

B1 (Official Form 1)(04/13)

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Hutcheson Medical Center, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 58-2176794	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 100 Gross Crescent Circle Fort Oglethorpe, GA <div style="text-align: right; font-size: small;">ZIP Code 30742</div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Catoosa	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

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

<p align="center">Filing Fee (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center">Chapter 11 Debtors</p> <p>Check one box:</p> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p>Check if:</p> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <p>Check all applicable boxes:</p> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<p>Statistical/Administrative Information</p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	<p>THIS SPACE IS FOR COURT USE ONLY</p>										
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center; font-size: small;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input checked="" type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input checked="" type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000	
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input checked="" type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000		
<p>Estimated Assets</p> <table style="width:100%; text-align: center; font-size: small;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input checked="" type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input checked="" type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input checked="" type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
<p>Estimated Liabilities</p> <table style="width:100%; text-align: center; font-size: small;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input checked="" type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input checked="" type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input checked="" type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		

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

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

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

Name of Debtor: Hutcheson Medical Division, Inc.	Case Number:	Date Filed: 11/20/14
District: Northern District of Georgia	Relationship: Affiliate	Judge:

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

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

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

No.

Exhibit D

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

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

If this is a joint petition:

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

Information Regarding the Debtor - Venue

(Check any applicable box)

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

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

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

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

(Check all applicable boxes)

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

(Name of landlord that obtained judgment)

(Address of landlord)

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

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

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

Voluntary Petition

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

Name of Debtor(s):
Hutcheson Medical Center, Inc.

Signatures

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

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

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

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

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

Scroggins & Williamson, P.C.
Firm Name

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

Address

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

Telephone Number

November 20, 2014
Date

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

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Address

X _____

Date

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

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

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

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

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ Thomas Farrell Hayes
Signature of Authorized Individual

Thomas Farrell Hayes
Printed Name of Authorized Individual

Chief Executive Officer
Title of Authorized Individual

November 20, 2014
Date

**CERTIFIED COPY OF RESOLUTIONS
OF BOARD OF DIRECTORS OF
HUTCHESON MEDICAL CENTER, INC.**

NOVEMBER 19, 2014

This is to certify that, at a regularly scheduled and properly noticed meeting (the "Meeting") of the Board of Directors (the "Board") of Hutcheson Medical Center, Inc., a Georgia non-profit corporation (the "Company"), conducted on November 19, 2014, at which a quorum was present, the following resolution was duly adopted:

RESOLVED, that, based on the present circumstances facing the Company, as discussed at the Meeting, in the judgment of the Board, it is desirable and in the best interests of the Company, its creditors, employees, the residents of Walker, Dade and Catoosa Counties, Georgia, and other interested parties, and supportive of the Company's mission to serve the health care needs and interests of the general public, that a petition be filed by the Company seeking relief under the provisions of Chapter 11 of title 11, United States Code (the "Bankruptcy Code");

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

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

RESOLVED, that each of the Authorized Officers be, and each of them hereby is, authorized to employ and retain on behalf of the Company financial advisors, accountants, public relations advisors and other professionals, to advise the Company in connection with its case under chapter 11 of the Code, and to pay to such professionals reasonable compensation for such services;

RESOLVED, that each of the Authorized Officers, or their designate, be, and each of them hereby is, authorized to execute and file any and all petitions, schedules, motions, lists, applications, pleadings, and other papers, and to take any and all such other and further

actions which the Authorized Officers or the Company's legal counsel may deem necessary or appropriate in connection with the Chapter 11 case, including, but not limited to, motions to obtain authority to use cash collateral and/or to incur debtor in possession financing; the assumption or rejection of executory contracts and unexpired leases; proposing one or more chapter 11 plans; the sale or other disposition of assets; entering into new contracts, leases or other agreements; the prosecution of claims held by the Company and the defense of claims asserted against the Company, including the continuation of any litigation pending at the time of the Chapter 11 filing, and related appeals; the negotiation and consummation of settlements and compromises; and the performance of any and all further acts and deeds which the Authorized Officers, or their designate, deem necessary, proper and desirable in connection with the Chapter 11 case, with a view to the successful prosecution of such case;

RESOLVED, that each of the Authorized Officers, or their designate, be, and each of them hereby is, authorized to cause the Company, and the Company is hereby authorized, to incur post-petition secured and super-priority indebtedness in an amount determined to be necessary or advisable by either such Authorized Officers, and each such Authorized Officer or designate is hereby authorized to negotiate, execute and deliver definitive loan documentation evidencing such indebtedness (the "Post-Petition Credit Agreement"), and the Company is authorized to perform all of the obligations and agreements of the "Borrower" thereunder (including the repayment of any amount owing thereunder) and to consummate the transactions contemplated thereby, and each such Authorized Officer or designate is hereby authorized to negotiate, make, sign, execute, acknowledge, deliver and perform any and all such other instruments and agreements which they deem necessary, proper and desirable in connection therewith, including (without limitation) a security agreement and pledge agreement, pursuant to which all of the assets of the Company will be pledged to the lenders as collateral under the Post-Petition Credit Agreement, in each case, in such forms and with such changes, modifications or additions thereto as the executing Authorized Officer or designate shall approve in his or her sole discretion (such approval to be conclusively evidenced by the execution of the Post-Petition Credit Agreement and such other instruments and agreements);

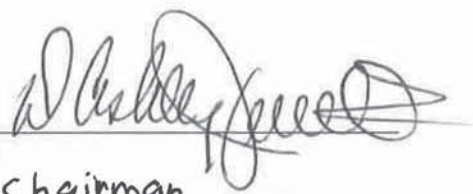
RESOLVED, that the Authorized Officers of the Company be, and each of them hereby is, authorized and directed on behalf of the Company to take such actions and to make, sign, execute, acknowledge, deliver and perform (and record in a relevant office of the county clerk, if necessary) any and all such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

RESOLVED, that the Company be, and hereby is, authorized to pay all fees and expenses incurred by it or for its account in connection with the transactions approved in any or all of the foregoing Resolutions, and all transactions related thereto, and each Authorized Officer, or their designate, be, and each of them hereby is, authorized, empowered and directed to make said payments as such Authorized Officer or designate may deem necessary, appropriate, advisable or desirable, such payment by any such officer to constitute conclusive

evidence of such officer's determination and approval of the necessity, appropriateness, advisability or desirability thereof;

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

Said Resolution is still of full force and effect.

By: 
Name
Title: *Chairman*
Dated: November 19, 2014

B4 (Official Form 4) (12/07)

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

In re Hutcheson Medical Center, Inc.

Debtor(s)

Case No.

Chapter 11

CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 30 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 30 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
CHATTANOOGA - HAMILTON COUNTY HOSPITAL AUTHORITY D/B/A ERLANGER HEALTH SYSTEMS PO BOX 6006 CHATTANOOGA, TN 37401	CHATTANOOGA - HAMILTON COUNTY HOSPITAL AUTHORITY D/B/A ERLANGER HEALTH SYSTEMS PO BOX 6006 CHATTANOOGA, TN 37401		DISPUTED SUBJECT TO SETOFF	21,700,699.04
MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE CHICAGO, IL 60673-1224	MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE CHICAGO, IL 60673-1224		DISPUTED	2,711,818.22
MEDHOST OF TENNESSEE, INC 2739 MOMENTUM PLACE CHICAGO, IL 60689-5327	MEDHOST OF TENNESSEE, INC 2739 MOMENTUM PLACE CHICAGO, IL 60689-5327		DISPUTED SUBJECT TO SETOFF	2,441,512.19
EMCARE, INC. 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693	EMCARE, INC. 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693			1,232,329.85
PARALLON LOCUMS 2415 RINGGOLD ROAD LAFAYETTE, GA 30728	PARALLON LOCUMS 2415 RINGGOLD ROAD LAFAYETTE, GA 30728			506,242.54
MORRIS, MANNING & MARTIN, LLP 3343 PEACHTREE ROAD 1600 ATLANTA FIN CENTER ATLANTA, GA 30326	MORRIS, MANNING & MARTIN, LLP 3343 PEACHTREE ROAD 1600 ATLANTA FIN CENTER ATLANTA, GA 30326			392,825.70
OLYMPUS AMERICA DEPT 0600 P.O. BOX 120600 DALLAS, TX 75312-0600	OLYMPUS AMERICA DEPT 0600 P.O. BOX 120600 DALLAS, TX 75312-0600			298,479.04
EXECUTIVE HEALTH RESOURCES P.O. BOX 822688 PHILADELPHIA, PA 19182-2688	EXECUTIVE HEALTH RESOURCES P.O. BOX 822688 PHILADELPHIA, PA 19182-2688			255,736.00

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

In re Hutcheson Medical Center, Inc.

Case No. _____

Debtor(s)

CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
PEDIATRIX MEDICAL GROUP, INC ATTN: MICHELE SALERNO P.O. BOX 281034 ATLANTA, GA 30384-1034	PEDIATRIX MEDICAL GROUP, INC ATTN: MICHELE SALERNO P.O. BOX 281034 ATLANTA, GA 30384-1034			253,514.09
US FOODS PO BOX 281854 ATLANTA, GA 30384-1854	US FOODS PO BOX 281854 ATLANTA, GA 30384-1854			234,811.96
CELTIC LEASING CORPORATION 4 PARK PLAZA SUITE 300 IRVINE, CA 92614	CELTIC LEASING CORPORATION 4 PARK PLAZA SUITE 300 IRVINE, CA 92614	EQUIPMENT LEASE		229,909.02
CARDINAL HEALTH PHARMACEUTICAL DIST P.O. BOX 402574 ATLANTA, GA 30384-2574	CARDINAL HEALTH PHARMACEUTICAL DIST P.O. BOX 402574 ATLANTA, GA 30384-2574			224,941.04
MCNEARY INSURANCE CONSULTING PO BOX 60985 CHARLOTTE, NC 28260	MCNEARY INSURANCE CONSULTING PO BOX 60985 CHARLOTTE, NC 28260			222,106.10
DECOSIMO P.O. BOX 11453 CHATTANOOGA, TN 37401	DECOSIMO P.O. BOX 11453 CHATTANOOGA, TN 37401			208,947.62
AT&T P.O. BOX 5019 CAROL STREAM, IL 60197-5019	AT&T P.O. BOX 5019 CAROL STREAM, IL 60197-5019			177,512.78
AT&T PRO - CABS P.O. BOX 105373 ATLANTA, GA 30348	AT&T PRO - CABS P.O. BOX 105373 ATLANTA, GA 30348			175,360.19
SIEMENS MEDICAL SOLUTIONS, USA INC. P.O. BOX 120001 DEPT 0733 DALLAS, TX 75312-0733	SIEMENS MEDICAL SOLUTIONS, USA INC. P.O. BOX 120001 DEPT 0733 DALLAS, TX 75312-0733			171,354.50
VARIAN MEDICAL SYSTEMS 2250 NEWMARKET PARKWAY SUITE 120 MARIETTA, GA 30067	VARIAN MEDICAL SYSTEMS 2250 NEWMARKET PARKWAY SUITE 120 MARIETTA, GA 30067			160,144.50
MCKESSON REVENUE CYCLE OUTSOURCING PO BOX 98347 CHICAGO, IL 60693-8347	MCKESSON REVENUE CYCLE OUTSOURCING PO BOX 98347 CHICAGO, IL 60693-8347			158,661.45

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

In re Hutcheson Medical Center, Inc.

Case No. _____

Debtor(s)

CONSOLIDATED LIST OF CREDITORS HOLDING 30 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
PARKWAY PHYSICIANS CENTER LP C/O MEADOWS & OHLY P.O. BOX 742781 ATLANTA, GA 30374-2781	PARKWAY PHYSICIANS CENTER LP C/O MEADOWS & OHLY P.O. BOX 742781 ATLANTA, GA 30374-2781			150,087.80
WEATHERBY LOCUMS, INC. P.O. BOX 972633 DALLAS, TX 75397-2633	WEATHERBY LOCUMS, INC. P.O. BOX 972633 DALLAS, TX 75397-2633			149,870.46
MEDICAL MANAGEMENT PROF PO BOX 6 INDIANAPOLIS, IN 46206-0006	MEDICAL MANAGEMENT PROF PO BOX 6 INDIANAPOLIS, IN 46206-0006			148,781.10
D & Y 6767 OLD MADISON PIKE SUITE 690 HUNTSVILLE, AL 35806	D & Y 6767 OLD MADISON PIKE SUITE 690 HUNTSVILLE, AL 35806			142,315.22
MEDICUS 6350 LAKE OCONEE PARKWAY SUITE 102, #75 GREENSBORO, GA 30642	MEDICUS 6350 LAKE OCONEE PARKWAY SUITE 102, #75 GREENSBORO, GA 30642			141,539.60
BRINSON, ASKEW, BERRY, SEIGLER PO BOX 5007 ROME, GA 30162-5007	BRINSON, ASKEW, BERRY, SEIGLER PO BOX 5007 ROME, GA 30162-5007			128,999.59
DUPREE, RODNEY 664 LOFTON LANE CHICKAMAUGA, GA 30707	DUPREE, RODNEY 664 LOFTON LANE CHICKAMAUGA, GA 30707			128,528.00
OMNI CARE/MEDICAL ARTS HEALTH DEPT 781668 PO BOX 78000 DETROIT, MI 48278-1668	OMNI CARE/MEDICAL ARTS HEALTH DEPT 781668 PO BOX 78000 DETROIT, MI 48278-1668			123,883.97
ACCORDIAS HEALTHCARE SERVICES 1101 KERMIT DRIVE SUITE 700 NASHVILLE, TN 37217	ACCORDIAS HEALTHCARE SERVICES 1101 KERMIT DRIVE SUITE 700 NASHVILLE, TN 37217			123,735.03
M MODAL SERVICES, LTD PO BOX 102467 ATLANTA, GA 30368	M MODAL SERVICES, LTD PO BOX 102467 ATLANTA, GA 30368			121,262.76
GE MEDICAL SYSTEMS PO BOX 7550 MADISON, WI 53707	GE MEDICAL SYSTEMS PO BOX 7550 MADISON, WI 53707	EQUIPMENT LEASE		118,830.68

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

In re Hutcheson Medical Center, Inc.
Debtor(s)

Case No. _____

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

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

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

Date 11/20/2014

Signature /s/ Thomas Farrell Hayes
Thomas Farrell Hayes
Chief Executive Officer

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