

Exhibit B

See Omnibus Objection, page 7

**In re: Doctors Community Healthcare
Omnibus 21: Exhibit B
Superseded Claims**

Claim To Be Expunged				Remaining Claim			
Creditor Name/Address	Case Number	Claim Number (A)	Total Claim Dollars	Creditor Name/Address	Case Number	Claim Number	Total Claim Dollars
1 DUNCAN, LAVERN 617 EAST 50TH PLACE CHICAGO IL 60615	02-2251	1900	\$ 97.80	DUNCAN, LAVERN 617 E 50TH PLACE CHICAGO IL 60615	02-2250	2051	\$ 600.00
2 E Z STAFFING INC 500 E OLIVE AVE STE 710 BURBANK CA 91501-2184	02-2253	s8217	16,447.50	E Z STAFFING INC 500 E OLIVE AVE STE 710 BURBANK CA 91501-2184	02-2253	729	12,221.00 (B)
Totals			<u>\$ 16,545.30</u>				<u>\$ 12,821.00</u>

(A) Claims preceded with an "S" indicate a scheduled claim per Debtor's Bankruptcy Schedule.

(B) Proof of Claim #729 has no amount listed on the proof of claim. However, supporting documentation indicates the amounts outstanding is \$12,221.00.