Fill in this information to identify your case:		
United States Bankruptcy Court for the: DISTRICT OF DELAWARE		
Case number (if known)	Chapter 11	☐ Check if this an amended filing
Official Form 201		

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	TPS V of PA, L.L.C.				
2.	All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA SCHC Clinical Pediatric Associates DBA StChris Care at Yardley Pediatrics DBA St. Chris Care atThe Reading Hospital DBA St. Christopher's Hospital for Children Specialty Care at Wills Eye Institute DBA StChris Care at Washington Township DBA St. Christopher's Hospital for Children Specialty Care at Wills Eye Institute DBA St. Christopher's Pediatric Associates DBA TFPS Cardiology				
3.	Debtor's federal Employer Identification Number (EIN)	75-2835540				
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business			
		160 East Erie Avenue Philadelphia, PA 19134				
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code			
		Philadelphia County	Location of principal assets, if different from principal place of business			
			Number, Street, City, State & ZIP Code			
5.	Debtor's website (URL)					
6.	Type of debtor	■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))			
		☐ Partnership (excluding LLP)				
		☐ Other. Specify:				

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7. Describe debtor's business A Creek one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asser Real Estate (as defined in 11 U.S.C. § 101(27A)) Single Asser Real Estate (as defined in 11 U.S.C. § 101(5B)) Carmodity Broker (as defined in 11 U.S.C. § 101(5B)) Commodity Broker (as defined in 11 U.S.C. § 101(5B)) Commodity Broker (as defined in 11 U.S.C. § 101(5B)) Commodity Broker (as defined in 11 U.S.C. § 101(5B)) None of the above B. Creek of inter apply Tax exempt entity (as described in 20 U.S.C. § 501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 90a-3) Investment advisor (as defined in 15 U.S.C. § 500-2(a)(11)) C. NACS (North American Industry Classification System) 4-digit code that best describes debtor. See that Privary accounts gov/four-digit-instoral association resides-codes. 6211 8. Under which chapter of the debtor in support of the debtor of support of the debtor in support of the debtor of support of the debtor in support of the debtor of support of the support of the debtor of support of the support of the support of the support of the debtor of support of the s	Deb	tor TPS V of PA, L.L.C.			Case	number (if known)	
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District When Case number, if known		attach a separate list		See attached Schedule		· ·	
			District		vvnen	Case number, if known	

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Debtor TPS V of PA, L.L.C. Case number (if known))		
	Name				
11.	Why is the case filed in	n Check a	II that apply:		
	this district?			cipal place of business, or principal assets n or for a longer part of such 180 days than	
		■ A	bankruptcy case concerning de	ebtor's affiliate, general partner, or partners	ship is pending in this district.
12.	Does the debtor own o	or ■ No			
	have possession of an real property or persor property that needs	У	Answer below for each prope	erty that needs immediate attention. Attach	additional sheets if needed.
	immediate attention?		Why does the property nee	ed immediate attention? (Check all that ap	oply.)
			☐ It poses or is alleged to po	ose a threat of imminent and identifiable ha	zard to public health or safety.
			What is the hazard?		
			\square It needs to be physically s	secured or protected from the weather.	
				ods or assets that could quickly deteriorate of the dairy, produce, or securities-related	or lose value without attention (for example, assets or other options).
			☐ Other		
			Where is the property?		
				Number, Street, City, State & ZIP Code	
			Is the property insured?		
			□ No		
			Yes. Insurance agency		
			Contact name		
			Phone		
	Statistical and add	ministrative i	nformation		
13.	Debtor's estimation of	. (Check one:		
	available funds	ı	Funds will be available for d	istribution to unsecured creditors.	
		I	☐ After any administrative exp	enses are paid, no funds will be available to	o unsecured creditors.
14.	Estimated number of	□ 1-49		□ 1,000-5,000	☐ 25,001-50,000
	creditors	50-99		5001-10,000	5 0,001-100,000
		☐ 100-1		☐ 10,001-25,000	☐ More than100,000
		□ 200-9	999		
15.	Estimated Assets	□ \$0 - \$	\$50,000	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
			001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
			,001 - \$500,000	☐ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion
		□ \$500	,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
16.	Estimated liabilities	□ \$0 - \$	\$50.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
			001 - \$100,000	■ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			,001 - \$500,000	☐ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion
		⊔ \$500	,001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion

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Debtor	TPS	V of	PA,	L.L.C.
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Name

Case number (if known)

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

June 30, 2019 MM / DD / YYYY

X	/s/ Allen Wilen	Allen Wilen
	Signature of authorized representative of debtor	Printed name

Chief Restructuring Officer

18. Signature of attorney

X	/s/ Mark Minuti	Date	June 30, 2019
	Signature of attorney for debtor		MM / DD / YYYY

Signature of attorney for debtor

Mark Minuti Printed name

Saul Ewing Arnstein & Lehr LLP

Firm name

1201 North Market Street **Suite 2300** Wilmington, DE 19801

Number, Street, City, State & ZIP Code

Contact phone 302-421-6800 Email address mark.minuti@saul.com

2659 DE

Bar number and State

FORM 201. VOLUNTARY PETITION – Schedule 1

Pending Bankruptcy Cases Attachment

<u>Debtors</u>	<u>District</u>	Relationship
Center City Healthcare, LLC	DE	Affiliate
Philadelphia Academic Health System, LLC	DE	Affiliate
Philadelphia Academic Medical Associates, LLC	DE	Affiliate
St. Christopher's Healthcare, LLC	DE	Affiliate
HPS of PA, L.L.C.	DE	Affiliate
TPS of PA, L.L.C.	DE	Parent
TPS II of PA, L.L.C.	DE	Affiliate
TPS III of PA, L.L.C.	DE	Affiliate
TPS IV of PA, L.L.C.	DE	Affiliate
SCHC Pediatric Associates, L.L.C.	DE	Affiliate
SCHC Pediatric Anesthesia Associates, L.L.C.	DE	Affiliate
StChris Care at Northeast Pediatrics, L.L.C.	DE	Affiliate
St. Christopher's Pediatric Urgent Care Center, L.L.C.	DE	Affiliate

TPS V OF PA, L.L.C.

WRITTEN CONSENT OF SOLE MANAGER

The undersigned, being the sole manager (the "Manager") of TPS V of PA, L.L.C., a Pennsylvania limited liability company (the "Company"), in accordance with and pursuant to the applicable provisions of the Pennsylvania Uniform Limited Liability Company Act of 2016 and the Operating Agreement of the Company, and without formality of convening a meeting, consents to the adoption of the following resolutions:

WHEREAS, the Manager of the Company has reviewed the financial records of the Company, has considered the business and financial condition of the Company, and is aware of the assets, liabilities, potential liabilities and liquidity of the Company; and has had the opportunity to consult with the management and advisors of the Company and fully considered all of the strategic alternatives available to the Company; and

WHEREAS, as a result of the Company's current financial situation, it appears that it may be necessary to file for reorganization of the Company under chapter 11 (the "Bankruptcy") of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court").

AUTHORIZATION TO FILE VOLUNTARY PETITION UNDER CHAPTER 11

IT IS THEREFORE, RESOLVED, that the Manager has determined in its judgment that it may be desirable and in the best interests of the Company, its creditors and other interested parties to commence the Bankruptcy; and

FURTHER RESOLVED, that the President and Chief Restructuring Officer of the Company, together with any other person or persons hereafter designated in writing by the Manager (each individually an "Authorized Officer" and collectively the "Authorized Officers"), alone or with one or more other Authorized Officers be, and hereby are, authorized and empowered to execute and file on behalf of the Company all petitions, schedules, lists, motions, applications, pleadings and other papers or documents as necessary to commence the Bankruptcy, and to take any and all further acts and deeds

that they deem necessary, proper and desirable in connection with the Bankruptcy, with a view to the successful prosecution of such case; and

FURTHER RESOLVED, that the Authorized Officers be, and each of them hereby is, authorized and empowered to, in the name and on behalf of the Company, to negotiate, make, execute and deliver, either jointly or severally, any and all debtor-in-possession loan documents, and any and all amendments, supplements, modifications, extensions, renewals, replacements, agreements, documents and instruments relating to the foregoing, subject to any requisite Bankruptcy Court approval; and

FURTHER RESOLVED, that the law firms of Saul Ewing Arnstein & Lehr LLP and Klehr Harrison Harvey Branzburg LLP, and such other law firms as may be employed by an Authorized Officer with the written approval of General Counsel, are hereby engaged as general or special bankruptcy co-counsel for the Company under general retainer in the Bankruptcy, subject to any requisite Bankruptcy Court approval; and

FURTHER RESOLVED, that, pursuant to the terms of various agreements with EisnerAmper LLP, Allen Wilen shall hereinafter be regarded and treated in all respects as Chief Restructuring Officer of the Company, subject to any requisite Bankruptcy Court approval; and

FURTHER RESOLVED, that the firm of SSG Advisors, LLC is hereby engaged as investment banker for the Company in the Bankruptcy, subject to any requisite Bankruptcy Court approval; and

FURTHER RESOLVED, that the firm of Omni Management Group, Inc. is hereby engaged as the claims and noticing agent for the Company in the Bankruptcy, subject to any requisite Bankruptcy Court approval; and

FURTHER RESOLVED, that the Authorized Officers be, and each of them hereby is, authorized and empowered to, in the name and on behalf of the Company, with the written approval of General Counsel with respect to legal professionals, to retain or continue to employ such other professionals as they deem necessary, proper or desirable during the course of the Bankruptcy, subject to any requisite Bankruptcy Court approval.

RATIFICATION OF ALL PRIOR AND FUTURE ACTIONS

IT IS THEREFORE, RESOLVED, that in addition to the specific authorizations heretofore conferred upon the Authorized Officers, each of the Authorized Officers or their designees shall be, and each of them, acting alone, hereby is, authorized and empowered, in the name of, and on behalf of, the Company, to take or cause to be taken any and all such further actions, to execute and deliver any and all such agreements, certificates, instruments, and other documents and to pay all expenses, including filing fees, in each case as in such officer or officers' judgment shall be

necessary or desirable to fully carry out the intent and accomplish the purposes of the foregoing resolutions; and

FURTHER RESOLVED, that all acts, actions and transactions relating to the matters contemplated by the foregoing resolutions done in the name of and on behalf of the Company, which acts would have been approved by the foregoing resolutions except that such acts were taken before these resolutions were certified, are hereby in all respects ratified and approved; and

FURTHER RESOLVED, that these resolutions shall be filed with the records of the Company.

IN WITNESS WHEREOF, the undersigned Manager hereby evidences its written consent to the foregoing resolutions effective as of this 30th day of June, 2019.

PHILADELPHIA ACADEMIC MEDICAL ASSOCIATES, LLC, AS SOLE MANAGER OF TPS V OF PA, L.L.C.

By:

Joel Hyendman, President

Debtor name	Center City Healthcare, LLC d/b/a Hahnemann University Hospital, et al.
UNITED ST	ATES BANKRUPTCY COURT DISTRICT OF DELAWARE
Case No. (If kr	nown)

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 30 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 30 largest unsecured claims.

Name of creditor and complete mailing address, including zip code.	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
		government contracts)		Total Claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Tenet Business Services Corporation c/o Tenet Healthcare Corporation Attn: Michael Maloney 1445 Ross Ave, Ste 1400 Dallas, TX 75202	Tenet Business Services Corporation Attn: Michael Maloney Tel: 469-893-6151 Email: Michael.Maloney@tenethealth.com	Trade Debt	Disputed			\$20,181,981.85
Conifer Patient Communications Attn: Petra Willey 140 Fountain Pkwy Ste 500 St Petersburg, FL 33716	Conifer Patient Communications Attn: Petra Willey Tel: 727-570-3637 Email: petra.willey@coniferhealth.com	Trade Debt	Disputed			\$19,089,696.47
3 Drexel University Attn: Anthony Esposito 3201 Arch St, Ste 420 Philadelphia, PA 19104	Drexel University Attn: Anthony Esposito Tel: 215-762-1504 Email: ame79@drexel.edu	Trade Debt	Disputed			\$14,158,984.05
4 Medline Industries Inc Attn: Ron Barrett Three Lakes Dr Northfield, IL 60093	Medline Industries Inc Attn: Ron Barrett Tel: 847-643-4099 Fax: 847-949-2287 Email: rbarrett@medline.com	Trade Debt				\$3,963,549.96
5 Cerner Corp Attn: lan Wilson 2800 Rockcreek Pkwy Kansas City, MO 64117	Cemer Corp Attn: lan Wilson Tel: 816-500-0767 Fax: 816-936-1920 Email: ian.wilson@cerner.com	Trade Debt				\$3,786,822.75

Debtor name	Center City Healthcare, LLC d/b/a Hahnemann University Hospita	l, et al.
Debtor name	Center City nearthcare, LLC 0/b/a nannemann University nospita	ı, et aı

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ma	ime of creditor and complete ailing address, including zip de.	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and	Indicate if claim is contingent, unliquidated, or disputed	If the claim is fu unsecured clair secured, fill in t	Insecured clai ully unsecured, fil m amount. If clair otal claim amour alue of collateral cured claim.	ll in only n is partially nt and
			government contracts)		Total Claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	NTT Data Services LLC Attn: SubbaRao Pushadapu 7950 Legacy Dr, Ste 900 Plano, TX 75024	NTT Data Services LLC Attn: Subbarao Pushadapu Email: billing.Inquiry@nttdata.com	Trade Debt				\$2,537,404.39
7	Veolia Energy Philadelphia Inc Attn: Tricia Marts 2600 Christian St Philadelphia, PA 19146	Veolia Energy Philadelphia Inc Attn: Tricia Marts Tel: 267-350-5813 Fax: 215-875-6910 Email: patricia.marts@veolia.com	Trade Debt				\$2,418,298.74
8	Ensemble Rcm LLC Attn: John Erickson 13620 Reese Blvd, Ste 200 Huntersville, NC 28078	Ensemble Rcm LLC Attn: John Erickson Tel: 704-765-3715 Email: john.erickson@ensemblehp.com	Trade Debt	Disputed			\$2,219,725.54
9	Universal Protection SVS LP Attn: Al Santosusso 1551 North Tustin Ave, Ste 650 Santa Ana, CA 92705	Universal Protection SVS LP Attn: Al Santosusso Tel: 215-399-3955; 215-868-2644 Email: al.santossusso@aus.com	Trade Debt				\$1,802,297.12
10	Medtronic Usa Inc Attn: Brian Castelein CBA 4642 Collections Center Dr Chicago, IL 60693	Medtronic Usa Inc Attn: Brian Castelein Cba Tel: 763-505-6535 Fax: 763-367-1404 Email: brian.j.castelein@medtronic.com	Trade Debt				\$1,766,207.01
11	Depuy Synthes Sales Customer Receivables Management Attn: Patty Paget Highway 22 N Somerville, NJ 08876-1051	Depuy Synthes Sales Attn: Patty Paget Tel: 610-314-2956 Fax: 908-429-4999 Email: ppaget@its.jnj.com	Trade Debt	Disputed			\$1,575,896.03

Debtor name	Center City Healthcare,	LLC d/b/a Hahnemann	University Hospital, et al.
Debtor name	Center City HealthCare,	LLC u/b/a Halliciliailii	University mospital, et al.

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Name of creditor and complete mailing address, including zip code.	Name, telephone number, and email address of creditor contact Nature of the claim (for example, trade debts, bank loans, professional services, and	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.			
		pa	Total Claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
12 Crothall Healthcare Inc Attn: Dennis Czaplicki 13028 Collections Ctr Dr Chicago, IL 60693	Crothall Healthcare Inc Attn: Dennis Czaplicki Tel: 215-694-5351 Email: Dennis.czaplicki@crothall.com	Trade Debt				\$1,385,555.85
13 Ernst & Young LLP Attn: Amy Dorfmeister Pittsburg Natl Bank 640382 c/o Ernst & Young Us LLP 1 PPG PI #2100 Pittsburgh, PA 15264	Ernst & Young LLP Attn: Amy Dorfmeister Tel: 215-448-5000 Email: amy.doffmeister@ey.com	Professional Services				\$1,239,278.05
14 Temple Univ Hospital Cashier Office 3401 No Broad St, Rm A 131 Philadelphia, PA 19140	Temple Univ Hospital Tel: 877-711-7520 Fax: 215-204-4660	Trade Debt				\$1,197,893.57
15 Champion Energy Attn: Nicole Hassler 1500 Rankin Rd, Ste 200 Houston, TX 77073	Champion Energy Attn: Nicole Hassler Tel: 832-957-4504 Fax: 281-653-1810 Email: nicole.cates@champion.energy	Trade Debt				\$1,103,204.69
16 Renal Treatment Centers Se LP - Davita Attn: Clenn Frost 2476 East Swedesford Rd, Ste 150 Malvern, PA 19355	Renal Treatment Centers Se LP - Davita Attn: Clenn Frost Tel: 800-633-9757 Fax: 877-803-1534 Email: angel.Baltazar@davita.com	Trade Debt				\$903,640.47
17 American Red Cross Attn: Tara Smalls 430 17th St NW Washington, DC 20006	American Red Cross Attn: Tara Smalls Tel: 704-943-6914 Fax: 704-943-7389 Email: Tara.Smalls@redcross.org	Trade Debt				\$900,713.67

Debtor name	Center City	y Healthcare,	LLC d/b/a	Hahnemann	University	Hospita	ıl, et al.	C
Deptor name	Ochice Oit	y ricaitiicaic,		i iaiiiiciiiaiiii	Olli VCI Sity	Hospite	ii, ci ai.	

Case No.	(If known)	
Case No.	. (IT KNOWN)	

Name of creditor and complete mailing address, including zip code.	Name, telephone number, and email address of creditor contact	Nature of the claim is contingent, unliquidated, or disputed loans, professional services, and		If the claim is fu unsecured clair secured, fill in t	nsecured clai ally unsecured, fil n amount. If clair otal claim amour alue of collateral cured claim.	ll in only m is partially nt and
		government contracts)		Total Claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
18 Quality Systems Inc 18111 Von Karman Ave, Ste 700 Irvine, CA 92612	Quality Systems Inc Tel: 855-657-4373 Email: irvinetax@nextgen.com; ir@nextgen.com	Trade Debt				\$881,603.18
19 Olympus America Inc Attn: Eric Vautrin 3500 Corporate Pkwy Center Valley, PA 18034-0610	Olympus America Inc Attn: Eric Vautrin Tel: 484-896-3403 Fax: 484-896-7788 Email: eric.wautrin@olympus.com	Trade Debt				\$813,179.36
20 Global Neurosciences Institute Attn: Donald J Damico 3100 Princeton Pk, Bldg 3, Ste D Lawrenceville, NJ 08648	Global Neurosciences Institute Attn: Donald J Damico Tel: 215-962-9600 Email: ddamico@gnineuro.org	Trade Debt				\$802,676.33
21 Optuminsight Attn: Nick Gulland 11000 Optum Cir Eden Prairie, MN 55344	Optuminsight Attn: Nick Gulland Tel: 952-205-6984 Fax: 855-244-4448 Email: nicholas.gulland@optum.com	Trade Debt				\$733,890.77
22 Greater Delaware Valley Society Attn: Stacy Cramer 401 N 3Rd St Philadelphia, PA 19123	Greater Delaware Valley Society Attn: Stacy Cramer Tel: 215-557-8090 ext1309 Email: SCramer@donors1.org	Trade Debt				\$697,400.00
23 City Of Philadelphia Attn: Rob Dubow Code Violation Enforcement Div P.O. Box 56318 Philadelphia, PA 19130	City Of Philadelphia Attn: Rob Dubow Tel: 215-686-6141 Email: voucherverification@phila.gov	Government Contracts				\$649,769.35

Debtor name Co	enter City Healthcare,	LLC d/b/a Hahnemann l	University Hospita	al, et al.	Ca
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Name of creditor and complete mailing address, including zip code.	email address of creditor contact Claim (for example, trade debts, bank loans, professional services, and Claim (for example, trade debts, bank loans, professional services, and			email address of creditor contact claim (for example, trade debts, bank loans, professional services, and			ll in only m is partially nt and
		government To pa	Total Claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim		
24 Nthrive Inc Attn: Kay Ennis 200 North Point Center E, Ste 600 Alpharetta, GA 30022	Nthrive Inc Attn: Kay Ennis Tel: 334-728-2805 Email: kennis@nthrive.com	Trade Debt				\$618,339.28	
25 Benefit Fund For Hosp & Health 1319 Locust St Philadelphia, PA 19107	Benefit Fund For Hosp & Health Tel: 215-735-5720 Fax: 215 -985-9232 Email: info@1199cfunds.org	Trade Debt				\$564,691.86	
26 Premier Healthcare Solutions Attn: Kelley Maskeri 5882 Collections Center Dr Chicago, IL 60693	Premier Healthcare Solutions Attn: Kelley Maskeri Tel: 704-816-6123 Fax: 704-733-2114 Email: kelley Maskeri@PremierlNc.com	Trade Debt				\$563,349.66	
27 Concentra Attn: Candice Henson dba Concentra Medical Centers 5080 Spectrum Dr, 1200W Addison, TX 75001	Concentra Attn: Candice Henson Tel: 401-487-8624 Email: candice_henson@concentra.com	Trade Debt				\$556,777.14	
28 Ino Therapeutics LLC dba Mallinckrodt Pharmaceuticals Attn: Brooke Mitch 1425 US Route 206 Bedminster, NJ 07921	Ino Therapeutics LLC Attn: Brooke Mitch Tel: 484-619-1374 Fax: 908-238-6633 Email: brooke.mitch@mnk.com	Trade Debt				\$546,000.00	
29 General Electric Co Attn: Arushi Chandran dba Ge Healthcare 9900 Innovation Dr Wauwatosa, WI 53226-4856	General Electric Co Attn: Arushi Chandran Tel: 888-727-9958 Email: ARUSHI.CHANDRAN@GE.COM	Trade Debt				\$536,228.76	

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Debtor name	Center City Healthcare, LLC d/b/a Hahnemann University Hospital, et al.	Case No. (If known)	

Name of creditor and complete mailing address, including zip code.	iling address, including zip email address of creditor contact claim (for example,	claim (for example, trade debts, bank loans, professional		Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
		•		Total Claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
30 Smith & Nephew Attn: Peter J Butera 150 Minuteman Rd Andover, MA 01810	Smith & Nephew Attn: Peter J Butera Tel: 941-724-8959 Email: peter.butera@smith-nephew.com	Trade Debt				\$533,436.17

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
CENTER CITY HEALTHCARE, LLC, et al., 1) Case No. 19()
Debtors.) Joint Administration Requested
)

COMBINED CORPORATE OWNERSHIP STATEMENT AND LIST OF EQUITY SECURITY HOLDERS PURSUANT TO FED. R. BANKR. P. 1007(a)(1), 1007(a)(3), and 7007.1

Pursuant to Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy Procedure, Center City Healthcare, LLC and certain of its affiliates, who are debtors and debtors in possession in the above-captioned cases (each a "**Debtor**" and collectively, the "**Debtors**"), hereby state as follows:

- 1. Debtor Philadelphia Academic Health System, LLC ("**PAHS**") is 100% owned by non-debtor Philadelphia Academic Health Holdings, LLC.
- 2. Debtors Philadelphia Academic Medical Associates, LLC ("**PAMA**"), Center City Healthcare, LLC, and St. Christopher's Healthcare, LLC are each 100% owned by PAHS.
- 3. Debtors HPS of PA, L.L.C., SCHC Pediatric Associates, L.L.C. ("SCHC Pediatrics"), SCHC Pediatric Anesthesia Associates, LLC, StChris Care at Northeast Pediatrics, L.L.C., and TPS of PA, L.L.C. ("TPS") are each 100% owned by PAMA.

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The Debtors in these cases, along with the last four digits of each Debtor's federal tax identification number, are: Center City Healthcare, LLC (3341), Philadelphia Academic Health System, LLC (8681), St. Christopher's Healthcare, LLC (8395), Philadelphia Academic Medical Associates, LLC (8165), HPS of PA, L.L.C. (1617), SCHC Pediatric Associates, L.L.C. (0527), St. Christopher's Pediatric Urgent Care Center, L.L.C. (6447), SCHC Pediatric Anesthesia Associates, L.L.C. (2326), StChris Care at Northeast Pediatrics, L.L.C. (4056), TPS of PA, L.L.C. (4862), TPS II of PA, L.L.C. (5534), TPS III of PA, L.L.C. (5536), TPS IV of PA, L.L.C. (5537), and TPS V of PA, L.L.C. (5540). The Debtors' mailing address is 230 North Broad Street, Philadelphia, Pennsylvania 19102.

- 4. Debtor St. Christopher's Pediatric Urgent Care Center, L.L.C. is 100% owned by SCHC Pediatrics.
- 5. Debtors TPS II of PA, L.L.C., TPS III of PA, L.L.C., TPS IV of PA, L.L.C., and TPS V of PA, L.L.C. are each 100% owned by TPA.

Fill in this information to identify the case:					
Debtor name TPS V of PA, L.L.C.					
United States Bankruptcy Court for the: DISTRICT OF DELAWARE					
Case number (if known)					
	☐ Check if this is an amended filing				
	•				
Official Form 202					
Declaration Under Penalty of Perjury for Non-Individu	ial Debtors 12/15				
An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partn form for the schedules of assets and liabilities, any other document that requires a declaration that is not amendments of those documents. This form must state the individual's position or relationship to the deb and the date. Bankruptcy Rules 1008 and 9011. WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtain connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, constant and 3571.	included in the document, and any tor, the identity of the document, ning money or property by fraud in				
Declaration and signature					
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized ag individual serving as a representative of the debtor in this case.	ent of the partnership; or another				
I have examined the information in the documents checked below and I have a reasonable belief that the information	formation is true and correct:				
☐ Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)					
☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)					
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)					
□ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G) □ Schedule H: Codebtors (Official Form 206H)					
Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)					
Amended Schedule					
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and	Are Not Insiders (Official Form 204)				
Other document that requires a declaration Combined Statement of Corporate Owners Holders	hip and List of Equity Security				
I declare under penalty of perjury that the foregoing is true and correct.					
Executed on June 30, 2019 X /s/ Allen Wilen					
Signature of individual signing on behalf of debtor					
Allen Wilen					
Printed name					

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

Chief Restructuring Officer
Position or relationship to debtor