

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Middle District of Florida		Voluntary Petition										
Name of Debtor (if individual, enter Last, First, Middle): Smile Designs by Dr. Charlotte Gerry, P.A.		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) No./Complete EIN (if more than one, state all) 20-5795059		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): 857 SW Main Blvd. Lake City, FL <div style="text-align: right; font-size: small;">ZIP Code 32025</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: Columbia		County of Residence or of the Principal Place of Business:										
Mailing Address of Debtor (if different from street address): 7505 Arlington Expressway Jacksonville, FL <div style="text-align: right; font-size: small;">ZIP Code 32211</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): 530 E Howard Street Live Oak, FL 32064												
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Professional Association	Nature of Business (Check one box) <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 <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <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 Nature of Debts (Check one box) <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.										
Filing Fee (Check one box) <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.		Chapter 11 Debtors Check one box: <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). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <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).										
Statistical/Administrative Information <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.		THIS SPACE IS FOR COURT USE ONLY										
Estimated Number of Creditors <table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input checked="" type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input 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 checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input 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 checked="" type="checkbox"/> 50-99		<input type="checkbox"/> 100-199	<input 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		
Estimated Assets <table style="width:100%; font-size: small;"> <tr> <td><input checked="" 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 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 checked="" 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 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 checked="" 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 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			
Estimated Liabilities <table style="width:100%; 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 checked="" 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 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 checked="" 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 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 checked="" 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 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): Smile Designs by Dr. Charlotte Gerry, P.A.</p>	
<p>All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)</p>			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<p>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)</p>			
Name of Debtor: William and Charlotte Gerry	Case Number: Pending Ch. 13	Date Filed:	
District: Middle Dist of Fla, Jax Division	Relationship: Charlotte Gerry 100% sharehldr	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>	
<p>Exhibit C</p>			
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?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
<p>Exhibit D</p>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<p>Information Regarding the Debtor - Venue</p> <p>(Check any applicable box)</p>			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> 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.			
<p>Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p>(Check all applicable boxes)</p>			
<input type="checkbox"/> 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)			
<input type="checkbox"/> 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			
<input type="checkbox"/> Debtor has included in 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.			
<input type="checkbox"/> 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):
Smile Designs by Dr. Charlotte Gerry, P.A.

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

Signatures

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/ Kevin B. Paysinger
 Signature of Attorney for Debtor(s)

Kevin B. Paysinger 0056742
 Printed Name of Attorney for Debtor(s)

Bankruptcy Law Firm
 Firm Name

of Lansing J. Roy, P.A.
PO Box 10399
Jacksonville, FL 32247-0399

 Address

information@jacksonvillebankruptcy.com
904-391-0030 Fax: 904-391-0031

 Telephone Number

January 10, 2009
 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 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/ Dr. Charlotte Y. Gerry
 Signature of Authorized Individual

Dr. Charlotte Y. Gerry
 Printed Name of Authorized Individual

President
 Title of Authorized Individual

January 10, 2009
 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.

**United States Bankruptcy Court
Middle District of Florida**

In re Smile Designs by Dr. Charlotte Gerry, P.A.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the Professional Association named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 10, 2009

/s/ Dr. Charlotte Y. Gerry

Dr. Charlotte Y. Gerry/President

Signer/Title

SMILE DESIGNS BY DR. CHARLOTTE GERRYOP LIVE OAK, FL
7505 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

101 WHITE AVENUE SE
LIVE OAK FL 32064

EMERGENCY SYSTEMS, INC.
Acct 1137LC
3027 PLYMOUTH STREET
JACKSONVILLE FL 32205-6223

KEVIN B. PAYSINGER
BANKRUPTCY LAW FIRM
OF LANSING J. ROY, P.A.
PO BOX 10399
JACKSONVILLE, FL 32247-0399

COMCAST
PO BOX 551217
JACKSONVILLE FL 32255

ESERVICES
P.O. BOX 10677
PALATINE IL 60055-0677

ADA CATALOGUE SALES
211 E CHICAGO AVENUE
CHICAGO IL 60611

CULLIGAN WATER
P.O. BOX 5277
CAROL STREAM IL 60197-5277

FIRST COAST DENTAL REPAIR
2686 ARCHER STREET
MIDDLEBURG FL 32068

ADA PRODUCT COMPANY, INC.
2350 W FOREST AVENUE
MILWAUKEE WI 53209-3723

DDSLAB, INC.
Acct 1882027953
P.O. BOX 850001
ORLANDO FL 32885-0247

FIVE STAR ORTHODONTIC LAB
2928 METRO STREET
SUITE 102
DENTON TX 76207

APPLIED THERAPY GROUP
4184 VAN NUYS
VAN NUYS CA 91409

DDSLAB, INC.
Acct 1882027954
P.O. BOX 85001
ORLANDO FL 32885-0247

FRIER'S STORAGE
634 HELVENSTON STREET
LIVE OAK FL 32064

AT&T - BELLSOUTH
AT&T CORRESPONDENCE
PO BOX 100-120
COLUMBIA SC 29202

DENTAL HEALTH PRODUCT
Acct 62745
DEPT. CH17966
PALATINE IL 60055-7966

HARMONY DENTAL LAB
758 WEST DUVAL STREET
JACKSONVILLE FL 32202

BENCO
Acct 91257864
11 BEAR CREEK BLVD.
WILKES BARRE PA 18773-1108

DENTAL HEALTH PRODUCT
Acct 63216
DEPT. CH17966
PALATINE IL 60055-7966

HEALTH CARE EQUIPMENT SPEC
900 INDIANA
WICHITA FALLS TX 76301

CANNON PAPER SUPPLY
P.O. BOX 60
CALVARY GA 39829

DENTMAT
P.O. BOX 52510
LOS ANGELES CA 90074-2510

HUNTER'S PRINTING
1330 SW MAIN
LAKE CITY FL 32025

CITY OF LAKE CITY, FL
205 N MARION AVENUE
LAKE CITY FL 32055

DIRECT DENTAL SERVICE PRODUCTS
ATTN: BRIAN MCCULLOUGH
P.O. BOX 8761
FLEMING ISLAND FL 32006

INTECM TECH
2401 N COMMERCE
ARDMORE OK 73401

CITY OF LIVE OAK
Acct 32064
101 WHITE AVENUE SE
LIVE OAK FL

DYNAFLEX LAB
P.O. BOX 99
SAINT ANN MO 63074

INTERNAL REVENUE SERVICE
Acct 205795059
PO BOX 21126
PHILADELPHIA PA 19114-0326

INTERNATIONAL DENTAL ALLIANCE
P.O. BOX 1220
BELVEDERE TIBURON CA 94920

PITNEY BOWES CREDIT CORP
PO BOX 5151
SHELTON CT 06484

STATE OF FLORIDA
DEPARTMENT OF REVENUE
STATE UNEMPLOYMENT COMP.
TALLAHASSEE FL 32301

IVOCLAIR VIVADENT
Acct Smile Designs
175 PINEVIEW DRIVE
AMHERST NY 14228

PITNEY BOWES GLOBAL
P.O. BOX 5460
LOUISVILLE KY 40285

SUWANNEE COUNTY, FLORIDA
215 PINE AVENUE SW
SUITE A
LIVE OAK FL 32064

JESSE AND FRICHTEL
Acct Smile Designs
1861 GOLDEN MILE HIGHWAY
PITTSBURGH PA 15239

PROACTIVE
1075 PINEVIEW CIRCLE SW
LIVE OAK FL 32064

TOUCHTON HEATING
10156 US HWY 90 E
LIVE OAK FL 32060

LIVE OAK PEST CONTROL
17856 US HWY 129
MC ALPIN FL 32062

PROCTOR & GAMBLE
P.O. BOX 4751
MARTINSVILLE VA 24115-9911

ULTRADENT PRODUCTS
Acct 110461
P.O. BOX 410804
SALT LAKE CITY UT 84141-0804

LIVE OAK PROPERTY MGMT
400 MAL BLVD.
SUITE M
SAVANNAH GA 31406

QUILL
100 SCHELTER ROAD
LINCOLNSHIRE IL 60069

UPS
P.O. BOX 7247-0244
PHILADELPHIA PA 19170-0001

MILLER LAB
526 WHITE AVENUE
LIVE OAK FL 32060

RELIABLE LAB
261 WESTFORD DRIVE, #3
MIAMI FL 33166

US EXPRESS LEASING
10 WATERVIEW BLVD.
PARSIPPANY NJ 07054

MIS IMPLANTS
14-25 PLAZA ROAD
SUITE S.35
FAIR LAWN NJ 07410

SMILE MARKERS
P.O. BOX 2543
SPARTANBURG SC 29304

WQHL-FM RADIO
Acct 76945
1305 HELVENSTON
LIVE OAK FL 32064

MOS/MCCRIMON'S OFFICE SYSTEMS
Acct Smile Designs of Lake City
P.O. BOX B
LIVE OAK FL 32064

SOUTH GEORGIA MEDIA GROUP
P.O. BOX 968
VALDOSTA GA 31603

NORTH FLORIDA PRINTING
109 TUXEDO AVENUE N
LIVE OAK FL 32064

SOUTHEASTERN ENVIRONMENTAL SVC
2940 MERCURY ROAD
JACKSONVILLE FL 32207-7913

PHILIPS ADP
P.O. BOX 847569
DALLAS TX 75284-7569

SOUTHLAND WASTE SYSTEM
8619 WESTERN WAY
JACKSONVILLE FL 32256

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Middle District of Florida**

In re **Smile Designs by Dr. Charlotte Gerry, P.A.**

Debtor(s)

Case No. _____

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 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 20 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>
Benco 11 Bear Creek Blvd. Wilkes Barre, PA 18773-1108	Benco 11 Bear Creek Blvd. Wilkes Barre, PA 18773-1108	Services Agreement		9,083.97
City of Live Oak, FL 101 White Avenue SE Live Oak, FL 32064	City of Live Oak, FL 101 White Avenue SE Live Oak, FL 32064	Tangible Personal Property Tax		1,633.81
DDSLAB, Inc. P.O. Box 850001 Orlando, FL 32885-0247	DDSLAB, Inc. P.O. Box 850001 Orlando, FL 32885-0247	Services Contract		2,469.75
Dental Health Product Dept. CH17966 Palatine, IL 60055-7966	Dental Health Product Dept. CH17966 Palatine, IL 60055-7966	Services Agreement		14,514.99
Dental Health Product Dept. CH17966 Palatine, IL 60055-7966	Dental Health Product Dept. CH17966 Palatine, IL 60055-7966	Services Agreement		1,107.45
First Coast Dental Repair 2686 Archer Street Middleburg, FL 32068	First Coast Dental Repair 2686 Archer Street Middleburg, FL 32068			795.35
Health Care Equipment Spec 900 Indiana Wichita Falls, TX 76301	Health Care Equipment Spec 900 Indiana Wichita Falls, TX 76301			2,573.00
Internal Revenue Service PO BOX 21126 Philadelphia, PA 19114-0326	Internal Revenue Service PO BOX 21126 Philadelphia, PA 19114-0326	Unpaid 2008 quarterly taxes		58,378.00
Ivoclar Vivadent 175 Pineview Drive Amherst, NY 14228	Ivoclar Vivadent 175 Pineview Drive Amherst, NY 14228	Services Agreement		1,431.85
Jesse and Frichtel 1861 Golden Mile Highway Pittsburgh, PA 15239	Jesse and Frichtel 1861 Golden Mile Highway Pittsburgh, PA 15239	Lab services agreement		2,047.88
Live Oak Property Mgmt 400 Mal Blvd. Suite M Savannah, GA 31406	Live Oak Property Mgmt 400 Mal Blvd. Suite M Savannah, GA 31406	Office lease agreement		2,782.00
Miller Lab 526 White Avenue Live Oak, FL 32060	Miller Lab 526 White Avenue Live Oak, FL 32060			1,290.87

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

In re Smile Designs by Dr. Charlotte Gerry, P.A.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
PITNEY BOWES CREDIT CORP PO BOX 5151 Shelton, CT 06484	PITNEY BOWES CREDIT CORP PO BOX 5151 Shelton, CT 06484			927.07
Pitney Bowes Global P.O. Box 5460 Louisville, KY 40285	Pitney Bowes Global P.O. Box 5460 Louisville, KY 40285			1,069.32
Quill 100 Schelter Road Lincolnshire, IL 60069	Quill 100 Schelter Road Lincolnshire, IL 60069	Services Agreement		753.45
Reliable Lab 261 Westford Drive, #3 Miami, FL 33166	Reliable Lab 261 Westford Drive, #3 Miami, FL 33166	Service Agreement		12,938.74
Suwannee County, Florida 215 Pine Avenue SW Suite A Live Oak, FL 32064	Suwannee County, Florida 215 Pine Avenue SW Suite A Live Oak, FL 32064	Tangible Property Tax		1,228.02
Ultradent Products P.O. Box 410804 Salt Lake City, UT 84141-0804	Ultradent Products P.O. Box 410804 Salt Lake City, UT 84141-0804	Supply agreement		1,765.12
US Express Leasing 10 Waterview Blvd. Parsippany, NJ 07054	US Express Leasing 10 Waterview Blvd. Parsippany, NJ 07054	Lease Agreement		818.55
WQHL-FM Radio 1305 Helvenston Live Oak, FL 32064	WQHL-FM Radio 1305 Helvenston Live Oak, FL 32064	Advertising		1,182.00

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

I, the President of the Professional Association 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 January 10, 2009Signature /s/ Dr. Charlotte Y. Gerry

Dr. Charlotte Y. Gerry
President

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.