

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

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

CASE NO.: 1998-CA-1127

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**RECEIVER'S MOTION FOR ORDER APPROVING FINAL CLAIMS  
REPORT, CLAIMS DISTRIBUTION REPORT, AND DISTRIBUTION AND  
DISCHARGE ACCOUNTING STATEMENT, DIRECTING FINAL DISCHARGE OF  
RECEIVER, AUTHORIZING DESTRUCTION OF OBSOLETE RECORDS,  
DIRECTING DISPOSITION OF REMAINING ASSETS AND CLOSING ESTATE**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver of UltraMedix Healthcare Systems, Inc., and United American of Florida, Inc. (hereinafter "Receiver" or "Department"), by and through the undersigned counsel, hereby files this Motion for Order Approving Final Claims Report, Claims Distribution Report, and Distribution and Discharge Accounting Statement, Directing Final Discharge of Receiver, Authorizing Destruction of Obsolete Records, Directing Disposition of Remaining Assets and Closing Estate, and as grounds therefore states the following:

1. UltraMedix Healthcare Systems, Inc., and United American of Florida, Inc., (hereinafter "UltraMedix"), were Florida corporations previously authorized to transact the business of a health maintenance organization in the State of Florida pursuant to Chapter 641, Florida Statutes.

2. On March 3, 1998, this Court entered an Order Appointing the Florida Department of Insurance as Receiver for Purposes of Liquidation, Injunction and Notice of Automatic Stay.

3. On January 7, 2003, the Florida Department of Insurance became a part of the Florida Department of Financial Services.

4. This Court has jurisdiction over the UltraMedix 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.

5. The Court approved the Receiver's First Interim Claims Report in the Order Approving Receiver's First Interim Claims Report and Recommendation on Claims entered November 22, 2010.

6. On June 27, 2012, this Court entered its Order Approving Receiver's Motion for Approval of Final Claims Report, Claims Distribution Report and Distribution Accounting, and Authorizing Distribution. The Receiver subsequently made the appropriate distributions pursuant to said Order. However, this Final Claims Report did not address the now-approved class 10 shareholder claim of Dr. Julius Combs, Joel S. Mutnick, and Fiske and Company.

7. As set out by this Court in its Order on Objection by Claimants Dr. Julius Combs, Joel S. Mutnick, and Fiske and Company to Receiver's Recommendation to Deny Claim entered on June 7, 2016, the claim of Dr. Julius Combs and his agents is allowed as a Class 10 shareholder claim for the amount of \$3,739,783.58, less (1) any amount necessary to reimburse Florida's Insurance Regulatory Trust Fund and (2) any amount to be held by the Receiver to satisfy expenses incurred in winding up affairs of the UltraMedix estate.

8. As a result, the Receiver has compiled a Final Claims Report dated June 10, 2016, which reflects the classification of all filed claims in Classes 2-10 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.

9. This Final Claims Report shows the gross number of non-guaranty association claims is 1,751 for a total amount claimed of \$19,960,580.12. The total amount recommended by the Receiver is \$11,612,209.37. Of these claims, the only outstanding claim is in Class 10. The

total amount claimed in Class 10 is \$3,624,016.54. The total amount recommended by the Receiver is \$3,739,783.58. For the Court's convenience, a copy of the summary totals is attached hereto as Exhibit "A."

10. With the approval of the Receiver's Final Claims Report dated June 10, 2016, the Receiver is in a position to make a distribution of receivership assets. Said assets will be distributed to claimants in Class 10 in accordance with the Claims Distribution Report dated June 9, 2016. For the Court's convenience, a copy of the summary totals from the Claims Distribution Report is attached as Exhibit "B."

11. The Receiver's Distribution and Discharge Accounting Statement – Projected as of June 2016 ("Distribution and Discharge Accounting") is attached hereto as Exhibit "C."

12. As shown in the Distribution and Discharge Accounting, the estimated value of all assets remaining in the UltraMedix Receivership estate is projected to be \$6,742,727.66.

13. Despite the Receiver's best efforts, some approved claims may have inadequate current address information and or may have not provided the Receiver with a form W-9, required by the Internal Revenue Service. The total unclaimed property in the estate is \$3,112,097.18. The Receiver recommends that the unclaimed funds be transferred to the unclaimed property units(s) of the state(s) reflected in the claimants' last address of record in the Receiver's files. For claimants with a last address of record in Florida, the Receiver plans to transfer said unclaimed funds to the Department of Financial Services as "unclaimed property" pursuant to section 717.119, Florida Statutes.

14. The Receiver receives an annual budget from the State of Florida's Insurance Regulatory Trust Fund ("RTF"), which funds a portion of the Receiver's costs and expenses of administration. The Receiver funds the majority and remainder of its budget from the assets of the insurers it supervises. The portion funded by the RTF supports state-funded positions within the

Division of Rehabilitation and Liquidation and includes their direct labor and a portion of the Receiver's overhead. Each receivership is allocated a portion of these state funded costs and expenses based on certain allocation formulas. It is the Receiver's policy to record these state funded expenditures as "Contributed Equity" on each receivership financial statement. If the receiver determines that there are sufficient assets available at the end of the receivership, it is the policy of the Receiver to reimburse the RTF for Contributed Equity as the Receiver's costs and expenses of administration, as well as the claims of state and local governments pursuant to Florida Statute §631.271. The Contributed Equity for UltraMedix through June 30, 2016, is projected to be \$224,684.09 (see Schedule E). A final calculation would be made at the time of reimbursement. Additionally, the Receiver's policy authorizes the utilization of alternative plans for reimbursing the regulatory Trust Fund when it is in the best interest of the estate.

15. The Receiver requests authority to retain \$54,800.00 as a reserve for "wind-up" expenses of the receivership, as outlined in more detail in Schedule D of Exhibit C, attached hereto. Any portion of the \$54,800.00 not needed for the Receiver's wind-up expenses will be distributed to Claimants Dr. Julius Combs, Joel Mutnick, and Fiske and Company.

16. As outlined above and in more detail in the Receiver's Distribution and Discharge Accounting Statement, the total amount available in the UltraMedix estate to distribute is \$3,351,146.39. The final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing. This is also reflected in the Claims Distribution Listing prepared by the Receiver, a copy of which is attached hereto as "Exhibit D."

17. Upon approval of the Receiver's request for final discharge, the records of the UltraMedix receivership estate will no longer be needed, and it will be necessary to dispose of the obsolete company records. This procedure is in direct compliance with Article 1, Section 24, Florida Constitution, Chapters 119 and 257, Florida Statutes, and Chapters 1B-24 and 1B-26.003, Florida

Administrative Code. Before the destruction of the obsolete records the Receiver will give notice of its intent to The United States Department of Justice as result of a prior agreement.

18. All mortgages, notes, judgments, or other liens in favor of UltraMedix recorded with the Clerk of Circuit Courts in the State of Florida, upon property located in the State of Florida, not sold, transferred or assigned by the Receiver, are hereby assigned to the RTF.

19. Although such recovery is unlikely, the Receiver requests an order authorizing the Division of Rehabilitation and Liquidation to remit to Dr. Julius Combs and his agents, Joel S. Mutnick and Fiske and Company, any assets which may be recovered following the discharge of this receivership.

20. The Receiver requests an Order that it shall be fully and finally discharged of its responsibilities in this Receivership and the receivership closed as of 11:59 p.m. on June 30, 2016.

**WHEREFORE**, the Receiver respectfully requests this Court grant its Motion and enter an Order:

- A. Approving the Final Claims Report and Claims Distribution Report;
- B. Directing the Receiver to make the above-referenced distribution in the amount of \$3,351,146.39 to the Class 10 claimants in this receivership;
- C. Approving and adopting the Receiver's Distribution and Discharge Accounting Statement;
- D. Authorizing and directing the Receiver to retain \$54,800.00 as a reserve for "wind up" expenses of the Receiver. Any surplus remaining in the estate shall be paid to the Claimants Dr. Julius Combs, Joel Mutnick, and Fiske and Company;
- E. Authorizing and directing the Receiver to transfer unclaimed funds to the Department of Financial Services as "unclaimed property" pursuant to Section 717.119, Florida Statutes;

F. Authorizing and directing the Receiver to reimburse the “Contributed Equity” in the projected amount of \$224,284.09 to the Regulatory Trust Fund;

G. Authorizing and directing the Receiver, after final discharge, to destroy any obsolete records in the Receiver’s possession after providing notice to The United States Department of Justice;

H. Authorizing the Division of Rehabilitation and Liquidation to remit to Dr. Julius Combs and his agents, Joel S. Mutnick and Fiske and Company, any assets which may be recovered following the June 30, 2016, closure of this receivership estate;

I. Authorizing and directing the Receiver to assign all mortgages, notes, judgments, or other liens, in favor Florida Insurance Regulatory Trust Fund; and

J. Directing, without further order of this Court, the final discharge of the Receiver of its responsibilities in this receivership estate and the receivership closed as of 11:59 p.m. on June 30, 2016.

RESPECTFULLY SUBMITTED on this 15<sup>th</sup> day of June, 2016.

/s/ Conor J. McLaughlin  
Conor J. McLaughlin, Senior Attorney  
Florida Bar No. 0084477  
Senior Attorney  
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Department of Financial Services  
Division of Rehabilitation and Liquidation  
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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	\$19,960,580.12
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$11,612,209.37
TOTAL NUMBER	1,751

<b>Secured Claims</b>			
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			
<b>UnSecured Claims</b>			
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	\$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 :	227
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$8,472.54	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,975,322.90
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$981,464.78
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 :	1
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$22,724.96	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,624,016.54
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 :	\$3,739,783.58

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$3,624,016.54
TOTAL AMOUNT RECOMMENDED	\$3,739,783.58
 TOTAL NUMBER	 1

**Secured Claims**

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

**Unsecured Claims**

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :		AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :		AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :		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 :	1
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 10 CLAIMS :	\$3,624,016.54
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 10 CLAIMS :	\$3,739,783.58

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

Ultramedix Health Care Systems  
Distribution and Discharge Accounting  
Projected for June 2016 Distribution and Discharge

ESTIMATED ASSETS AT JUNE 2016

	Value	Reference
Cash	\$ 6,742,727.66	Schedule A
Total Assets	\$ 6,742,727.66	

ESTIMATED FUNDS RETAINAGE

	Value	Reference
Unclaimed Property	3,112,097.18	
Contributed Equity Projected for 6/30/16	224,684.09	Schedule E
Discharge Expenses Retainage for records storage, tax return prep. & labor	54,800.00	Schedule D
Total Proposed Retainage	3,391,581.27	

TOTAL AVAILABLE TO DISTRIBUTE \$ 3,351,146.39

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	\$	-	\$	-	\$	-	0.0000%	0.0000%
Class II - Loss Claims-Guaranty Funds		-	-	-	-	-	0.0000%	0.0000%
Class II - Loss Claims-Other		-	-	-	-	-	0.0000%	0.0000%
Class III - Return Premium Claims-Guaranty Funds		-	-	-	-	-	0.0000%	0.0000%
Class III - Return Premium Claims-Other		-	-	-	-	-	0.0000%	0.0000%
Class IV - Federal Government Claims		-	-	-	-	-	0.0000%	0.0000%
Class V - Employee Claims		-	-	-	-	-	0.0000%	0.0000%
Class VI - General Creditors Claims		-	-	-	-	-	0.0000%	0.0000%
Class VI - General Creditors Claims - GA		-	-	-	-	-	0.0000%	0.0000%
Class VII - State & Local Government Claims		-	-	-	-	-	0.0000%	0.0000%
Class VIII - Late Filed Claims		-	-	-	-	-	0.0000%	0.0000%
Class IX - Surplus/Other-GA		-	-	-	-	-	0.0000%	0.0000%
Class IX - Surplus/Other Claims		-	-	-	-	-	0.0000%	0.0000%
Class X - Shareholder Claims	3,739,783.58				3,351,146.39	89.6080%	89.6080%	89.6080%
Amount to Distribute	\$	-	\$	-	\$ 3,351,146.39			

Index to Attached Schedules:

- Schedule A - Available Cash Projection  
Schedule B - Allocated State Funds Expensed  
Schedule C - Interest Earnings Projection - Pooled Cash  
Schedule D - Receiver Discharge Expenses  
Schedule E - Statement of Contributed Equity

**Ultramedix Health Care Systems  
Available Cash Projection  
Projected for June 2016 Distribution and Discharge**

	Cash Bal. as of April 30, 2016	May	June
<b>Beginning Pooled Cash Balance</b>	\$	6,791,861.04	\$ 6,768,567.66
<b>Direct Receiver Expenses (Actual or Estimated)</b>			
Rent-Storage & Utilities, Legal Fees		900.00	400.00
<b>Sub-total</b>		<b>900.00</b>	<b>400.00</b>
<b>Allocated Receiver Expenses (Estimated)</b>			
Labor & Benefits		30,540.00	30,540.00 <sup>1</sup>
Indirect Expenses		900.00	900.00 <sup>2</sup>
<b>Sub-total</b>		<b>31,440.00</b>	<b>31,440.00</b>
<b>Cash Balance Before Interest Earnings</b>		<b>6,759,521.04</b>	<b>6,736,727.66</b>
<b>Interest Earnings</b>			
<b>Pooled Cash:</b>			
Actual SPIA Earnings for April to be credited on 05/01/2016		9,046.62	
Estimate based on assumed SPIA APR on the previous months average Pooled Cash balance (See Schedule C)			6,000.00
<b>Ending Pooled Cash Balance</b>	<b>\$ 6,791,861.04</b>	<b>\$ 6,768,567.66</b>	<b>\$ 6,742,727.66</b>

**Assumptions for Allocated Receiver Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading up to distribution.

Jan Actual	11,804.25
Feb Actual	30,739.61
Mar Actual	18,536.10
Apr Actual	20,000.54
Sub-total	61,079.96
4 mth. actual average (rounded)	15,270.00
Doubled for increased activity level	<u>\$ 30,540.00</u>

<sup>2</sup> 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 %	0.50%
Estimated Total for the Receiver	<u>\$ 180,000.00</u>
Estimated Expense (rounded)	<u>\$ 900.00</u>

# **Ultramedix Health Care Systems**

## **Allocated State Funds Expensed**

Estimated from May 2016 through the Projected Discharge Date of June 2016

**THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION**

	<u>May-16</u>	<u>Jun-16</u>	<u>Totals</u>
<b>Accrued Allocated State of Florida Expenses (Estimated)</b>			
Labor & Benefits	\$ 940.00	\$ 940.00 <sup>1</sup>	\$ 1,880.00
Indirect Expenses	80.00	80.00 <sup>2</sup>	\$ 160.00
<b>Total</b>	<b><u>\$ 1,020.00</u></b>	<b><u>\$ 1,020.00</u></b>	<b><u>\$ 2,040.00</u></b>

### **Assumptions for Allocated State of Florida Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average projected for the distribution period.

Jan Actual	1,841.37
Feb Actual	1,165.42
March Actual	742.48
April Actual	-
Sub-total	<u>3,749.27</u>
4 mth. actual average (rounded)	<u>\$ 940.00</u>

<sup>2</sup> Indirect Expenses: This estimate is Ultramedix Health Care's estimated pro rata share of the State's estimated total indirect expenses. The pro rata 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 %	0.50%
Estimated Total for the State	<u>\$ 15,000.00</u>
Estimated Expense (rounded)	<u>\$ 80.00</u>

<sup>3</sup> 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 June 2016 Distribution and Discharge**

**Interest accrued for May 2016**

Beginning cash balance	6,791,861.04
Ending cash balance	6,768,567.66

Average cash balance for May	6,780,214.35
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	67,802.14
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<b>Accrual for May 2016 (Rounded)</b>	<b>\$ 6,000.00</b>
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**Interest accrued for June 2016**

Beginning cash balance	6,768,567.66
Ending cash balance	6,742,727.66

Average cash balance for June	6,755,647.66
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	67,556.48
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<b>Accrual for June 2016 (Rounded)</b>	<b>\$ 6,000.00</b>
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**Ultramedix Health Care Systems**  
**Receiver Discharge Expenses**  
**Projected for June 2016 Distribution and Discharge**

**Discharge Expenses (Projected for Post 06/30/16)**

Scanning 600 Unclaimed Property Files	52,000.00
Records Storage, Labor, 2015 thru 2016 Tax Return Preparation	2,800.00
<b>Total</b>	<b><u>\$ 54,800.00</u></b>

**Ultramedix Health Care Systems**  
**Statement of Contributed Equity from Regulatory Trust Fund Estimated Balances**  
**Projected for Discharge by 6/30/2016**

<b>Contributed Equity Balance as of 4/30/2016</b>		<b>\$</b>	<b>222,644.09</b>
Accrual for May - June (Estimate from Schedule B)	<u>\$ 2,040.00</u>		
<b>Total</b>		<b>\$</b>	<b><u>2,040.00</u></b>
<b>Projected Contributed Equity Balance as of 6/30/2016</b>		<b>\$</b>	<b><u><u>224,684.09</u></u></b>

**Claim Distribution Listing**  
**For Company # 480**  
**ULTRAMEDIX HEALTH CARE SYSTEMS INC**

06/09/2016  
12:23:29

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Parameters used for Distribution Processing			GF	Non-GF
Post Period	12-2016	Class 1 Percentage	0.0000	0.0000
		Class 2 Percentage	0.0000	0.0000
Doc Date	06/09/2016	Class 3 Percentage	0.0000	0.0000
		Class 4 Percentage	0.0000	0.0000
		Class 5 Percentage	0.0000	0.0000
		Class 6 Percentage	0.0000	0.0000
		Class 7 Percentage	0.0000	0.0000
		Class 8 Percentage	0.0000	0.0000
		Class 9 Percentage	0.0000	0.0000
		Class 10 Percentage	0.0000	89.6080
		Class 11 Percentage	0.0000	0.0000
		Secured Percentage	0.0000	0.0000

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**Claim Distribution Listing**

06/09/2016

**For Company # 480****ULTRAMEDIX HEALTH CARE SYSTEMS INC**

Vendor#	ID No.	Claimant Name	Amount Due Claimant	Check Amount
2016000001	900561-1	DR JULIUS COMBS OBO STOCKHOLDERS & HIS AGENTS MUTN	\$3,739,783.58	\$3,351,145.2704

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**Total Distribution Records: 1****Incomplete NBA Records :****0**

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**Total Amount Due Claimants****\$3,739,783.58****Total Amount to be distributed to Claimants****\$3,351,145.27**

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