

B5 (Official Form 5) (12/07)

FORM 5. INVOLUNTARY PETITION

United States Bankruptcy Court		INVOLUNTARY PETITION	
Southern District of Indiana			
IN RE (Name of Debtor - If Individual: Last, First, Middle) DECA Financial Services, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-ID No./Complete EIN (If more than one, state all.)			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 12175 Visionary Way Fishers, IN 46038		MAILING ADDRESS OF DEBTOR (If different from street address) P.O. Box 910 Fishers, IN 46038	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Hamilton			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <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 type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the 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"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor		Case Number	
Relationship		District	
		Date	
		Judge	
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY	
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or 3.b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

Name of Debtor DECA Financial Services, LLC

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Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X/s/ David Hoeft Signature of Petitioner or Representative (State title) X/s/ Samuel D. Hodson Signature of Attorney February 21, 2014 Date

David Hoeft Name of Petitioner February 21, 2014 Date Signed Samuel D. Hodson Name of Attorney Firm (If any)

Name & Mailing Address of Individual Signing in Representative Capacity David Hoeft 10142 Hermosa Drive Indianapolis, IN 46236 Taft Stettinius & Hollister LLP One Indiana Square, Suite 3500 Indianapolis, IN 46204 Address (317) 713-3557 Telephone No.

X/s/ Greg Komara, COO Signature of Petitioner or Representative (State title) X/s/ Samuel D. Hodson Signature of Attorney February 21, 2014 Date

Emergency Medicine Associates, P.A. Name of Petitioner February 21, 2014 Date Signed Samuel D. Hodson Name of Attorney Firm (If any)

Name & Mailing Address of Individual Signing in Representative Capacity Greg Komara, COO 20010 Century Blvd., #200 Germantown, MD 20874 Taft Stettinius & Hollister LLP One Indiana Square, Suite 3500 Indianapolis, IN 46204-2023 Address (317) 713-3500 Telephone No.

X/s/ Michael Weiner Signature of Petitioner or Representative (State title) X/s/ Samuel D. Hodson Signature of Attorney February 21, 2014 Date

MW Consulting, LLC Name of Petitioner February 21, 2014 Date Signed Samuel D. Hodson Name of Attorney Firm (If any)

Name & Mailing Address of Individual Signing in Representative Capacity Michael Weiner 12922 NW 20th Street Pembroke Pines, FL 33028 Taft Stettinius & Hollister LLP One Indiana Square, Suite 3500 Indianapolis, IN 46204 Address (317) 713-3500 Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
David Hoeft 10142 Hermosa Drive Indianapolis, IN 46236	Contract/Reimbursement of Expenses	8,250.00
Emergency Medicine Associates, P.A. 20010 Century Blvd., #200 Germantown, MD 20874	Ongoing Breach of Contract/Failure to remit funds collected. Note: Add'l claim amounts may be determined.	300,000.00
MW Consulting, LLC 12922 NW 20th Street Pembroke Pines, FL 33028	Referral Agreement/Commission	22,500.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 362,750.00

1 continuation sheets attached

Name of Debtor DECA Financial Services, LLC

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X/s/ Michael Weiner, Interim Managing Dir. X/s/ February 21, 2014
 Signature of Petitioner or Representative (State title) Signature of Attorney Date

Whitaker Physician Billing Services Inc. February 21, 2014 _____
 Name of Petitioner Date Signed Name of Attorney Firm (If any)

Name & Mailing Address of Individual Signing in Representative Capacity Michael Weiner, Interim Managing Dir. 533 4th Avenue Huntington, WV 25701
 Address Telephone No. _____

X _____ X _____
 Signature of Petitioner or Representative (State title) Signature of Attorney Date

 Name of Petitioner Date Signed Name of Attorney Firm (If any)

Name & Mailing Address of Individual Signing in Representative Capacity _____
 Address Telephone No. _____

X _____ X _____
 Signature of Petitioner or Representative (State title) Signature of Attorney Date

 Name of Petitioner Date Signed Name of Attorney Firm (If any)

Name & Mailing Address of Individual Signing in Representative Capacity _____
 Address Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Whitaker Physician Billing Services Inc. 533 4th Avenue Huntington, WV 25701	Collection Agreement Note: Add'l claim amounts may be determined.	32,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
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Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 362,750.00

1 of 1 continuation sheets attached