

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT,
IN AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of
ULTRAMEDIX HEALTH CARE SYSTEMS, INC.,
a Florida corporation.

CASE NO: 98-1127

FILED
CIRCUIT COURT
LEON COUNTY, FLORIDA

2011 OCT 19 P 3:22

FILED

COPY - not verified against original

**RECEIVER'S MOTION FOR ORDER APPROVING FINAL CLAIMS REPORT,
CLAIMS DISTRIBUTION REPORT AND DISTRIBUTION ACCOUNTING AND
AUTHORIZING DISTRIBUTION**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver of UltraMedix Health Care Systems, Inc. ("Receiver"), hereby moves this court for an Order approving the Receiver's Final Claims Report, Claims Distribution Report and Distribution Accounting. In support of its Motion, the Receiver says:

1. UltraMedix Healthcare Systems, Inc. ("UltraMedix") was a Florida corporation previously authorized to transact the business of a health maintenance organization in the State of Florida pursuant to Chapter 641, Florida Statutes. On March 3, 1998, the Second Judicial Circuit Court in and for Leon County, Florida ("Court"), entered its Order Appointing the Florida Department of Insurance as Receiver for Purposes of Liquidation, Injunction and Notice of Automatic Stay ("Order"). On January 7, 2003, the Florida Department of Insurance became a part of the Florida Department of Financial Services.

2. This Court has jurisdiction over the UltraMedix Receivership and is "authorized to make all necessary or proper orders to carry out the purposes of the Florida Insurers Rehabilitation and Liquidation Act. Section 631.021(1), Florida Statutes.

3. The Receiver has compiled a Final Claims Report which reflects the classification of filed claims by priority in accordance with Section 631.271, Florida Statutes, and the claims

filing deadline. This report also incorporates the resolution of all timely filed objections and claimant information updates. Future claimant information updates resulting from the distribution process will be incorporated into the Receiver's database. For the Court's convenience, a paper copy of the summary totals from the Final Claims Report (Parts A and B) is attached as Exhibit "A."

4. With the approval of the Receiver's Final Claims Report, the Receiver is now in the position to make a partial distribution of receivership assets. Said assets will be distributed to claimants in classes 1-3 in accordance with the Claims Distribution Report dated October 3, 2011. For the Court's convenience, a paper copy of the summary totals from the Claims Distribution Report is attached as Exhibit "B." The Claims Distribution Report lists all class 1-3 claims where an approved amount has been recommended in the Final Claims Report and is in accord with Section 631.271, Florida Statutes.

5. Based upon the Distribution Accounting projected for an October 2011 distribution, which is attached hereto as Composite Exhibit "C," the Receiver is prepared to make a distribution of \$370,505.53 to all claimants in classes 1-3 based on a calculated distribution of 100% of the amount approved by the Court. The final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing.

6. In accordance with the Distribution Accounting, the sum of \$12,273,766.89 shall be reserved for a potential secured claim payment, potential future distributions, the Receiver's cost of distribution and the subsequent discharge of the estate from receivership. This is a projected sum and any adjustments to this sum will be made in the discharge accounting.

7. The Receiver recommends that the Final Claims Report, Claims Distribution Report and Distribution Accounting be approved.

8. The Receiver recommends that the distribution amounts intended for the claimants who did not respond to the Receiver's inquiries, or where inadequate address information exists, be transferred to the Florida Department of Financial Services, Bureau of Unclaimed Property.

WHEREFORE, the Receiver respectfully requests this Court grant its Motion and enter an Order approving the Final Claims Report, Claims Distribution Report and Distribution Accounting and directing the Receiver to make the above referenced distribution to claimants in this receivership.

DATED this 19th day of October, 2011.



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FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
 ULTRAMEDIX HEALTH CARE SYSTEMS INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$15,885,548.96
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$7,869,633.47
TOTAL NUMBER	1,749

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	1,226
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$13,561,472.06
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$6,863,541.50
COUNT OF CLASS 2 CLAIMS :	260	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$719,320.04	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$15,476.67	AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 3 CLAIMS :	17	COUNT OF CLASS 8 CLAIMS :	226
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$8,472.54	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,524,308.28
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$978,672.46
COUNT OF CLASS 4 CLAIMS :	4	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$49,251.08	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 5 CLAIMS :	16	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$22,724.96	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$11,942.84	AMOUNT RECMD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	

Note: If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
ULTRAMEDIX HEALTH CARE SYSTEMS INC
FINAL CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$2,602,981.09
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$2,602,981.09
TOTAL NUMBER	3

COUNT OF CLASS 1 CLAIMS :	1	COUNT OF CLASS 6 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$351,253.72	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$2,247,952.23
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$351,253.72	AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	\$2,247,952.23
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$3,775.14	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :	\$3,775.14	AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 10 CLAIMS TO GUARANTY ASSOCIATION :	

Note: If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 ULTRAMEDIX HEALTH CARE SYSTEMS INC
 CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$448,366.76
TOTAL AMOUNT RECOMMENDED	\$370,505.53
TOTAL NUMBER	31

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS :	
AMOUNT RECOMMENDED FOR SECURED CLAIMS :	

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	1	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :	\$351,253.72	AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :	\$351,253.72	AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	29	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	\$93,337.90	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$15,476.67	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :	\$3,775.14	AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :	\$3,775.14	AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 10 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 10 CLAIMS :	

EXHIBIT "B"

**Ultramex Health Care Systems
Distribution Accounting
Projected for October 2011 Distribution**

ESTIMATED ASSETS AT SEPTEMBER 30, 2011

	Value	Reference
Cash	\$ 11,645,108.23	Schedule A
Cash - Restricted	\$ 980,164.19	
Accrued Interest Rec. (To be paid 10/01/2011)	19,000.00	Schedule D
Total Assets	\$ 12,644,272.42	

ESTIMATED FUNDS RETAINAGE

	Value	Reference
Secured Claims Against Estate - ANCA	980,164.19	
Available for Future Distributions Below Class III (Note 1)	11,341,357.70	
Excess of Interest earned over		
Receiver Expenses		
Estimate (October 2011-December 2012)	(55,355.00)	Schedule B
Discharge Expenses		
Retainage for records storage, records destruction, tax return prep. & labor	7,000.00	Schedule F
Total Proposed Retainage	12,273,786.89	
TOTAL AVAILABLE TO DISTRIBUTE	\$ 370,505.53	

DISTRIBUTION RECOMMENDATION

	Claims Value	Less Previous Claims Distributions	Value of Claims Outstanding	Apply Adv. Pmts. to Guaranty Assoc.	Recommended Distribution	% Value of Claims Outstanding	% Value of Gross Filed Claims	Total % of Claims Value Distributed
Class I - Administrative Claims-Guaranty Funds	\$ 351,253.72	\$ -	\$ 351,253.72	 	\$ 351,253.72	100.0000%	100.0000%	100.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-	 	-	100.0000%	0.0000%	0.0000%
Class II - Loss Claims-Other	15,476.67	-	15,476.67	 	15,476.67	100.0000%	100.0000%	100.0000%
Class III - Return Premium Claims-Guaranty Funds	3,775.14	-	3,775.14	 	3,775.14	100.0000%	100.0000%	100.0000%
Class III - Return Premium Claims-Other	-	-	-	 	-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	-	-	-	 	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	11,942.84	-	11,942.84	 	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims	6,863,541.50	-	6,863,541.50	 	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims - GA	2,247,952.23	-	2,247,952.23	 	-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	-	-	-	 	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	978,672.46	-	978,672.46	 	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	 	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	 	-	0.0000%	0.0000%	0.0000%
Totals	\$ 10,472,614.56	\$ -	\$ 10,472,614.56	\$ -	\$ 370,505.53			

Note 1: No distribution for classes below III until U.S. DOJ signs release for any Federal claims.

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver for Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses

**Ultramedix Health Care Systems
Available Cash Projection
Projected for October 2011 Distribution**

Beginning Pooled Cash Balance		Cash Bal. as of
		August 31, 2011
		\$ 11,615,463.17
Direct Receiver Expenses (Actual or Estimated)		
Rent-Storage & Utilities	300.00	
Subrogation Services	300.00	
Sub-total		
		3,444.00 ¹
Allocated Receiver Expenses (Estimated)		
Labor & Benefits	1,395.00 ²	
Indirect Expenses	4,839.00	
Sub-total		
		11,610,324.17
Cash Balance Before Interest Earnings		
Interest Earnings		
Pooled Cash:		
Actual SPIA Earnings for August to be credited on 08/01/2011.	34,784.06	
Ending Pooled Cash Balance		\$ 11,645,108.23

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading

May Actual	1,617.55
June Actual	2,837.95
July Actual	2,432.05
August Actual	498.95
Sub-total	6,887.55
4 mth. actual average (rounded)	1,722.00
Doubled for increased activity level	\$ 3,444.00

² Indirect Expenses: This estimate is Ultramedix Health Care's estimated pro rata share of the Receiver's estimate. The pro rata share calculation is based on Ultramedix Health Care's estimated total assets divided by the Receiver for all receiverships.

Estimated Total Asset %	0.90%
Estimated Total for the Receiver	\$ 155,000.00
Estimated Expense (rounded)	\$ 1,395.00

Ultramedix Health Care Systems
Estimated Funds to be Retained by the Receiver for Discharge of the Estate
Estimated from October 2011 through the Projected Discharge Date of December 2012

	September	October	November	December	Jan - Dec 2012	Retainage Calculation
Beginning Cash Balance	\$ 11,645,108.23	\$ 11,645,108.23	\$ 11,269,463.70	\$ 11,283,324.70	\$ 11,297,185.70	
Direct Receiver Expenses						
Rent - Storage		300.00	300.00	300.00	3,600.00	
Sub-total		300.00	300.00	300.00	3,600.00	\$ 4,500.00
Allocated Receiver Expenses						
Labor & Benefits		3,444.00 ¹	3,444.00 ¹	3,444.00 ¹	41,328.00 ¹	
Indirect Expenses		1,395.00 ²	1,395.00 ²	1,395.00 ²	16,740.00 ²	
Sub-total		4,839.00	4,839.00	4,839.00	58,068.00	\$ 72,585.00
Claims Distribution (Approx.)		\$ 370,505.53				
Cash Balance Before Interest Earnings		11,269,463.70	11,264,324.70	11,278,185.70	11,235,517.70	
Interest Earnings						
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).			19,000.00	19,000.00	94,440.00	\$ 132,440.00 ³
Projected Ending Cash Balance	\$ 11,645,108.23	\$ 11,269,463.70	\$ 11,283,324.70	\$ 11,297,185.70	\$ 11,329,957.70	\$ (55,355.00)

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor through distribution. Subsequent to distribution the monthly average is assumed.

May Actual	1,617.55
June Actual	2,837.95
July Actual	2,432.05
August Actual	498.98
Sub-total	6,887.55
4 mth. actual average (rounded)	1,722.00
Doubled for increased distribution activity	3,444.00

² Indirect Expenses: This estimate is Ultramedix Health Care's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on Ultramedix Health Care's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	0.90%
Estimated Total for the Receiver	\$ 155,000.00
Estimated Expense (rounded)	\$ 1,395.00

³ The September 2011 interest is not included in the 'Retainage Calculation' as it is included as Accrued Interest in the Estimated Assets at September 30, 2011 on the Distribution Accounting Statement.

Ultramedix Health Care Systems
Allocated State Funds Expensed
 Estimated from August 2011 through the Projected Discharge Date of December 2012
THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION

	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-Dec 2012	Totals
Accrued Allocated State of Florida Expenses (Estimated)							
Labor & Benefits	\$ 760.00 ¹	\$ 760.00 ¹	\$ 760.00 ¹	\$ 760.00 ¹	\$ 760.00 ¹	\$ 9,120.00 ¹	\$ 12,920.00
Indirect Expenses	130.00 ²	130.00 ²	130.00 ²	130.00 ²	130.00 ²	1,560.00 ²	2,210.00
Total	\$ 890.00	\$ 890.00	\$ 890.00	\$ 890.00	\$ 890.00	\$ 10,680.00 ³	\$ 15,130.00

Assumptions for Allocated State of Florida Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor activity during the distribution period.

May Actual	93.67
June Actual	160.93
July Actual	73.43
August Actual	1,194.99
Sub-total	1,523.02
4 mth. actual average (rounded)	\$ 380.00
Doubled for increased distribution activity	\$ 760.00

² Indirect Expenses: This estimate is Ultramedix Health Care's estimated pro rata share of the State's estimated total indirect expenses. The pro rata share calculation is based on Ultramedix Health Care's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	0.90%
Estimated Total for the State	\$ 14,500.00
Estimated Expense (rounded)	\$ 130.00

³ Per current Receiver policies and procedures, these accumulated amounts are recorded directly against estate equity as opposed to a liability account.

Ultramedix Health Care Systems
Interest Earnings Projection - Pooled Cash
Projected for October 2011 Distribution

Interest accrued for September

Beginning cash balance at 09/01/2011	11,615,463.17
Ending cash balance at 09/30/2011	11,645,108.23
Average cash balance for September	11,630,285.70
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	232,605.71

Accrual for September (Rounded) \$ 19,000.00

Interest accrued for October

Beginning cash balance at 10/01/2011	11,645,108.23
Ending cash balance at 10/31/2011	11,269,463.70
Average cash balance for October	11,457,285.97
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	229,145.72

Accrual for October (Rounded) \$ 19,000.00

Interest accrued for November

Beginning cash balance at 11/01/2011	11,269,463.70
Ending cash balance at 11/30/2011	11,283,324.70
Average cash balance for November	11,276,394.20
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	225,527.88

Accrual for November (Rounded) \$ 19,000.00

Interest accrued for December

Beginning cash balance at 12/01/2011	11,283,324.70
Ending cash balance at 12/31/2011	11,297,185.70
Average cash balance for December	11,290,255.20
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	225,805.10

Accrual for December (Rounded) \$ 19,000.00

Interest accrued for January - December 2012

Beginning cash balance at 01/01/2012	11,297,185.70
Ending cash balance at 12/30/2012	11,329,957.70
Average cash balance for 2012	11,313,571.70
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	226,271.43

Accrual for 2012 (Rounded) \$ 75,440.00

**Ultramedix Health Care Systems
Receiver Discharge Expenses
Projected for Post 12/31/2012 Discharge Date**

Discharge Expenses

Records Storage, Records Destruction, Labor	7,000.00
2011-12 Tax Return Preparation	
Total	<u>\$ 7,000.00</u>