaining 08/23/2024, SUBJECT TO AUTOMATIC RENEWAL

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

PINNACLE AFFIRMATIVE ACTION SERVICES, LLC
GENE ATKINS
3850 N CAUSEWAY BLVD
SUITE 1070
METAIRIE LA 70002

2.157. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for MEDICAL EQUIPMENT SUPPLIER

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

PINNACLE SPINE GROUP
946 CALLE AMANECER #J
SAN CLEMENTE CA 92673

2.158. **Title of contract** TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

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

PRECISION PLASTIC SURGERY
JOHN MCFATE, MD
4701 BEE CAVE ROAD
STE 106
AUSTIN TX 78746

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.159. **Title of contract** AGREEMENT FOR MANAGED IT SERVICES

State what the contract or lease is for IT SERVICES

Nature of debtor's interest _____

State the term remaining 08/06/2024, SUBJECT TO AUTOMATIC RENEWAL

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

PRETECT LLC
ZACHARY WILCOXEN
3513 SOFT SHORE LN
PFLUGERVILLE TX 78660

2.160. **Title of contract** SUBSCRIBER AGREEMENT

State what the contract or lease is for INSURANCE CLAIMS AND PATIENT BENEFITS MANAGEMENT

Nature of debtor's interest _____

State the term remaining 11/09/2024, SUBJECT TO AUTOMATIC RENEWAL

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

PRINCIPAL LIFE INSURANCE COMPANY
PO BOX 39710
COLORADO SPRINGS CO 80949

2.161. **Title of contract** ORDER FOR PURCHASED SERVICES

State what the contract or lease is for RISK MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 06/19/2023, SUBJECT TO AUTOMATIC RENEWAL

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

PRISTA CORPORATION
DON JARRELL
3702 CLENDENIN CT
AUSTIN TX 78732

2.162. **Title of contract** MASTER SUBSCRIPTION AGREEMENT

State what the contract or lease is for ORDER FOR PURCHASED SERVICES

Nature of debtor's interest _____

State the term remaining 06/19/2023, SUBJECT TO AUTOMATIC RENEWAL

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

PRISTA CORPORATION
DON JARRELL
3702 CLENDENIN CT
AUSTIN TX 78732

2.163. **Title of contract** CLIENT SERVICES AGREEMENT

State what the contract or lease is for PRESCRIPTION BENEFITS PROGRAMS

Nature of debtor's interest _____

State the term remaining 12/31/2023, SUBJECT TO AUTOMATIC RENEWAL

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

PROCARE PHARMACY BENEFIT MANAGER, INC.
1267 PROFESSIONAL PKWY
GAINESVILLE GA 30507

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.164. **Title of contract** PARTICIPATING FACILITY AGREEMENT

State what the contract or lease is for HEALTH CARE SERVICES TO MEMBERS

Nature of debtor's interest _____

State the term remaining 08/30/2023, SUBJECT TO AUTOMATIC RENEWAL

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

PROVIDER NETWORK OF AMERICA, LLC
MARK D. DYER
1600 WEST BROADWAY ROAD
SUITE 300
TEMPE AZ 85282

2.165. **Title of contract** MEDICAL AND ADMINISTRATIVE DIRECTOR AGREEMENT

State what the contract or lease is for MEDICAL AND ADMINISTRATIVE DIRECTOR OF CLINICAL DOCUMENTATION IMPROVEMENT

Nature of debtor's interest _____

State the term remaining 07/12/2023, SUBJECT TO AUTOMATIC RENEWAL

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

RANDALL DRYER, MD
RANDALL DRYER
CENTRAL TEXAS SPINE INSTITUTE,
6818 AUSTIN CENTER BLVD.
SUITE 200
AUSTIN TX 78731

2.166. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for N/A

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

RECEIVABLES MANAGEMENT PARTNERS
ERIC COATS
200 NORTH NEW ROAD
WACO TX 76710

2.167. **Title of contract** MEMORANDUM OF UNDERSTANDING

State what the contract or lease is for RADIO COMMUNICATION

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

REGIONAL RADIO SYSTEM
MICHAEL SIMPSON PROGRAM MANAGER
10427 PETSAFE WAY
KNOXVILLE TN 37932

2.168. **Title of contract** CONSIGNMENT AGREEMENT

State what the contract or lease is for CONSIGNMENT OF MEDICAL PRODUCTS

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

REM SOLUTIONS
ROBERT SMITH
108880 JOHN W. ELLIOT DRIVE
SUITE 700
FRISCO TX 75033

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.169. **Title of contract** N/A
State what the contract or lease is for N/A
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

ROCHE DIAGNOSTICS
MAIL CODE 5021
PO BOX 660367
DALLAS TX 75266-0367

2.170. **Title of contract** BUSINESS ASSOCIATE AGREEMENT
State what the contract or lease is for FINANCIAL CONSULTING SERVICES
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

SAMSON ADVISORY LLC
8705 SHOAL CREEK BLVDSTE 205
AUSTIN TX 78757

2.171. **Title of contract** CONSULTING AGREEMENT
State what the contract or lease is for FINANCING AND SOFTWARE CONSULTING SERVICES
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

SAMSON ADVISORY LLC
JUDE SAMPSON
8705 SHOAL CREEK BLVDSTE 205
AUSTIN TX 78757

2.172. **Title of contract** PARTICIPATING FACILITY PROVIDER AGREEMENT
State what the contract or lease is for HEALTH CARE SERVICES AND PRODUCTS
Nature of debtor's interest _____
State the term remaining 01/22/2007, SUBJECT TO AUTOMATIC RENEWAL
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

SCOTT & WHITE HEALTH PLAN
POB 840523
DALLAS TX 75284

2.173. **Title of contract** FACILITY SERVICE AGREEMENT
State what the contract or lease is for HEALTHCARE PLAN
Nature of debtor's interest _____
State the term remaining 08/13/2024, SUBJECT TO AUTOMATIC RENEWAL
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

SENDERO HEALTH PLANS, INC.
1111 E. CESAR CHAVEZ ST.
AUSTIN TX 78702

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.174. **Title of contract** SERVICE AGREEMENT QUOTE

State what the contract or lease is for EQUIPMENT QUOTE /ROUTINE INSTRUMENT MAINTENANCE AND REPAIR

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

SIEMENS HEALTHCARE DIAGNOSTICS, INC
LISA SHEINBERG
221 GREGSON DRIVE
CARY NC 27511

2.175. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for MEDICAL DEVICES

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

SKELETAL KINETICS, LLC
GLEN FURUTA
10201 BUBB ROAD
CUPERTINO CA 95014

2.176. **Title of contract** MASTER CAPITAL PURCHASE AGREEMENT

State what the contract or lease is for MEDICAL DEVICE EQUIPMENT PROVIDER

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

SMITH &NEPHEW, INC.
ADVANCED SURGICAL DEVICES DIVISION
JAVIER JIMENEZ
160 MINUTEMAN ROAD
ANDOVER MA 01610

2.177. **Title of contract** CLIENT SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

SOLIANT HEALTH
STEVE YANG
1979 LAKESIDE PARKWAY
SUITE 800
TUCKER GA 30084

2.178. **Title of contract** ULTRASOUND AGREEMENT

State what the contract or lease is for SONOGRAPHY PHYSICIAN PROVIDERS

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

SONOGRAPHY SOLUTIONS, LLC
GABRIEL CULIAT
900 EAST PECAN STREET
STE 300-308
PFLUGERVILLE TX 78660

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.179. **Title of contract** ULTRASOUND AGREEMENT

State what the contract or lease is for ULTRASOUND SERVICES

Nature of debtor's interest _____

State the term remaining MONTH TO MONTH

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

SONOGRAPHY SOLUTIONS, LLC
GABRIEL CULIAT
900 EAST PECAN STREET
STE 300-308
PFLUGERVILLE TX 78660

2.180. **Title of contract** ENGAGEMENT AGREEMENT

State what the contract or lease is for REIMBURSEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 04/24/2024, SUBJECT TO AUTOMATIC RENEWAL

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

SOUTHEAST REIMBURSEMENT GROUP, LLC
130 PROMINENCE POINT PKWY
STE 130-215
CANTON PA 30114

2.181. **Title of contract** STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING PROFESSIONALS

Nature of debtor's interest _____

State the term remaining 08/27/2024, SUBJECT TO AUTOMATIC RENEWAL

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

SPECIALTY STAFFING SOLUTIONS
DAVID ZAMBRZYCKI
PO BOX 1463
CEDAR PARK TX 78630

2.182. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for INTERNET SERVICES

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

SPECTRUM ENTERPRISE
ELIZABETH MARTIN
12405 POWERSCOURT DRIVE
ST. LOUIS MO 63131

2.183. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for IMAGING SERVICES

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

SQUARE D
1415 SOUTH ROSELLE DRIVE
PALATINE IL 60067

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.184. **Title of contract** CLINICAL LABORATORY SERVICE AGREEMENT

State what the contract or lease is for CLINICAL LAB SERVICES

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

ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP
TODD STEWARD
901 W. BEN WHITE BLVD.
AUSTIN TX 78704

2.185. **Title of contract** BROADLANE LETTER OF COMMITMENT

State what the contract or lease is for AGREEMENT FOR PACEMAKER DEVICES, LEADS AND PRODUCTS

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

ST. JUDE MEDICAL
ELIZABETH JOHNSON
1 SAINT JUDE MEDICAL DR
SAINT PAUL MN 55117

2.186. **Title of contract** EMPLOYMENT AGREEMENT

State what the contract or lease is for CORPORATE CONTROLLER

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

STEPHEN CLEMETSON
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

2.187. **Title of contract** MASTER SERVICE AGREEMENT

State what the contract or lease is for REGULATED MEDICAL AND BIO-HAZARDOUS WASTE DISPOSAL

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

STERICYCLE, INC.
DEREK SINNS
4010 COMMERCIAL AVE
NORTHBROOK IL 60062

2.188. **Title of contract** PREVENTATIVE MAINTENANCE AGREEMENT

State what the contract or lease is for EQUIPMENT MAINTENANCE

Nature of debtor's interest _____

State the term remaining EXPIRED AGREEMENT

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

STERIQUIP
PO BOX 190
HUTTO TX 78634

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.189. **Title of contract** MERCHANT APPLICATION / PROCESSING AGREEMENT

State what the contract or lease is for CREDIT CARD PAYMENT PROCESSING

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

STERLING PAYMENT TECHNOLOGIES
12282 WADSWROTH WAY
WOODBRIDGE VA 22192

2.190. **Title of contract** PRODUCT SERVICE PLAN AGREEMENT

State what the contract or lease is for MEDICAL AND SURGICAL EQUIPMENT

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

STRYKER INSTRUMENTS
BRITTNI LEWMAN
6201 SPRINKLES RD.
PORTAGE MI 49002

2.191. **Title of contract** SPEECH THERAPY SERVICES AGREEMENT

State what the contract or lease is for SPEECH THERAPY SERVICES

Nature of debtor's interest _____

State the term remaining 03/22/2024, SUBJECT TO AUTOMATIC RENEWAL

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

STUART, LORAINE
4105 LONG CHAMP DR
AUSTIN TX 78746

2.192. **Title of contract** CLIENT SERVICES AGREEMENT

State what the contract or lease is for CONSULTANTS FOR ASSIGNMENT

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

SUNBELT STAFFING, LLC
STEPHEN MARIANI
3687 TAMPA ROAD
SUITE 200
OLDSMAR FL 34677

2.193. **Title of contract** AMENDMENT NUMBER ONE HOSPITAL PROVIDER AGREEMENT

State what the contract or lease is for HEALTHCARE COVERAGE PROVIDER

Nature of debtor's interest _____

State the term remaining 02/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

SUPERIOR HEALTHPLAN, INC.
5900 E. BEN WHITE BLVD.
AUSTIN TX 78741

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.194. **Title of contract** N/A

State what the contract or lease is for EQUIPMENT MAINTENANCE SERVICES

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

TEAM SERVICES
2201 PATTERSON INDUSTRIAL DR
STE 200
PFLUGERVILLE TX 78660

2.195. **Title of contract** COMMERCIAL MASTER SERVICES AGREEMENT

State what the contract or lease is for TELEPHONE SERVICES

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

TEL WEST NETWORK SERVICES
TPX-TELEPACIFIC
303 COLORADO ST
STE 2075
AUSTIN TX 78701

2.196. **Title of contract** HOSPITAL PROVIDER AGREEMENT

State what the contract or lease is for PROVIDER NETWORK

Nature of debtor's interest _____

State the term remaining 12/06/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

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

TEXAS FREE MARKET SURGERY PARTNERS, INC.
3536 BEE CAVE ROAD
STE 213
AUSTIN TX 78746

2.197. **Title of contract** PARTICIPATING HOSPITAL LETTER OF AGREEMENT

State what the contract or lease is for MEDICAID HEALTH PLAN

Nature of debtor's interest _____

State the term remaining 12/31/2023, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

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

TEXAS INDEPENDENCE HEALTH PLAN, INC
1908 N LAURENT
SUITE 250
VICTORIA TX 77901

2.198. **Title of contract** N/A

State what the contract or lease is for MEDICAID PROVIDERS

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

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
PO BOX 200555
AUSTIN TX 78720

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.199. **Title of contract** AGREEMENT FOR ORGAN PROCUREMENT

State what the contract or lease is for ORGAN DONATION

Nature of debtor's interest _____

State the term remaining EFFECTIVE 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

TEXAS ORGAN SHARING ALLIANCE
8122 DATAPOINT DRIVE
SUITE 200
SAN ANTONIO TX 78229

2.200. **Title of contract** MASTER SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

TEXAS SELECT STAFFING, LLC
KYLE CAVENDER
1303 W.WALNUT HILL LANE,
SUITE 280
IRVING TX 75038

2.201. **Title of contract** AFFILIATION AGREEMENT

State what the contract or lease is for STUDENT EDUCATIONAL PROGRAM

Nature of debtor's interest _____

State the term remaining 08/31/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

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

TEXAS STATE UNIVERSITY
KELLY DUNN
601 UNIVERSITY DRIVE
SAN MARCUS TX 78666

2.202. **Title of contract** EDUCATION PROGRAM SERVICES CONTRACT

State what the contract or lease is for HEALTH EDUCATION SERVICES

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

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
DBA HEALTH.EDU
ADMINISTRATIVE DIRECTOR
3601 4TH STREET
STOP 7755
LUBBOCK TX 79430

2.203. **Title of contract** TISSUE RECOVERY AGREEMENT

State what the contract or lease is for BLOOD & TISSUE DONATION CENTER

Nature of debtor's interest _____

State the term remaining 11/28/2023, SUBJECT TO AUTOMATIC RENEWAL

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

THE BLOOD AND TISSUE CENTER OF CENTRAL TEXAS
WE ARE BLOOD
4300 N LAMAR BLVD
AUSTIN TX 78756

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.204.	**Title of contract**	OCCUPATIONAL ACCIDENT INSURANCE	**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	OCCUPATIONAL ACCIDENT INSURANCE	
	Nature of debtor's interest	_____	THE NITSCHE GROUP 708 SUL ROSS ST. HOUSTON TX 77006
	State the term remaining	5/17/2022	
	List the contract number of any government contract	_____	
2.205.	**Title of contract**	SALES 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	THERAPY DOCUMENTATION	
	Nature of debtor's interest	_____	THE REHAB DOCUMENTATION COMPANY, INC. LUKE SANDS 49 MUSIC SQUARE SUITE 400 NASHVILLE TN 37203
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.206.	**Title of contract**	AAMC UNIFORM CLINICAL TRAINING AFFILIATION 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	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	THE TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER VERNON L. TESH, PH.D. OFFICE OF THE VICE DEAN ROUND ROCK CAMPUS 3950 NORTH A.W. GRIMES ROUND ROCK TX 78665
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.207.	**Title of contract**	N/A	**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	PUBLIC RESEARCH UNIVERSITY	
	Nature of debtor's interest	_____	THE UNIVERSITY OF TEXAS ARLINGTON ATTN OFFICE OF THE DEAN 701 SOUTH NEDDERMAN DRIVE ARLINGTON TX 76019
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.208.	**Title of contract**	EDUCATIONAL EXPERIENCE AFFILIATION 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	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	THE UNIVERSITY OF TEXAS AUSTIN ATTN OFFICE OF THE DEAN 210 WEST 7TH STREET AUSTIN TX 78701-2982
	State the term remaining	04/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.209. **Title of contract** AFFILIATION AGREEMENT

State what the contract or lease is for UNIVERSITY PROVIDES ACADEMIC COURSES

Nature of debtor's interest _____

State the term remaining 10/10/2024, SUBJECT TO AUTOMATIC RENEWAL

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

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
GEORGE STANCEL. PHD
210 WEST 7TH STREET
AUSTIN TX 78701

2.210. **Title of contract** PROVIDER NETWORK AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

Nature of debtor's interest _____

State the term remaining 11/21/2024, SUBJECT TO AUTOMATIC RENEWAL

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

THREE RIVERS PROVIDER NETWORK, INC.
TODD BREEDEN
1620 FIFTH AVENUE
SUITE 900
SAN DIEGO CA 92101

2.211. **Title of contract** FACILITY STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

TLC TRAVEL STAFFING
DEBBIE TERREL
718 DELAWARE
PERRY OK 73077

2.212. **Title of contract** MEMORANDUM OF AGREEMENT

State what the contract or lease is for N/A

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

TMF HEALTH QUALITY INSTITUTE
THOMAS J MANLEY
5918 WEST COURTYARD DRIVE
AUSTIN TX 78730

2.213. **Title of contract** SUPPLEMENTAL STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 02/15/2024, SUBJECT TO AUTOMATIC RENEWAL

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

TOTALMED STAFFING, INC.
NICK GALLERIA
10 EAST COLLEGE AVENUE, SUITE 300
APPLETON WI 54911

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.214. **Title of contract** SERVICES AGREEMENT

State what the contract or lease is for INTRAOPERATIVE MONITORING SERVICES

Nature of debtor's interest _____

State the term remaining 05/16/2024, SUBJECT TO AUTOMATIC RENEWAL

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

TRAXX MEDICAL HOLDINGS, LLC
BRYAN BOUILLION OR LEE COBB
P.O. BOX 744
AUSTIN TX 78767

2.215. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for INDEPENDENT CONTRACTOR

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

TRENEGY, INC
WILLIAM
9977 W SAM HOUSTON PWKY
NO STE 120
HOUSTON TX 77064

2.216. **Title of contract** HEALTHCARE FACILITY SERVICES AGREEMENT

State what the contract or lease is for IMPROVE QUALITY, EXPERIENCE AND TOTAL COST OF HEALTHCARE

Nature of debtor's interest _____

State the term remaining 04/21/2024, SUBJECT TO AUTOMATIC RENEWAL

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

TRIPLE AIM, LLC
ERIN
5800 SPECTRUM DR.
SUITE 1100E
ADDITION TX 75001

2.217. **Title of contract** TRAVEL PERSONNEL STAFFING AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

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

TRUSTAFF TRAVEL NURSES, LLC
DOUG DEAN
4720 GLENDALE MILFORD ROAD
CINCINNATI OH 45242

2.218. **Title of contract** CASH SALE ORDER & MAINTENANCE AGREEMENT

State what the contract or lease is for EQUIPMENT MAINTENANCE

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

UBEO LLC
P.O. BOX 791070
SAN ANTONIO TX 78729

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.219. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for SUPPORT SERVICES

Nature of debtor's interest _____

State the term remaining 10/31/2023

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

ULTIMATE BIOMEDICAL UBS
425 S 4TH ST.
BEAUMONT TX 77701

2.220. **Title of contract** FACILITY PARTICIPANT AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

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

UNITEDHEALTHCARE OF TEXAS, INC.
1250 S. CAPITAL OF TEXAS HWY
BLDG. 1 STE. 360
AUSTIN TX 78746

2.221. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for FIRE ALARM SERVICES

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

VANGUARD FIRE SYSTEMS
STEPHANIE JONES
2340 PATTERSON INDUSTRIAL DRIVE
PFLUGERVILLE TX 78660

2.222. **Title of contract** CONDITIONS OF APPROVAL

State what the contract or lease is for PURCHASE ORDER/ EQUIPMENT LEASE

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

VAR TECHNOLOGY FINANCE
2330 INTERSTATE 30
MESQUITE TX 75150

2.223. **Title of contract** MERCHANT APPLICATION / PROCESSING AGREEMENT

State what the contract or lease is for MERCHANT APPLICATION / PROCESSING AGREEMENT

Nature of debtor's interest _____

State the term remaining 04/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

VASCULAR ACCESS CONSULTANTS
MARY KATE SCHATZLEIN RN, MS
18010 HIDEAWAY COVE
DRIPPING SPRINGS TX 78620

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.224. **Title of contract** VERIZON WIRELESS ENTITY AGREEMENT

State what the contract or lease is for BUSINESS WIRELESS PHONE PLAN

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

VERIZON
ATTN LEGAL DEPT
140 WEST ST
NEW YORK NY 10013

2.225. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for HOSPITAL MANAGEMENT SERVICES

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

VESTIGE HEALTHCARE, DR. ANGEL GIRALDEZ
777 SOUTH FLAGLER DRIVE
SUITE 800
WEST PALM BEACH FL 33401

2.226. **Title of contract** N/A

State what the contract or lease is for N/A

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

VOYA FINANCIAL
ATTN LEGAL DEPT
230 PARK AVENUE
NEW YORK NY 10169

2.227. **Title of contract** N/A

State what the contract or lease is for N/A

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

VSP VISION CARE
3333 QUALITY DRIVE
RANCHO CORDOVA CA 95670

2.228. **Title of contract** TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

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

WALDEN COSMETIC SURGERY CENTER, PLLC
JENNIFER WALDEN
5656 BEE CAVES ROAD
SUITE E-201
AUSTIN TX 78746

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.229. **Title of contract** PARTICIPATING PROVIDER AGREEMENT

State what the contract or lease is for HEALTHCARE INSURANCE PROVIDER

Nature of debtor's interest _____

State the term remaining 05/07/2024, SUBJECT TO AUTOMATIC RENEWAL

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

WELLCARE NATIONAL HEALTH INSURANCE COMPANY
TRAVIS R. CHRISTIE
4888 LOOP CENTRAL DRIVE
SUITE 300
HOUSTON TX 77081

2.230. **Title of contract** PARTICIPATING PROVIDER AGREEMENT

State what the contract or lease is for HEALTHCARE INSURANCE PROVIDER

Nature of debtor's interest _____

State the term remaining 05/07/2024, SUBJECT TO AUTOMATIC RENEWAL

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

WELLCARE OF TEXAS, INC.
TRAVIS R. CHRISTIE
4888 LOOP CENTRAL DRIVE
SUITE 300
HOUSTON TX 77081

2.231. **Title of contract** MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 09/01/2025, SUBJECT TO AUTOMATIC RENEWAL

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

WELSH MD, DR. SCOTT
SCOTT WELSH, MD
3003 BEE CAVES RD.
STE. 201
AUSTIN TX 78746

2.232. **Title of contract** ANESTHESIA PROFESSIONAL SERVICES AGREEMENT

State what the contract or lease is for LICENSED ANESTHESIOLOGY HEALTHCARE PROFESSIONALS

Nature of debtor's interest _____

State the term remaining 11/30/2024, SUBJECT TO AUTOMATIC RENEWAL

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

WESTLAKE ANESTHESIA GROUP
PAUL PLAYFAIR, M.D.
1907 CYPRESS CREEK RD STE 108
CEDAR PARK TX 78613

2.233. **Title of contract** MEDICAL DIRECTOR SERVICES AND EMERGENCY DEPARTMENT COVERAGE

State what the contract or lease is for HEALTHCARE DIRECTOR AND PROFESSIONAL SERVICES

Nature of debtor's interest _____

State the term remaining 06/17/2023, SUBJECT TO AUTOMATIC RENEWAL

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

WESTLAKE EMERGENCY PHYSICIANS
JEFF LEINEN, MD
1803 CULBERSON
AUSTIN TX 78748

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.234. **Title of contract** HOSPITAL TRANSFER AGREEMENT

State what the contract or lease is for TRANSFER OF PATIENTS

Nature of debtor's interest _____

State the term remaining 12/18/2023, SUBJECT TO AUTOMATIC RENEWAL

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

WESTLAKE HILLS SURGERY CENTER
4701 BEE CAVES RD
AUSTIN TX 78746

2.235. **Title of contract** COMMERCIAL SUBLEASE AGREEMENT

State what the contract or lease is for SUBLEASE AGREEMENT

Nature of debtor's interest _____

State the term remaining 01/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

WESTLAKE MEDICAL CONSULTANTS, PLLC
EMILY S. KUO
3267 BEE CAVES RD.
SUITE 107 - 286
AUSTIN TX 78746

2.236. **Title of contract** FIRST AMENDED AND RESTATED COMMERCIAL LEASE AGREEMENT

State what the contract or lease is for LEASE AGREEMENT
BLDG. J, STE 300
BLDG. K. STE. 100
BLDG. K STE. 103 (THE HOSPITAL SLEEP LAB)
BLDG. K STE.103 (THE HOSPITAL MRI)
BLDG. K. STE. 202
BLDG. K. STE. 203
BOILER BUILDING
BLDG. L
BLDG. M (ADMINISTRATION AND LOBBY)
BLDG. M (WESTLAKE SURGICAL HOSPITAL)

Nature of debtor's interest _____

State the term remaining 10/01/2035, SUBJECT TO AUTOMATIC RENEWAL

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

WESTLAKE MEDICAL OF AUSTIN, LTD-PHASE II
DBA WESTLAKE MEDICAL
DON RIP MILLER
P.O. BOX 161507
AUSTIN TX 78716

2.237. **Title of contract** COMMERCIAL LEASE AGREEMENT

State what the contract or lease is for COMMERCIAL LEASE AGREEMENT FOR BUILDING K-200

Nature of debtor's interest _____

State the term remaining 10/01/2035, SUBJECT TO AUTOMATIC RENEWAL

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

WESTLAKE MEDICAL OF AUSTIN, LTD-PHASE II
DBA WESTLAKE MEDICAL
DON RIP MILLER
P.O. BOX 161507
AUSTIN TX 78716

2.238. **Title of contract** AGREEMENT FOR SUPPLEMENTAL STAFFING AGENCIES

State what the contract or lease is for HEALTHCARE STAFFING

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

WESTWAYS STAFFING SERVICES INC.
505 CITY PARKWAY WEST
SUITE 100
ORANGE CA 92868

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.239. **Title of contract** PROFESSIONAL MEDICAL STAFFING SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining 11/11/2025, SUBJECT TO AUTOMATIC RENEWAL

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

WH SERVICES AUSTIN, LLC
SCOTT WEBB, COO
13155 NOEL ROAD
SUITE 800
DALLAS TX 75240

2.240. **Title of contract** HOSPITAL TRANSFER AGREEMENT

State what the contract or lease is for MEDICAL FACILITY

Nature of debtor's interest _____

State the term remaining 11/04/2025, SUBJECT TO AUTOMATIC RENEWAL

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

WHITE MEDICAL
PHILLIPPE BOR
100 MEDICAL PARKWAY
LAKEWAY TX 78738

2.241. **Title of contract** SERVICE CONTRACT

State what the contract or lease is for CHEMICAL WATER TREATMENT

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

WORTH HYDROCHEM CORPORATION
ALEX SWIECZKOWSKI
1715 ROWE LANE
PFLUGERVILLE TX 78660

2.242. **Title of contract** CLINICAL EXPERIENCE AGREEMENT

State what the contract or lease is for STUDENT ROTATION OPPORTUNITIES

Nature of debtor's interest _____

State the term remaining 07/01/2024, SUBJECT TO AUTOMATIC RENEWAL

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

YALE PHYSICIAN ASSISTANT ONLINE PROGRAM
RICHARD BELITSKY, MD
2 WHITNEY AVENUE
NEW HAVEN CT 06510