

EXHIBIT B

Quincy's Bankruptcy Petition

BI (Official Form 1)(4/10)

United States Bankruptcy Court District of Massachusetts				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Quincy Medical Center, Inc.			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): DBA Quincy Hospital; DBA QMC			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) 04-3477239			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): 114 Whitwell Street Quincy, MA			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP Code 02169			ZIP Code		
County of Residence or of the Principal Place of Business: Norfolk			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP Code			ZIP Code		
Location of Principal Assets of Business Debtor (if different from street address above):					
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 checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below.)		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 Tax-Exempt Entity (Check box, if applicable) <input checked="" 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	
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 \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). 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 type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" 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 <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input checked="" 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 <input 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 checked="" 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 <input 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 checked="" 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					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Quincy Medical Center, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) 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). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C 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.			
Exhibit D (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.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<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.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> _____ (Address of landlord) </div>			
<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)).			

B1 (Official Form 1)(4/10)

Page 3

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Quincy Medical Center, Inc.
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.) <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____ Signature of Attorney for Debtor(s) <u>John T. Morrier 628624</u> Printed Name of Attorney for Debtor(s) <u>Casner & Edwards, LLP</u> Firm Name <u>303 Congress Street</u> <u>Boston, MA 02210</u> _____ Address <u>6174265900 Fax: 6174268810</u> Telephone Number _____ 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 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.
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 <u>Mark O'Neill</u> Signature of Authorized Individual <u>Mark O'Neill</u> Printed Name of Authorized Individual <u>Senior Vice President of Finance and Chief Financial Officer</u> Title of Authorized Individual _____ Date		

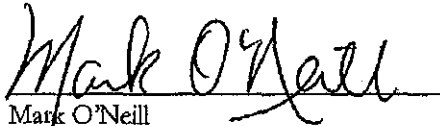
QUINCY MEDICAL CENTER, INC.

OFFICER'S CERTIFICATE

JUNE 30, 2011

The undersigned, being Chief Financial Officer of Quincy Medical Center, Inc., a corporation duly organized and existing under the laws of The Commonwealth of Massachusetts (the "Corporation"), does hereby certify that, at a meeting of the Board of Trustees of the Corporation on June 27, 2011, duly noticed, the Trustees of the Corporation, by requisite majority, adopted the votes set forth on the attachment.

I am duly authorized to make this certification, and have caused this Officer's Certificate to be executed intending it to be inserted in the records of the Corporation and to become effective as of the date first set forth above.

A handwritten signature in dark ink, appearing to read "Mark O'Neill", is written over a horizontal line.

Mark O'Neill
Senior Vice President of Finance and
Chief Financial Officer

QUINCY MEDICAL CENTER, INC.

OFFICER'S CERTIFICATE

VOTED: That the Corporation enter into an Asset Purchase Agreement by and among the Corporation, QMC ED Physicians, Inc., and Quincy Physician Corporation, collectively as "Seller" and Steward Medical Holdings Subsidiary Five, Inc. and Steward Medical Holdings LLC, as "Buyer," substantially on the terms and in the form presented to the Board at this meeting, with such changes, modifications and amendments as the Executive Committee shall determine to be necessary or desirable, and to authorize the Chairman, Interim Chief Executive Officer and Chief Financial Officer of the Corporation or any of them (each an "Authorized Officer"), acting singly, to execute and deliver such Asset Purchase Agreement in the final form approved by the Executive Committee, which approval may delegate the approval of any changes to such Authorized Officer. The Executive Committee is to report to the Board on its actions with respect to such Agreement.

VOTED: That the Corporation and its affiliates, QMC ED Physicians, Inc. and Quincy Physician Corporation (the "Organization"), seek relief under Chapter 11 of the United States Bankruptcy Code (the "Chapter 11 Case").

VOTED: That, in conjunction with the foregoing votes, the Authorized Officers, or any of them, acting singly, is hereby authorized (i) to prepare and file on behalf of the Organization a petition for relief under Chapter 11 of the Bankruptcy Code, (ii) to execute on behalf of the Organization such petitions, schedules and statements as the Authorized Officers, or any of them, acting singly, may deem necessary or appropriate in connection therewith, (iii) to cause the Organization to perform its functions and duties as debtors in possession pursuant to the applicable provisions of the Bankruptcy Code, (iv) to take such steps on behalf of the Organization as may be necessary or appropriate to the Organization's reorganization effort (including, without limitation, negotiating or otherwise obtaining court authority for use of cash collateral, postpetition financing, the assumption or rejection of executory contracts and unexpired leases, the sale or other disposition of property other than in the ordinary course of business), (v) to seek approval and authority to enter into the Asset Purchase Agreement; (vi) to prepare and propose to creditors such plan as the Authorized Officers may deem to be feasible and in the best interests of the Organization, (vii) to file any pleading appropriate or necessary for the Organization to seek relief under any other chapter of the Bankruptcy Code, and (viii) to execute such further documents and do such further acts as the Authorized Officers, or any of them, acting singly, may deem necessary or appropriate with respect to the foregoing, including the delegation of such foregoing authority to other officers and employees of the Organization; the execution of any document or the doing of any act by the Authorized Officers, or any of them, acting singly, in connection with such proceedings to be conclusively presumed to be authorized by this vote.

VOTED: That the law firm of Casner & Edwards, LLP is hereby retained as counsel under general retainer to represent the Organization in the Chapter 11 Case and all other proceedings commenced under or resulting from the foregoing two votes, and that the Organization compensate such counsel for its services at its hourly rates in effect at the time such services are rendered and to reimburse such counsel in full for its cash disbursements and for such expenses as such counsel customarily bills to its clients, and in connection with this authorization, the Authorized Officers, or any of them, acting singly, is authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to filing of the Chapter 11 Case, and upon commencement of such case, to cause to be filed an application for authority to retain Casner & Edwards LLP to perform such services.

VOTED: That Navigant Capital Advisors LLC ("Navigant") is hereby retained as financial advisor to represent and advise the Organization in the Chapter 11 Case and all other proceedings commenced under or resulting from these votes, and that the Organization compensate Navigant for its services in accordance with the March 1, 2011 engagement letter agreement between the Organization and Navigant, and in connection with this authorization, the Authorized Officers, or any of them, acting singly, is authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to filing of the Chapter 11 Case, and upon commencement of such case, to cause to be filed an application for authority to retain Navigant Capital Advisors LLC to perform such services.

VOTED: That the services being provided to the Organization by the law firm of Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C., in terms of general representation and special representation in the corporate transactional activities and regulatory review processes needed to complete any transaction that may be presented to or approved by the Organization relating to the Organization in its seeing seek relief in the Chapter 11 Case, be continued on substantially the same terms as were in effect prior to the filing of the petition in the Chapter 11 Case with regard to services under a monthly retainer arrangement and services compensated based on said firm's hourly rates in effect at the time such services are rendered and to reimburse such counsel in full for its cash disbursements and for such expenses as such counsel customarily bills to its clients; and in connection with this authorization, the Authorized Officers, or any of them, acting singly, is authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to filing of the Chapter 11 Case, and upon commencement of such case, to cause to be filed an application for authority to retain Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. to perform such services.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
(EASTERN DIVISION)

)	
In re:)	
)	Chapter 11
QUINCY MEDICAL CENTER, INC.,)	
QMC ED PHYSICIANS, INC.,)	Case No. 11-_____ - _____
QUINCY PHYSICIANS CORPORATION,)	
)	(Jointly Administered)
Debtors.)	
)	

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the consolidated list of the Debtors' creditors holding the twenty largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in these chapter 11 cases. 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 twenty largest unsecured claims.

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 <i>(bond debt, trade debt, bank loan, government contracts, etc.)</i>	INDICATE IF CLAIM IS CONTINGENT, UNLIQUIDATED, DISPUTED, OR SUBJECT TO SETOFF	AMOUNT OF CLAIM <i>(if secured, also state value of security)</i>
HEALTHPLANS, INC. 1500 WEST PARK DRIVE SUITE 330 WESTBOROUGH, MA 01581	HEALTHPLANS, INC. 1500 WEST PARK DRIVE SUITE 330 WESTBOROUGH, MA 01581 TELEPHONE: (508) 752-2480 FAX: (508) 754-9664	INSURANCE	CONTINGENT, UNLIQUIDATED	\$1,337,335.00
PROMUTUAL 101 ARCH STREET, 4 TH FLOOR BOSTON, MA 02110	PROMUTUAL 101 ARCH STREET, 4 TH FLOOR BOSTON, MA 02110 TELEPHONE: (617) 330-1755 FAX: (617) 330-1748	INSURANCE	CONTINGENT, UNLIQUIDATED	\$558,879.00

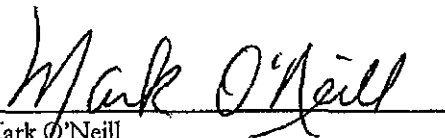
NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM WHO MAY BE CONTACTED	NATURE OF CLAIM <i>(bond/debt, trade debt, bank loan, government contracts, etc.)</i>	INDICATE IF CLAIM IS CONTINGENT, UNLIQUIDATED, DISPUTED, OR SUBJECT TO SETOFF	AMOUNT OF CLAIM <i>(if secured, also state value of security)</i>
BOSTON UNIVERSITY PSYCHIATRIC ASSOCIATE, INC. 715 ALBANY STREET M-8 TH FLOOR BOSTON, MA 02118	BOSTON UNIVERSITY PSYCHIATRIC ASSOCIATE, INC. 715 ALBANY STREET M-8 TH FLOOR BOSTON, MA 02118 TELEPHONE: (617) 638-4920 FAX: (617) 414-1975	TRADE DEBT		\$505,818.00
CITY OF QUINCY QUINCY CITY HALL 1305 HANCOCK STREET QUINCY, MA 02169	PETER HOYT SUPERINTENDENT OF SEWER AND WATER CITY OF QUINCY 55 SEA STREET (REAR) QUINCY, MA 02169 TELEPHONE: (617) 376-1910 FAX: (617) 376-1451	UTILITIES		\$392,260.00
CLAFLIN 455 WARWICK INDUSTRIAL DRIVE WARWICK, RI 02886	CLAFLIN 455 WARWICK INDUSTRIAL DRIVE WARWICK, RI 02886 TELEPHONE: (401) 739-4150 FAX: (401) 739-4360	TRADE DEBT		\$376,054.00
CARDINAL HEALTH BOSTON DIVISION 7000 CARDINAL PLACE DUBLIN, OH 43017	CARDINAL HEALTH BOSTON DIVISION 7000 CARDINAL PLACE DUBLIN, OH 43017 TELEPHONE: (614) 757-5000 FAX: (614) 652-8072	TRADE DEBT		\$245,631.00
SODEXHO INC. & AFFILIATES 9801 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878	SODEXHO INC. & AFFILIATES 9801 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878 TELEPHONE: (800) 763-3946 FAX: (716) 626-6549	TRADE DEBT		\$241,102.00
BIOMET INC. 55 EAST BELL DRIVE PO BOX 587 WARSAW, IN 46581-0587	BIOMET INC. 55 EAST BELL DRIVE PO BOX 587 WARSAW, IN 46581-0587 TELEPHONE: (574) 267-6639 FAX: (574) 267-8137	TRADE DEBT		\$230,926.00
COMMONWEALTH OF MASSACHUSETTS, DIVISION OF UNEMPLOYMENT ASSISTANCE BANKRUPTCY UNIT, 5 TH FLOOR 19 STANIFORD STREET BOSTON, MA 02114-2502	COMMONWEALTH OF MASSACHUSETTS, DIVISION OF UNEMPLOYMENT ASSISTANCE ATTN: CHIEF COUNSEL BANKRUPTCY UNIT, 5 TH FLOOR 19 STANIFORD STREET BOSTON, MA 02114-2502 TELEPHONE: (617) 626-6800 FAX: (508) 473-0534	INSURANCE	CONTINGENT UNLIQUIDATED	\$223,738.00
PER-SE TECHNOLOGIES INC. 1145 SANCTUARY PARKWAY SUITE 200 ALPHARETTA, GA 30004	PER-SE TECHNOLOGIES INC. 1145 SANCTUARY PARKWAY SUITE 200 ALPHARETTA, GA 30004 TELEPHONE: (770) 237-4300 FAX: (800) 632-1133	TRADE DEBT		\$191,376.00
DIRECT ENERGY SERVICES, LLC 1001 LIBERTY AVENUE PITTSBURGH, PA 15222	DIRECT ENERGY SERVICES, LLC ATTN: CUSTOMER RELATIONS 1001 LIBERTY AVENUE PITTSBURGH, PA 15222 TELEPHONE: (800) 830-5923 FAX: (800) 457-9686	UTILITIES		\$189,456.00

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 <i>(bond debt, trade debt, bank loan, government contracts, etc)</i>	INDICATE IF CLAIM IS CONTINGENT, UNEQUIDATED, DISPUTED, OR SUBJECT TO SETOFF	AMOUNT OF CLAIM <i>(if secured, also state value of security)</i>
ROCHE DIAGNOSTICS CORPORATION PO BOX 50457 9115 HAGUE ROAD INDIANAPOLIS, IN 46250-0457	ROCHE DIAGNOSTICS CORPORATION ATTN: DAVID MOK PO BOX 50457 9115 HAGUE ROAD INDIANAPOLIS, IN 46250-0457 TELEPHONE: (800) 428-5074 EXT 15435 FAX: (317) 521-6929	TRADE DEBT		\$139,936.00
NATIONAL GRID 40 SYLVAN ROAD WALTHAM, MA 02451	NATIONAL GRID PO BOX 960 NORTHBOROUGH, MA 01532-0960 TELEPHONE: (781) 907-1000 FAX: (508) 357-4730	UTILITIES		\$119,720.00
LINC HEALTH INC. 325 HOPPING BROOK ROAD HOLLISTON, MA 01757	LINC HEALTH INC. 325 HOPPING BROOK ROAD HOLLISTON, MA 01757 TELEPHONE: (508) 893-9500 FAX: (508) 893-9501	TRADE DEBT		\$110,565.00
U.S. FOODSERVICE, INC. 9399 W HIGGINS ROAD ROSEMONT, IL 60018	U.S. FOODSERVICE, INC. 9399 W HIGGINS ROAD ROSEMONT, IL 60018 TELEPHONE: (847) 720-8000 FAX: (847) 720-8099	TRADE DEBT		\$109,054.00
SPRAGUE ENERGY CORP TWO INTERNATIONAL DRIVE SUITE 200 PORTSMOUTH, NH 03801-6809	SPRAGUE ENERGY CORP TWO INTERNATIONAL DRIVE SUITE 200 PORTSMOUTH, NH 03801-6809 TELEPHONE: (800) 225-1560 FAX: (603) 436-4216	UTILITIES		\$102,886.00
DELTA DENTAL OF MA 465 MEDFORD STREET BOSTON, MA 02129-1454	DELTA DENTAL OF MA 465 MEDFORD STREET BOSTON, MA 02129-1454 TELEPHONE: (617) 886-1000 FAX: (617) 886-1199	INSURANCE	CONTINGENT UNLIQUIDATED	\$102,637.00
JOHNSON & JOHNSON HEALTH CARE SYS. ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	JOHNSON & JOHNSON HEALTH CARE SYS. ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933 TELEPHONE: (732) 524-0400 FAX: (732) 524-3867	TRADE DEBT		\$95,686.00
AMERICAN RED CROSS BLOOD SERVICES 2025 E STREET NW WASHINGTON, DC 20006	AMERICAN RED CROSS BLOOD SERVICES 2025 E STREET NW WASHINGTON, DC 20006 TELEPHONE: (202) 303-5214 FAX: (202) 628-1362	TRADE DEBT		\$86,003.00
FAVORITE HEALTHCARE STAFFING 7255 W 98 TH TERRACE BUILDING 5, SUITE 150 OVERLAND PARK, KS 66212	FAVORITE HEALTHCARE STAFFING 7255 W 98 TH TERRACE BUILDING 5, SUITE 150 OVERLAND PARK, KS 66212 TELEPHONE: (913) 383-9733 FAX: (913) 383-9892	TRADE DEBT		\$83,952.00

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF THE DEBTORS

I, Mark O'Neill, the Chief Financial Officer of the Company, declare under penalty of perjury that I have read the attached List of Creditors Holding the 20 Largest Unsecured Claims and that it is true and correct to the best of my knowledge, information, and belief.

Dated: June 30, 2011



Mark O'Neill
Senior Vice President of Finance and
Chief Financial Officer

56547.0/511137.1

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
(EASTERN DIVISION)

In re:

QUINCY MEDICAL CENTER, INC.,

Debtor.

Chapter 11

Case No. 11-_____

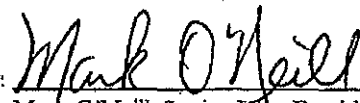
CORPORATE OWNERSHIP STATEMENT

Quincy Medical Center, Inc. ("QMC"), pursuant to Fed. R. Bankr. P. 1007(a)(1), states that (i) QMC is a nonprofit corporation formed pursuant to chapter 180 of the Massachusetts General laws and therefore (i) cannot issue any equity securities and (ii) has not issued any equity securities. Accordingly, there are no entities to report pursuant to Fed. R. Bankr. P. 1007(a)(1).

Dated: July 1, 2011

QUINCY MEDICAL CENTER, INC.

By:


Mark O'Neill, Senior Vice President of
Finance and Chief Financial Officer

OFFICIAL FORM 7

United States Bankruptcy Court
District of Massachusetts

In re Quincy Medical Center, Inc.

Debtor(s)

Case No.

Chapter

11

DECLARATION RE: ELECTRONIC FILING

PART I: DECLARATION OF PETITIONER

I [We] Mark O'Neill, *hereby declare(s) under penalty of perjury* that all of the information contained in this Voluntary Petition(singly or jointly the "Document"), filed electronically, is true and correct. I understand that this *DECLARATION* is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this *DECLARATION* may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that pursuant to the Massachusetts Electronic Filing Local Rule (MEFLR)-7(a) all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/BCF Registered User for a period of five (5) years after the closing of this case.

Dated: June 30, 2011

Signed:

Mark O'Neill
Mark O'Neill
(Affiant)

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this *DECLARATION*, and I have followed all other electronic filing requirements currently established by local rule and standing order. This *DECLARATION* is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated: June 30, 2011

Signed:

John T. Morrier 628624
John T. Morrier 628624
Attorney for Affiant