

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

CASE NO.: 99-5065

IN RE: THE RECEIVERSHIP OF
VANTAGE HEALTHPLAN, INC.,
A Florida Health Maintenance Organization

30107
FILED
CIRCUIT COURT
06 FEB 21 PM 2:56
LEON COUNTY FLORIDA

**RECEIVER'S MOTION FOR APPROVAL OF
THE FINAL CLAIMS REPORT, CLAIMS DISTRIBUTION REPORT AND
DISTRIBUTION ACCOUNTING AND FOR AN ORDER AUTHORIZING PARTIAL
DISTRIBUTION**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES as Receiver of
VANTAGE HEALTHPLAN INC. ("VANTAGE"), files herewith the Receiver's Final Claims
Report, Claims Distribution Report and Distribution Accounting and for an Order
Authorizing Partial Distribution and states:

1. This Court entered a Consent Order Appointing the Florida Department of Insurance as Receiver of VANTAGE for the purposes of Liquidation, Injunction and Notice of Automatic Stay on September 14, 1999. On January 7, 2003, the Florida Department of Insurance became part of the Florida Department of Financial Services.
2. This Court has jurisdiction over the VANTAGE Receivership and is authorized to enter all necessary and/or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, Section 631.021(1), Florida Statutes.
3. The Receiver's Final Claims Report dated January 19, 2006 and marked as Exhibit

"A", is attached hereto and by reference made a part hereof. The report is broken down into two parts. Part A is for Non-Guaranty Association claimants and Part B is for Guaranty Association claimants. This report reflects classification of all filed claims by priority in accordance with Section 631.271, Florida Statutes. This report also incorporated 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.

4. With the approval of the Receiver's Final Claims Report and the collection of all known assets in the receivership, the Receiver is now in the position to make a partial distribution of receivership assets. Said assets will be distributed to Class I and Class II claimants in accordance with the Claims Distribution Report dated December 16, 2005 which is attached hereto as Exhibit "B". The Claims Distribution Report lists only those Class I and Class II claims where an approved amount has been recommended in the Final Filed Claims Report and is in accord with Section 631.271, Florida Statutes.
5. Based on the Distribution Accounting projected as of December 31, 2005, which is attached hereto as Exhibit "C", The Receiver is prepared to make a distribution on 100% of Class I and Class II Claims. There are two claims qualifying for Distribution for a total amount recommended by the Receiver of \$1,653.06.
6. In accordance with the Distribution Accounting, the sum of \$4,000.00 shall be reserved for the Receiver's cost of distribution and wind-up expenses. This is a projected sum and any adjustments to this sum will be made in the discharge

accounting.

7. The distribution amounts that go unclaimed and/or the checks for the claimants that are returned to the Receiver will be retained as secure funds pending the Receiver's recommendation that they be transferred to the Department of Financial Services, Bureau of Unclaimed Property.
8. The Receiver recommends that the Final Filed Claims Report, Claims Distribution Report and Distribution Accounting be approved.

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

RESPECTFULLY SUBMITTED on this 16 day of February, 2006.



Yamile Benitez-Torviso, Senior Attorney
Florida Bar No. 0151726
Florida Department of Financial Services
Division of Rehabilitation & Liquidation
P.O. Box 0110
Tallahassee, Florida 32301
786-336-1382 – Telephone (Direct Line)
305-499-2273 - Facsimile

Exhibit A

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$191.50
ID NO: 2-1	CLAIM NUMBER:	CLAIMANT: TOLLIE CARTER	AMOUNT RECOMMENDED:	\$105.99
PRIORITY: CLASS 2	INS/CLMT STATE:	7686 OAK DR	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	KEYSTONE HIGHTS, FL	AMOUNT RECMD CLAIMANT:	\$105.99
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$6,879.00
ID NO: 600003-1	CLAIM NUMBER:	CLAIMANT: ATTN ALISA WOMEN'S MEDICAL GROUP	AMOUNT RECOMMENDED:	\$3,694.70
PRIORITY: CLASS 6	INS/CLMT STATE:	3550 UNIVERSITY BLVS S #301	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:	\$3,694.70
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$1,776.00
ID NO: 600004-1	CLAIM NUMBER:	CLAIMANT: DR. HINSON STEPHENS	AMOUNT RECOMMENDED:	\$1,157.87
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN BETH	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	4440 KINGSLEY AVE	AMOUNT RECMD CLAIMANT:	\$1,157.87
	DATE PROOF FILED:	ORANGE PARK, FL		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$5,049.00
ID NO: 600007-1	CLAIM NUMBER:	CLAIMANT: PREMIER FAMILY CARE	AMOUNT RECOMMENDED:	\$3,231.31
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN DREW SYNDER	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	14444 BEACH BLVD #315	AMOUNT RECMD CLAIMANT:	\$3,231.31
	DATE PROOF FILED:	JACKSONVILLE, FL		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$5,937.00
ID NO: 600009-1	CLAIM NUMBER:	CLAIMANT: METOBOLIC CONSULTANT	AMOUNT RECOMMENDED:	\$5,931.00
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN DOUG	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	412 SOUTH MISSOURI AVE	AMOUNT RECMD CLAIMANT:	\$5,931.00
	DATE PROOF FILED:	CLEARWATER, FL		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$749.00
ID NO: 600010-1	CLAIM NUMBER:	CLAIMANT: JAMES S BOMHARD, MD	AMOUNT RECOMMENDED:	\$392.26
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN DREW SYNDER	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	1522 PENMAN RD	AMOUNT RECMD CLAIMANT:	\$392.26
	DATE PROOF FILED:	JACKSONVILLE BEACH, FL		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$563.71
ID NO: 600011-1	CLAIM NUMBER:	CLAIMANT: DUANE L BORK, MD	AMOUNT RECOMMENDED:	\$369.78
PRIORITY: CLASS 6	INS/CLMT STATE:	6500 FORT CAROLINE RD #A	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:	\$369.78
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$2,987.00
ID NO: 600014-1	CLAIM NUMBER:	CLAIMANT: STEPHEN J CLARK, MD	AMOUNT RECOMMENDED:	\$2,058.22
PRIORITY: CLASS 6	INS/CLMT STATE:	6111 BEACH BLVD	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:	\$2,058.22
	DATE PROOF FILED:			

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE,INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$126.00
ID NO: 600017-1	CLAIM NUMBER:	CLAIMANT: MICHAEL A DAY, MD	AMOUNT RECOMMENDED:	\$71.33
PRIORITY: CLASS 6	INS/CLMT STATE:	6111 BEACH BLVD	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE,FL	AMOUNT RECMD CLAIMANT:	\$71.33
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$315.00
ID NO: 600020-1	CLAIM NUMBER:	CLAIMANT: KRISTIN FERNANDEZ, DO	AMOUNT RECOMMENDED:	\$201.62
PRIORITY: CLASS 6	INS/CLMT STATE:	3627 UNIVERSITY BUILDING #200	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE,FL	AMOUNT RECMD CLAIMANT:	\$201.62
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$165.00
ID NO: 600021-1	CLAIM NUMBER:	CLAIMANT: MIGUEL FERNANDEZ DO	AMOUNT RECOMMENDED:	\$107.12
PRIORITY: CLASS 6	INS/CLMT STATE:	3627 UNIVERSITY BUILDING #200	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE,FL	AMOUNT RECMD CLAIMANT:	\$107.12
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$1,599.00
ID NO: 600023-1	CLAIM NUMBER:	CLAIMANT: E R GRIFFIN III	AMOUNT RECOMMENDED:	\$699.60
PRIORITY: CLASS 6	INS/CLMT STATE:	105 FORKRIDGE DR	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	ORANGE PARK,FL	AMOUNT RECMD CLAIMANT:	\$699.60
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$274.00
ID NO: 600026-1	CLAIM NUMBER:	CLAIMANT: PETER C JANSEN, MD	AMOUNT RECOMMENDED:	\$215.78
PRIORITY: CLASS 6	INS/CLMT STATE:	12303 SAN JOSE BLVD	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE,FL	AMOUNT RECMD CLAIMANT:	\$215.78
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$44.00
ID NO: 600032-1	CLAIM NUMBER:	CLAIMANT: ZWINDA ORTIZ-ROLDAN, MD	AMOUNT RECOMMENDED:	\$19.80
PRIORITY: CLASS 6	INS/CLMT STATE:	1201 MONUMENT ROAD STE 201-B	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE,FL	AMOUNT RECMD CLAIMANT:	\$19.80
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$926.00
ID NO: 600033-1	CLAIM NUMBER:	CLAIMANT: GEORGE PLATT, MD	AMOUNT RECOMMENDED:	\$604.90
PRIORITY: CLASS 6	INS/CLMT STATE:	705 FERRIS ST	AMOUNT GUARANTY PAID:	\$0.00
STATUS: Evaluated	DATE OF LOSS:	GREEN COVE SPRINGS,FL	AMOUNT RECMD CLAIMANT:	\$604.90
	DATE PROOF FILED:			
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:	\$119.00
ID NO: 600035-1	CLAIM NUMBER:	CLAIMANT: HEBER J ROSA, MD	AMOUNT RECOMMENDED:	\$69.19
PRIORITY: CLASS 6	INS/CLMT STATE:	11761 BEACH BLVD STE 8	AMOUNT GUARANTY PAID:	\$0.00
STATUS: -Evaluated	DATE OF LOSS:	JACKSONVILLE,FL	AMOUNT RECMD CLAIMANT:	\$69.19
	DATE PROOF FILED:			

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600036-1	CLAIM NUMBER:	CLAIMANT: ANDRE SALAS, MD	\$2,456.00
PRIORITY: CLASS 6	INS/CLMT STATE:	BAKER COMMUNITY HEALTH CENTER	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	159 NORTH THIRD STREET	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:	MACCLENNY, FL	AMOUNT RECMD CLAIMANT:
		32063	\$1,565.94
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600041-1	CLAIM NUMBER:	CLAIMANT: MEDICAL DIAGNOSTIC CENTER OF JACKSONVILLE	\$4,717.38
PRIORITY: CLASS 6	INS/CLMT STATE:	3550 UNIVERSITY BLVD SOUTH	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$1,983.48
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600042-1	CLAIM NUMBER:	CLAIMANT: FLORIDA ANESTHESIA ASSOCIATES	\$13,330.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 5278	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$10,984.00
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600044-1	CLAIM NUMBER:	CLAIMANT: EDWARD W SMITH, MD, P.A.	\$3,074.50
PRIORITY: CLASS 6	INS/CLMT STATE:	SUITE 7017	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	580 WEST EIGHTH ST	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
			\$2,383.10
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600045-1	CLAIM NUMBER:	CLAIMANT: JOHN J RAHAIM, MD	\$610.00
PRIORITY: CLASS 6	INS/CLMT STATE:	3300 ATLANTIC BLVD	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$524.40
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600047-1	CLAIM NUMBER:	CLAIMANT: ATTN LYNNE M JONES FAMILY DOCTORS OF BELLEVUE	\$686.50
PRIORITY: CLASS 6	INS/CLMT STATE:	5051 SE 110TH ST	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	BELLEVUE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$380.49
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600049-1	CLAIM NUMBER:	CLAIMANT: DR. PANKAJ H GANDHI	\$13,345.00
PRIORITY: CLASS 6	INS/CLMT STATE:	2735 UNIVERSITY BLVD S	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$8,070.90
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600058-1	CLAIM NUMBER:	CLAIMANT: JAMES K BOMAN, MD	\$1,565.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 57100	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$930.40

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600061-1	CLAIM NUMBER:	CLAIMANT: CHERYL DIXON, MD	\$1,968.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 57100	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$1,394.00
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600063-1	CLAIM NUMBER:	CLAIMANT: DENNIS E MCCARTHY, MD	\$600.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 57100	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$600.00
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600064-1	CLAIM NUMBER:	CLAIMANT: EDWARD K MCGOUGH, MD	\$3,902.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 57100	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$3,398.00
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600065-1	CLAIM NUMBER:	CLAIMANT: MARK C MONROE, MD	\$886.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 57100	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$262.60
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600067-1	CLAIM NUMBER:	CLAIMANT: RICHARD W STEWART, MD	\$912.00
PRIORITY: CLASS 6	INS/CLMT STATE:	PO BOX 57100	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:		AMOUNT RECMD CLAIMANT:
			\$612.00
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600075-1	CLAIM NUMBER:	CLAIMANT: CLINIC FOR PULMONARY AND INFECTIOUS DISEASE	\$220.00
PRIORITY: CLASS 8	INS/CLMT STATE:	ATTN DEBBIE THOMPSON	AMOUNT RECOMMENDED:
STATUS: Unevaluated	DATE OF LOSS:	1842 HICKMAN RD	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
			\$2216
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600086-1	CLAIM NUMBER:	CLAIMANT: INTERNAL MEDICINE ASSOC OF JACKSONVILLE	\$293.00
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN JOY GRIFFIN SUITE 415	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	3627 UNIVERSITY BLVD SOUTH	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
			\$187.70
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600089-1	CLAIM NUMBER:	CLAIMANT: ROBERT J KLEINHANS, MD	\$2,808.00
PRIORITY: CLASS 6	INS/CLMT STATE:	JACKSONVILLE ORTHOPAEDIC INSTI	AMOUNT RECOMMENDED:
STATUS: Evaluated	DATE OF LOSS:	4131 UNIVERSITY BLVD SOUTH	AMOUNT GUARANTY PAID:
	DATE PROOF FILED:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
			\$1,330.71

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600090-1	CLAIM NUMBER :	CLAIMANT : JACKSONVILLE ORTHOPAEDIC CENTER	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	410 JACKSONVILLE DR	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE BEACH, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600091-1	CLAIM NUMBER :	CLAIMANT : CICERON V LAZO, MD	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	JACKSONVILLE PRIMARY CARE PA	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	6028 BENNETT RD	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600092-1	CLAIM NUMBER :	CLAIMANT : JAMES W WATTS OD PA	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	1180 1 SAN JOSE BLVD	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600093-1	CLAIM NUMBER :	CLAIMANT : LARMOYEUX CLINIC	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	ATTN DOT CREWS	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	124 EAST ASHLEY ST	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600094-1	CLAIM NUMBER :	CLAIMANT : JOSEPH LEE, DC	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	LEE CHIROPRACTIC CLINIC	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	1920 SOUTH 14TH ST	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	FERNANDINA BEACH, FL	
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600111-1	CLAIM NUMBER :	CLAIMANT : SOUTHEASTERN NEURO SCIENCE INS	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	ATTN SUZANNE FRASER	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	3728 PHILLIPS HWY SUITE 31	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600112-1	CLAIM NUMBER :	CLAIMANT : VASCULAR SURGERY ASSOC OF N FL PA	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	1617 KING ST	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY: 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600113-1	CLAIM NUMBER :	CLAIMANT : WP BOORAS MD PA	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	1922 UNIVERSITY BLVD SOUTH	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600114-1	CLAIM NUMBER:	CLAIMANT: MARK L ABRAMSON, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	SUITE 245	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	3627 UNIVERSITY BLVD SOUTH	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
			\$70.00
			\$35.64
			\$0.00
			\$35.64
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600116-1	CLAIM NUMBER:	CLAIMANT: AMIR H FATEMI, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	6934 ST AUGUSTINE ROAD	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
			\$1,595.00
			\$934.03
			\$0.00
			\$934.03
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600117-1	CLAIM NUMBER:	CLAIMANT: CARLOS H GAMA, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	SUITE 3	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	2736 UNIVERSITY BLVD WEST	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
			\$2,245.00
			\$673.60
			\$0.00
			\$673.60
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600118-1	CLAIM NUMBER:	CLAIMANT: N F HANNA, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	4010 SUNBEAM RD	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
			\$439.00
			\$269.20
			\$0.00
			\$269.20
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600119-1	CLAIM NUMBER:	CLAIMANT: RICHARD A HARTERT, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN DEBORAH	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	3599 UNIVERSITY BLVD SOUTH	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
			\$215.00
			\$116.94
			\$0.00
			\$116.94
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600123-1	CLAIM NUMBER:	CLAIMANT: AHMAD KASRAEIAN, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	SUITE 9015	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	580 WEST 8TH ST	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
			\$4,435.00
			\$3,604.70
			\$0.00
			\$3,604.70
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600129-1	CLAIM NUMBER:	CLAIMANT: BETH S PEARCE, DPM	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	204 SOUTHPARK CIRCLE EAST	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	ST AUGUSTINE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
			\$247.00
			\$189.00
			\$0.00
			\$189.00
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600130-1	CLAIM NUMBER:	CLAIMANT: ALEX G PULIDO, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	6216 ST AUGUSTINE RD	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
			\$4,039.00
			\$1,983.30
			\$0.00
			\$1,983.30

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

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600133-1	CLAIM NUMBER:	CLAIMANT: HOWARD N ROSE, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	1550 RIVESIDE AVE	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600134-1	CLAIM NUMBER:	CLAIMANT: EDWARD H SCHOTT, DC	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	2944 HARTLEY RD	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600135-1	CLAIM NUMBER:	CLAIMANT: GAURANG N SHAH, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	SUITE A	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	4123 UNIVERSITY BLVD SOUTH	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600136-1	CLAIM NUMBER:	CLAIMANT: W C SIMPSON, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	SUITE 724	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	1820 BARRS ST	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600137-1	CLAIM NUMBER:	CLAIMANT: CARABALLO M ULISES, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	1201 MONUMENT ROAD STE 201B	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:		
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600139-1	CLAIM NUMBER:	CLAIMANT: CENTURY AMBULANCE SERVICE INC	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN PHYLLIS	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	2103 GILMORE ST	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600140-1	CLAIM NUMBER:	CLAIMANT: ALLSCRIPTS INC	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN JULIE BROWN	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	2401 COMMERCE DR	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	LIBERTYVILLE, IL	
COMPANY: 488	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO: 600141-1	CLAIM NUMBER:	CLAIMANT: WILLIAM HUNT, MD	AMOUNT RECOMMENDED:
PRIORITY: CLASS 6	INS/CLMT STATE:	ATTN ANNE	AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS:	629 LOMAX ST	AMOUNT RECMD CLAIMANT:
	DATE PROOF FILED:	JACKSONVILLE, FL	

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600147-1	CLAIM NUMBER :	CLAIMANT : BANITA H WHITNER, LGSW	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	8789 SAN JOSE BLVD #210	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600165-1	CLAIM NUMBER :	CLAIMANT : LAB PHYSICIANS JACKSONVILLE	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	PO BOX 2699	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600173-1	CLAIM NUMBER :	CLAIMANT : EMERGENCY MEDICAL SPECIALIST	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	PO BOX 4454	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600193-1	CLAIM NUMBER :	CLAIMANT : NORTH FLORIDA OB-GYN ASSOC P.A.	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	PO BOX 550509	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600195-1	CLAIM NUMBER :	CLAIMANT : SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC. AND	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	SMITH HULSEY AND BUSEY, ATTS.	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	P.O. BOX 53315	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600195-2	CLAIM NUMBER :	CLAIMANT : BAPTIST MEDICAL CENTER-BEACHES, INC., AND	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	SMITH HULSEY AND BUSEY, ATTS.	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	P.O. BOX 53315	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600195-3	CLAIM NUMBER :	CLAIMANT : BAPTIST MEDICAL CENTER-MASSAU, INC. AND	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	SMITH HULSEY AND BUSEY, ATTS.	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	P.O. BOX 53315	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600195-4	CLAIM NUMBER :	CLAIMANT : ST. VINCENTS MEDICAL CENTER, INC., AND	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	SMITH HULSEY AND BUSEY, ATTS.	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	P.O. BOX 53315	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600197-1	CLAIM NUMBER :	CLAIMANT : PULMONARY & CRITICAL CARE	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	ATTN HOLLY RICH	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	1893 KINGSLEY AVE SUITE C	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	ORANGE PARK, FL	
		32073	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600200-1	CLAIM NUMBER :	CLAIMANT : FIRST COAST MEDICAL GROUP	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	ATTN PRISCILLA MCREYNOLDS	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	PO BOX 56583	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
		32241	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600202-1	CLAIM NUMBER :	CLAIMANT : DR CHARLES BOORAS	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	1922 UNIVERSITY BLVD SOUTH	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
		32216	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600206-1	CLAIM NUMBER :	CLAIMANT : MEDICAL PARTNERS SURGERY CTR	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	ATTN: RUTH THOMPSON	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	4545 EMERSON EXPRESSWAY	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
		32207	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600210-1	CLAIM NUMBER :	CLAIMANT : CLAUDIO VINCENTY	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	3901 UNIVERSITY BLVD S #111	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
		32216	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600211-1	CLAIM NUMBER :	CLAIMANT : JOHN BYERS	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	1801 BARR STREET SUITE 425	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
		32204	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600212-1	CLAIM NUMBER :	CLAIMANT : NEONATOLOGY	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	P. O. BOX 30772	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	TAMPA, FL	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :		
		336303772	
COMPANY : 488	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
ID NO : 600213-1	CLAIM NUMBER :	CLAIMANT : JOHN ZUMRICK	AMOUNT RECOMMENDED :
PRIORITY : CLASS 6	INS/CLMT STATE :	SUITE 2	AMOUNT GUARANTY PAID :
STATUS : Evaluated	DATE OF LOSS :	4425 MERRIMAC AVENUE	AMOUNT RECMD CLAIMANT :
	DATE PROOF FILED :	JACKSONVILLE, FL	
		32210	

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 488	POLICY NUMBER: 600214-1	INSURED: CLAIMANT: ATTN CHIP COVERS NEMOURS CHILDRENS CLINIC	AMOUNT CLAIMED: \$15,480.00
PRIORITY: CLASS 6	INS/CLMT STATE: 807 NIRA STREET		AMOUNT RECOMMENDED: \$11,218.85
STATUS: Evaluated	DATE OF LOSS: JACKSONVILLE, FL		AMOUNT GUARANTY PAID: \$0.00
	DATE PROOF FILED: 05/31/2000		AMOUNT RECMD CLAIMANT: \$11,218.85
COMPANY: 488	POLICY NUMBER: 800004-1	INSURED: CLAIMANT: DR RALEIGH THOMPSON	AMOUNT CLAIMED: \$114,495.27
PRIORITY: CLASS 9	INS/CLMT STATE: 3528 LULLWATER LANE		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Unevaluated	DATE OF LOSS: ORANGE PARK, FL		AMOUNT RECMD CLAIMANT: 32065
	DATE PROOF FILED: 10/29/2001		
COMPANY: 488	POLICY NUMBER: 800009-1	INSURED: CLAIMANT: DR JAMES BURT	AMOUNT CLAIMED: \$35,000.00
PRIORITY: CLASS 10	INS/CLMT STATE: 3540 SUNNYSIDE DRIVE		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Unevaluated	DATE OF LOSS: JACKSONVILLE, FL		AMOUNT RECMD CLAIMANT: 32207
	DATE PROOF FILED: 04/11/2000		
COMPANY: 488	POLICY NUMBER: 800010-1	INSURED: CLAIMANT: DR PAUL FARRELL	AMOUNT CLAIMED: \$33,675.08
PRIORITY: CLASS 10	INS/CLMT STATE: 5312 CLIFTON RD		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Unevaluated	DATE OF LOSS: JACKSONVILLE, FL		AMOUNT RECMD CLAIMANT: 32211
	DATE PROOF FILED: 10/24/2001		
COMPANY: 488	POLICY NUMBER: 800011-1	INSURED: CLAIMANT: DR JOHN ARNOLD	AMOUNT CLAIMED: \$38,500.00
PRIORITY: CLASS 10	INS/CLMT STATE: 2035 PROFESSIONAL CENTER DRIVE		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Unevaluated	DATE OF LOSS: ORANGE PARK, FL		AMOUNT RECMD CLAIMANT: 32073
	DATE PROOF FILED: 02/25/2000		
COMPANY: 488	POLICY NUMBER: 800014-1	INSURED: CLAIMANT: KAREN	AMOUNT CLAIMED: \$923.49
PRIORITY: CLASS 2	INS/CLMT STATE: FL		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS: PONTE VEDRA, FL		AMOUNT RECMD CLAIMANT: 320821684
	DATE PROOF FILED: 07/07/2000		
COMPANY: 488	POLICY NUMBER: 800018-1	INSURED: CLAIMANT: MICHAEL W HAYES	AMOUNT CLAIMED: \$1,006.50
PRIORITY: CLASS 8	INS/CLMT STATE: 12620 BRADY PLACE BLVD		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Unevaluated	DATE OF LOSS: JACKSONVILLE, FL		AMOUNT RECMD CLAIMANT: 322232591
	DATE PROOF FILED: 11/27/2001		
COMPANY: 488	POLICY NUMBER: 800019-1	INSURED: CLAIMANT: UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS INC	AMOUNT CLAIMED: \$9,534.00
PRIORITY: CLASS 6	INS/CLMT STATE: ATTN ELYSA SMOOT CPC		AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID:
STATUS: Evaluated	DATE OF LOSS: P O BOX 44008		AMOUNT RECMD CLAIMANT: \$8,580.60
	DATE PROOF FILED: 04/05/2002		AMOUNT RECMD CLAIMANT: 32231

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$898,948.32
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$560,467.76
TOTAL NUMBER	80

Secured Claims

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

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	72
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$674,936.48
AMOUNT RECD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$560,361.77	AMOUNT RECD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$560,361.77
COUNT OF CLASS 2 CLAIMS :	2	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$1,114.99	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$105.99	AMOUNT RECD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	2
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,226.50
AMOUNT RECD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00	AMOUNT RECD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$1,226.50
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$114,496.27
AMOUNT RECD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00	AMOUNT RECD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$114,496.27
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	3
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$107,175.08
AMOUNT RECD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00	AMOUNT RECD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$107,175.08

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

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 FINAL CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION

COMPANY: 488	INSURED:	AMOUNT CLAIMED:
ID NO : 800017-1	CLAIM NUMBER : FHMOCAFLCLAIMANT :	AMOUNT RECOMMENDED
PRIORITY : CLASS 1	INS/CLMT STATE : FLORIDA HMO CONSUMER ASSISTANCE PLAN	TO GUARANTY ASSOCIATION :
STATUS : Evaluated	DATE OF LOSS : 09/14/1999	\$1,547.07
	DATE PROOF FILED : 12/11/2001	
	INSURANCE INFORMATION: C/O JIM BRACHER PLAN MANAGER	
	P O BOX 16459	
	TALLAHASSEE, FL	\$1,547.07
		323176459

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE,INC
 FINAL CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$1,547.07
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$1,547.07
TOTAL NUMBER	1

COUNT OF CLASS 1 CLAIMS : 1
 AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION: \$1,547.07
 AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION : \$1,547.07

COUNT OF CLASS 2 CLAIMS : 0
 AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION:
 AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION:

COUNT OF CLASS 3 CLAIMS : 0
 AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION:
 AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION:

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

Exhibit B

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 CLAIMS DISTRIBUTION REPORT

COMPANY :	488	POLICY NUMBER :	UNKNOWNNSURED :	AMOUNT CLAIMED :	\$191.50
ID NO :	2-01	CLAIM NUMBER :	CLAIMANT :	AMOUNT RECOMMENDED :	\$105.99
PRIORITY :	CLASS 2	INS/CLMT STATE :	FL 7696 OAK DR	AMOUNT GUARANTY PAID :	\$0.00
STATUS :	EVALUATED	DATE OF LOSS :	KEYSTONE HIGHTS, FL	AMOUNT DUE CLAIMANT :	\$105.99
		DATE PROOF FILED :	04/14/2000		
COMPANY :	488	POLICY NUMBER :	UNKNOWNNSURED :	AMOUNT CLAIMED :	\$1,547.07
ID NO :	800017-01	CLAIM NUMBER :	FHMOCARCLAIMANT :	AMOUNT RECOMMENDED :	\$1,547.07
PRIORITY :	CLASS 1	INS/CLMT STATE :	FL C/O JIM BRACHER PLAN MANAGER		
STATUS :	EVALUATED	DATE OF LOSS :	P O BOX 16459		
		DATE PROOF FILED :	TALLAHASSEE, FL 323176459	AMOUNT DUE GUARANTY ASSOC. :	\$1,547.07

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 VANTAGE HEALTHCARE, INC
 CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$1,738.57
TOTAL AMOUNT RECOMMENDED	\$1,653.06
TOTAL NUMBER	2

Secured Claims

COUNT OF SECURED CLAIMS :	2
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 :	\$1,547.07	AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :	\$1,547.07	AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	

COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	\$191.50	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$105.99	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	

COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		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 C

Vantage HealthCare, Inc.
Distribution Accounting - Distribution Part I
Projected as of December 31, 2005

ESTIMATED ASSETS

	<u>Value</u>	<u>Reference</u>
Cash	\$ 539,473.08	Schedule A
Accrued Interest to be paid 1/1/06	2,000.00	Schedule D
Total Assets	\$ 541,473.08	

ESTIMATED FUNDS RETAINAGE

	<u>Value</u>	<u>Reference</u>
Class I - Administrative Claims Retainage for Receiver Expenses Estimate (November 2005 - December 2007)	\$ 72,594.75	Schedule B
Available for potential distribution below Class III	\$ 463,225.27	
Wind-up Expenses Retainage for records storage, records destruction & labor (Post-December 2007)	4,000.00	Schedule F
Total Proposed Retainage	539,820.02	

TOTAL AVAILABLE TO DISTRIBUTE **\$ 1,653.06**

DISTRIBUTION RECOMMENDATION

	<u>Claims Value</u>	<u>Less Previous Claims Distributions</u>	<u>Value of Claims Outstanding</u>	<u>Apply Adv. Pmts. to Guaranty Assoc.</u>	<u>Recommended Distribution</u>	<u>% of O/S Claims Value</u>
Class I - Administrative Claims-Guaranty Funds	\$ 1,547.07	\$ -	\$ 1,547.07	\$ -	\$ 1,547.07	100.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-	-	-	0.0000%
Class II - Loss Claims-Other	105.99	-	105.99	-	105.99	0.0000%
Class III - Return Premium Claims-Guaranty Funds	-	-	-	-	-	0.0000%
Class III - Return Premium Claims-Other	-	-	-	-	-	0.0000%
Class IV - Federal Government Claims	-	-	-	-	-	0.0000%
Class V - Employee Claims	-	-	-	-	-	0.0000%
Class VI - General Creditors Claims	560,361.77	-	560,361.77	-	-	0.0000%
Class VII - State & Local Government Claims	-	-	-	-	-	0.0000%
Class VIII - Late Filed Claims	1,226.50	-	1,226.50	-	-	0.0000%
Class IX - Assessed Claims	114,495.27	-	114,495.27	-	-	0.0000%
Class X - Shareholder Claims	107,175.08	-	107,175.08	-	-	0.0000%
Totals	\$ 784,911.68	\$ -	\$ 784,911.68	\$ -	\$ 1,653.06	

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Retainage for Receiver Pre-Discharge Expenses
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection
- Schedule E - Receiver Wind-up Expenses

Vantage HealthCare, Inc.
Available Cash Projection
Projected as of December 31, 2005

	<u>Cash Balance at</u> <u>October 31, 2005</u>	<u>Nov. 2005</u>	<u>Dec. 2005</u>
Beginning Cash Balance	<u>\$ 544,981.98</u>	<u>\$ 544,981.98</u>	<u>\$ 541,807.08</u>
Direct Receiver Recoveries (Estimated)			
N/A		-	-
Sub-total		<u>-</u>	<u>-</u>
Direct Receiver Expenses (Actual or Estimated)			
Rent-Storage & Utilities		100.00	100.00
Sub-total		<u>100.00</u>	<u>100.00</u>
Allocated Receiver Expenses (Estimated)			
Labor & Benefits		4,144.00 ¹	4,144.00 ¹
Indirect Expenses		90.00 ²	90.00 ²
Sub-total		<u>4,234.00</u>	<u>4,234.00</u>
Cash Balance Before Interest Earnings		<u>540,647.98</u>	<u>537,473.08</u>
Interest Earnings			
Actual SPIA Earnings for October to be received on 11/01/2005		1,159.10	
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).			2,000.00
Ending Cash Balance	<u>\$ 544,981.98</u>	<u>\$ 541,807.08</u>	<u>\$ 539,473.08</u>

Assumptions for Allocated Receiver Expenses:

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

July Actual	\$ 2,833.84
August Actual	2,060.29
September Actual	2,230.47
October Actual	1,165.29
Sub-total	<u>8,289.89</u>
4 mth. actual average (rounded & doubled)	<u>\$ 4,144.00</u>

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

Estimated Total Asset %	0.10%
Estimated Total for the Receiver	<u>\$ 90,000.00</u>
Estimated Expense (rounded)	<u>\$ 90.00</u>

Vantage HealthCare, Inc.
Estimated Funds to be Retained by the Receiver for Discharge of the Estate
Estimated from 1/1/06 through the Projected Discharge Date of 12/31/07

	Projected at December 31, 2005	2006	2007	Retainage Calculation
Beginning Cash Balance		\$ 539,473.08	\$ 501,398.10	
Direct Receiver Expenses				
Rent - Storage		1,200.00	1,200.00	
Sub-total		1,200.00	1,200.00	\$ 2,400.00
Allocated Receiver Expenses				
Labor & Benefits		49,728.00 ¹	49,728.00 ¹	
Indirect Expenses		1,080.00 ²	1,080.00 ²	
Sub-total		50,808.00	50,808.00	101,616.00
Claims Distribution (Approx.)		1,853.06		
Cash Balance Before Interest Earnings		485,812.02	448,390.10	
Interest Earnings				
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		15,530.00	15,835.17	31,421.25 ³
Projected Ending Cash Balance	\$ 539,473.08	\$ 501,398.10	\$ 465,225.27	
		Estimated Funds Retainage		\$ 72,594.75

Assumptions for Allocated Receiver Expenses:

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

July Actual	\$ 2,833.84
August Actual	2,060.29
September Actual	2,230.47
October Actual	1,165.29
Sub-total	8,289.89
4 mth. actual average (rounded)	\$ 4,144.00

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

Estimated Total Asset %	0.10%
Estimated Total for the Receiver	\$ 90,000.00
Estimated Expense (rounded)	\$ 90.00

³ The December 2005 interest is not included in the 'Estimated Retainage' since it is included as Accrued Interest in the Estimated Assets section of the Distribution Accounting dated December 31, 2005.

Vantage HealthCare, Inc.
Allocated State Funds Expensed
 Estimated from 11/1/05 through the Projected Discharge Date of 12/31/07
THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION

	Nov. 2005	Dec. 2005	2006	2007	Totals
Accrued Allocated State of Florida Expenses					
(Estimated)					
Labor & Benefits	\$ 260.00 ¹	\$ 260.00 ¹	\$ 3,120.00 ¹	\$ 3,120.00 ¹	\$ 6,760.00
Indirect Expenses	20.00 ²	20.00 ²	240.00 ²	240.00 ²	520.00
Total	\$ 280.00	\$ 280.00	\$ 3,360.00	\$ 3,360.00	\$ 7,280.00 ³

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.

July Actual	\$ 318.96
August Actual	60.09
September Actual	76.40
October Actual	70.79
Sub-total	526.24
4 mth. actual average (rounded & doubled)	<u>\$ 260.00</u>

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

Estimated Total Asset %	0.10%
Estimated Total for the State	\$ 19,959.00
Estimated Expense (rounded)	<u>\$ 20.00</u>

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

Vantage HealthCare, Inc.
Interest Earnings Projection
Projected as of December 31, 2005

Interest accrued November 2005

Beginning cash balance at 11/01/2005	\$	544,981.98
Ending cash balance at 11/30/2005		541,807.08
 Average cash balance for November		 543,394.53
Assumed SPIA interest rate (Annualized)		3.50%
 Subtotal (Annualized)		 19,018.81
 Accrual for November (Rounded)	 \$	 <u>2,000.00</u>

Interest accrued for December 2005

Beginning cash balance at 12/01/2005	\$	541,807.08
Ending cash balance at 12/31/2005		539,473.08
 Average cash balance for December		 540,640.08
Assumed SPIA interest rate (Annualized)		3.50%
 Subtotal (Annualized)		 18,922.40
 Accrual for December (Rounded)	 \$	 <u>2,000.00</u>

Interest accrued for 2006

Projected cash balance before interest earnings 2006	\$	485,812.02
Assumed SPIA interest rate (Annualized)		3.50%
 Subtotal (Annualized)		 17,003.42
 Accrual for 2006 (Rounded)	 \$	 <u>17,003.00</u>

Interest accrued for 2007

Projected cash balance before interest earnings 2007	\$	449,390.10
Assumed SPIA interest rate (Annualized)		3.50%
 Subtotal (Annualized)		 15,728.65
 Accrual for 2007 (Rounded)	 \$	 <u>15,729.00</u>

Vantage HealthCare, Inc.
Receiver Wind-up Expenses
Projected as of December 31, 2005

Wind-up Expenses (Projected)

Records Storage, Records Destruction & Labor
2004-07 Tax Returns

4,000.00

Total

\$ 4,000.00