

The order below is signed with "AMENDED ORDER" in the title changed to "ORDER" and with the references in the order to "Amended Order" changed to "Order". (There was no prior order signed by the court that is being amended. Although the Liquidating Trust submitted the order as an amended version of a prior proposed order, signing the order below with the title of Amended Order would erroneously suggest that a prior order had been signed by the court and is now being amended.) Dated: December 17, 2008.



S. Martin Teel, Jr.
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

In re:	:	Chapter 11
	:	
GREATER SOUTHEAST COMMUNITY	:	Jointly Administered
HOSPITAL CORP., I, <i>et al.</i> ,	:	Case No. 02-2250
	:	Judge S. Martin Teel, Jr.
Debtors.	:	
	:	

**AMENDED ORDER APPROVING THE TRUST'S TWENTY-FIRST OMNIBUS
OBJECTION TO CLAIMS PURSUANT TO 11 U.S.C. § 502 AND FED. R. BANKR. P.
3007: DUPLICATIVE, SUPERSEDED, BLANK, UNLIQUIDATED
AND MISCLASSIFIED CLAIMS**

Upon consideration of the Twenty-First Omnibus Objection (the "Twenty-First Omnibus Objection") of The DCHC Liquidating Trust (the "Trust") seeking the entry of an order disallowing and expunging certain claims (the "Claims"), and,

FINDING THAT:

1. No previous application for the relief requested therein having been made;
2. All objections and responses thereto having been overruled or otherwise resolved;
3. Due and proper notice of the Twenty-First Omnibus Objection having been given;

4. This Court previously ordered that the Trust retained its right to object to any claim for any reason;
5. Sufficient cause exists for granting the requested relief;
6. Granting the relief requested is in the best interests of the above-captioned Debtors' estates and creditors; and
7. Exhibit B to this Amended Order is amended to reflect that the proper claim amount for E Z Staffing, Inc.'s Claim No. 729 is \$16,493.50, and not \$12,221.00.

After due deliberation and cause appearing therefor; it is **HEREBY ORDERED**,

ADJUDGED AND DECREED THAT:

1. The relief requested in the Twenty-First Omnibus Objection, as modified by this Amended Order, is granted.
2. Each Claim listed on Exhibit A to this Amended Order is disallowed and expunged in accordance with the column labeled "Claim to be Expunged" detailed on Exhibit A to this Amended Order.
3. Each Claim listed on Exhibit B to this Amended Order is disallowed and expunged in accordance with the column labeled "Claim to be Expunged" detailed on Exhibit B to this Amended Order.
4. Each Claim listed on Exhibit C to this Amended Order is disallowed and expunged.
5. Each Claim listed on Exhibit D to this Amended Order is disallowed and expunged. The disallowance of Haemo Stat, Inc.'s Claim No. 1979 contained in Exhibit D to this Amended Order does not disallow Haemo Stat, Inc.'s Claim No. 742 for \$108,377.50.
6. The Claim listed on Exhibit E to this Amended Order is reclassified as an unsecured Class 8 – Patient Refund Claim.

7. The Trust hereby reserves its right to object in the future to any of the claims listed in the Twenty-First Omnibus Objection (and/or on Exhibits A-E to this Amended Order) on any ground, whether legal or equitable, and whether or not stated herein or on Exhibits A-E to the Twenty-First Omnibus Objection or this Amended Order.
8. The Trust does not acknowledge liability at this time for the remaining claims listed under the columns labeled "Remaining Claim" on Exhibit A-B to this Amended Order, as these claims may not be obligations of the Trust, may have been previously objected to or may be objected to at a later time.
9. Within ten (10) days of entry of this Amended Order, the Trust will serve a copy of this Amended Order on the parties listed on Exhibits A-E to this Amended Order.

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Exhibit A

See Omnibus Objection, pages 6 - 7

**In re: Doctors Community Healthcare
Omnibus 21: Exhibit A
Duplicative 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 CAPITOL DENTAL 4708 BLAGDEN TER NW WASHINGTON DC 20011-3720	02-2250	s14904	\$ 7,735.00	CAPITOL DENTAL 4708 BLAGDEN TER NW WASHINGTON DC 20011-3720	02-2250	s11453	\$ 7,735.00
2 DESIGN VISUAL ATTN CAROL KAMINSKY 7410 E BRISA DR SCOTTSDALE AZ 85262-4254	02-2249	107	10,999.40	DESIGN VISUAL 7410 E BRISA DR SCOTTSDALE AZ 85262-4254	02-2251	504	15,154.51
3 DESIGN VISUAL 7410 E BRISA DR SCOTTSDALE AZ 85262-4254	02-2251	438	3,098.61				
4 DESIGN VISUAL 7410 E BRISA DR SCOTTSDALE AZ 85262-4254	02-2253	716	1,056.50				
5 ETI ENVIRONMENTAL TECHNOLOGY INDUSTRIES 1900 W BURBANK BLVD BURBANK CA 91506-1317	02-2253	1831	1,050.00	ETI 1900 W BURBANK BLVD BURBANK CA 91506-1317	02-2253	929	1,050.00
6 JONES, LATONYA 1ST FL 4329 W 21ST PL CHICAGO IL 60623-2762	02-2251	407	5,291.62	JONES, LATONYA 1239 S KEDVALE AVE CHICAGO IL 60623	02-2251	2050	5,291.62
7 JONES, SASHA 1ST FL 4329 W 21ST PL CHICAGO IL 60623-2762	02-2251	406	2,147.00	JONES, SASHA L 1239 S KEDVALE CHICAGO IL 60623	02-2251	2057	2,147.00
8 PATTERSON RESOURCES CHRIS K PATTERSON 2288 UNIVERSITY ST DES PLAINES IL 60016-3724	02-2251	794	3,200.00	PATTERSON RESOURCES 909 S ALBERT MOUNT PROSPECT IL 60056	02-2251	1959	3,200.00
Totals			<u>\$34,578.13</u>				<u>\$34,578.13</u>

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

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	16,493.50 (B)
Totals			<u>\$ 16,545.30</u>				<u>\$ 17,093.50</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 \$16,493.50.

Exhibit C

See Omnibus Objection, page 7

**In re: Doctors Community Healthcare
Omnibus 21: Exhibit C
Blank or Unascertainable Claims**

	Creditor Name/Address	Case Number	Claim Number (A)	Total Claim Dollars
1	AMERICAN ACADEMY OF PEDIATRICS PUBLICATION DEPARTMENT 37925 EAGLE WAY CHICAGO IL 60678-1379	02-2250	1410	BLANK
2	CAPITAL COMPRESSOR INC 9154 EDGEWORTH DR CAPITOL HEIGHTS MD 20743-3713	02-2248	79	UNASCERTAINABLE
3	CAPITAL COMPRESSOR INC 9154 EDGEWORTH DR CAPITOL HEIGHTS MD 20743-3713	02-2250	1713	UNASCERTAINABLE
4	FIELDS, GWENDOLYN 1422 34TH ST SE WASHINGTON DC 20020-2304	02-2250	s15262	UNASCERTAINABLE
5	NATIONAL INVENTORY SERV 13057 THISTLE CT HOMER GLEN IL 60491-8703	02-2250	609	BLANK

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

Exhibit D

See Omnibus Objection, pages 7 - 8

**In re: Doctors Community Healthcare
Omnibus 21: Exhibit D
Unliquidated Claims**

	Creditor Name/Address	Case Number	Claim Number	Total Claim Dollars
1	AMERICAN INTERNATIONAL SPECIALTY LINES DAVID LEVIN AIG LAW BANKRUPTCY 31ST FL 70 PINE ST NEW YORK NY 10270-0002	02-2251	323	UNLIQUIDATED
2	AMERICAN INTERNATIONAL SPECIALTY LINES ET AL AIG LAW DEPT BANKRUPTCY DAVID A LEVIN ESQ 70 PINE ST, 31ST FL NEW YORK NY 10270-0002	02-2248	67	UNLIQUIDATED
3	AMERICAN INTERNATIONAL SPECIALTY LINES ET AL AIG LAW DEPARTMENT BANKRUPTCY DAVID A LEVIN ESQ 70 PINE ST, 31ST FL NEW YORK NY 10270-0002	02-2250	1367	UNLIQUIDATED
4	HAEMO STAT INC C/O CAROL FANTOZZI FRESENIUS MEDICAL CARE NTH AMERICA 95 HAYDEN AVE LAW DEPT LEXINGTON MA 02420-9192	02-2253	1979	UNLIQUIDATED
5	SEIU SOCIAL SERVICES LOCAL 535 WEINBERG ROGER & ROSENFELD CHRISTINE L RAISNER 180 GRAND AVE STE 1400 OAKLAND CA 94612-3752	02-2250	1641	UNASCERTAINABLE

Exhibit E

**In re: Doctors Community Healthcare
Omnibus 21: Exhibit E
Misclassified Claim
Unsecured Class 8 - Patient Refund Claim**

	Creditor Name/Address	Case Number	Claim Number	<u>As Filed (A)</u>	<u>Reclassified</u>
				Total Claim Dollars	General Unsecured
1	JAMES CASHAW 936 E. 47 STREET APT 1208 CHICAGO IL 60653	02-2250	2045	\$ 4,645.00	\$ 4,645.00
Totals				<u><u>\$ 4,645.00</u></u>	<u><u>\$ 4,645.00</u></u>