

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: INSIUGHT HEALTH SERVICES HOLDINGS CORP., et al.,

Case Number: 10-16564-(AJG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Broward County Records, Taxes & Treasury Div.

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: TAX COLLECTOR - Government Center Annex Attn: Litigation Section 115 S ANDREWS AVENUE FORT LAUDERDALE, FLORIDA 33301 Telephone: 954-468-3422

RECEIVED FEB 28 2011 BMC GROUP

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 16,593.12

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Specify the priority of the claim.

2. Basis for Claim: TAX Plus 18 % int p.a. (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: See Attachment

Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: 2010 Tangible Property Tax Value of Property: \$ 791,294 Annual Interest Rate 18 %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ 0.00 Basis for perfection: FL Statutes 192, 197

Amount of Secured Claim: \$ 16,593.12 Amount Unsecured: \$

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 12/30/2010

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Hollie N. Hawn Assistant County Attorney - FL Bar No. 027642

FOR COURT USE ONLY

Insignit



00108

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
C00000005164		See Below	See Below	See Below	2613

UNKNOWN
0 VARIOUS PEMBROKE PINES
AREA M

Pay your taxes online at:
<http://www.broward.org/revenue>

INSIGHT HEALTH CORP
14400 METCALF AVENUE
OVERLAND PARK, KS 66223

PAYMENTS MUST BE MADE IN US FUNDS.

Taxing Authority	AD VALOREM TAXES				
	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.10210	365,065	4,382	360,683	1,840.23
VOTED DEBT	0.45090	365,065	4,382	360,683	162.64
BROWARD CO SCHOOL BOARD					
CAPITAL OUTLAY	1.50000	365,065	4,382	360,683	541.03
GENERAL FUND	6.13100	365,065	4,382	360,683	2,211.35
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.08940	365,065	4,382	360,683	32.25
OKEECHOBEE BASIN	0.27970	365,065	4,382	360,683	100.88
SFWM DISTRICT	0.25490	365,065	4,382	360,683	91.94
S BROWARD HOSPITAL	1.27320	365,065	4,382	360,683	459.22
CHILDREN'S SVCS. COUNCIL OF BC	0.46960	365,065	4,382	360,683	169.38
CITY OF PEMBROKE PINES					
DEBT SERVICE	0.67800	365,065	4,382	360,683	244.54
PEMBROKE PINES OPER	5.68800	365,065	4,382	360,683	2,051.56
FL INLAND NAVIGATION	0.03450	365,065	4,382	360,683	12.44

Total Millage:	21.95130	Ad Valorem Taxes:	\$7,917.46
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Levying Authority NON - AD VALOREM TAXES

Rate	Amount

Non - Ad Valorem Assessments:	\$0.00
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Combined Taxes and Assessments:						\$7,917.46
If Postmarked By	Nov 30, 2010	Dec 31, 2010	Jan 31, 2011	Feb 28, 2011	Mar 31, 2011	
Please Pay	\$7,600.76	\$7,679.94	\$7,759.11	\$7,838.29	\$7,917.46	

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Make checks payable to:
Broward County Tax Collector
P.O. Box 29009
Fort Lauderdale, FL 33302-9009

Property ID Number
C00000005164

If Postmarked By	Please Pay
Nov 30, 2010	\$7,600.76
Dec 31, 2010	\$7,679.94
Jan 31, 2011	\$7,759.11
Feb 28, 2011	\$7,838.29
Mar 31, 2011	\$7,917.46

Return with Payment

INSIGHT HEALTH CORP
14400 METCALF AVENUE
OVERLAND PARK, KS 66223

Please Pay Only One Amount

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Property ID Number 600000028157	Escrow Code	Assessed Value See Below	Exemptions See Below	Taxable Value See Below	Millage Code 0312
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UNKNOWN
0 VARIOUS FORT LAUDERDALE
AREA M

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<http://www.broward.org/revenue>

INSIGHT HEALTH CORP
14400 METCALF AVE
OVERLAND PARK, KS 66223

PAYMENTS MUST BE MADE IN US FUNDS.

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.10210	239,056	2,869	236,187	1,205.05
VOTED DEBT	0.45090	239,056	2,869	236,187	106.5
BROWARD CO SCHOOL BOARD					
CAPITAL OUTLAY	1.50000	239,056	2,869	236,187	354.28
GENERAL FUND	6.13100	239,056	2,869	236,187	1,448.07
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.08940	239,056	2,869	236,187	21.12
OKEECHOBEE BASIN	0.27970	239,056	2,869	236,187	66.06
SFWM DISTRICT	0.25490	239,056	2,869	236,187	60.21
NORTH BROWARD HOSPITAL	1.87500	239,056	2,869	236,187	442.85
CHILDREN'S SVCS COUNCIL OF BC	0.46960	239,056	2,869	236,187	110.91
CITY OF FORT LAUDERDALE					
DEBT SERVICE	0.21730	239,056	2,869	236,187	51.32
FT LAUDERDALE OPER	4.11930	239,056	2,869	236,187	972.93
FL INLAND NAVIGATION	0.03450	239,056	2,869	236,187	8.15
Total Millage:		20.52370		Ad Valorem Taxes:	\$4,847.45
NON - AD VALOREM TAXES					
Levying Authority				Rate	Amount
Non - Ad Valorem Assessments:					\$0.00
Combined Taxes and Assessments:					\$4,847.45
If Postmarked By	Nov 30, 2010	Dec 31, 2010	Jan 31, 2011	Feb 28, 2011	Mar 31, 2011
Please Pay	\$4,653.55	\$4,702.03	\$4,750.50	\$4,798.98	\$4,847.45

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

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Make checks payable to:
Broward County Tax Collector
P.O. Box 29009
Fort Lauderdale, FL 33302-9009

Property ID Number
600000028157

If Postmarked By	Please Pay
Nov 30, 2010	\$4,653.55
Dec 31, 2010	\$4,702.03
Jan 31, 2011	\$4,750.50
Feb 28, 2011	\$4,798.98
Mar 31, 2011	\$4,847.45

Return with Payment

Please Pay Only One Amount

INSIGHT HEALTH CORP
14400 METCALF AVE
OVERLAND PARK, KS 66223

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
600000028158		See Below	See Below	See Below	2212

UNKNOWN
0 VARIOUS PLANTATION
AREA M

Pay your taxes online at:
<http://www.broward.org/revenue>

INSIGHT HEALTH CORP
14400 METCALF AVE
OVERLAND PARK, KS 66223

PAYMENTS MUST BE MADE IN US FUNDS.

Taxing Authority	AD VALOREM TAXES				
	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY COMMISSION					
COUNTYWIDE SERVICES	5.10210	187,173	2,247	184,926	943.5
VOTED DEBT	0.45090	187,173	2,247	184,926	83.39
BROWARD CO SCHOOL BOARD					
CAPITAL OUTLAY	1.50000	187,173	2,247	184,926	277.39
GENERAL FUND	6.13100	187,173	2,247	184,926	1,133.79
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.08940	187,173	2,247	184,926	16.53
OKEECHOBEE BASIN	0.27970	187,173	2,247	184,926	51.72
SFWMD DISTRICT	0.25490	187,173	2,247	184,926	47.14
NORTH BROWARD HOSPITAL	1.87500	187,173	2,247	184,926	346.74
CHILDREN'S SVCS COUNCIL OF BC	0.46960	187,173	2,247	184,926	86.84
CITY OF PLANTATION	4.51420	187,173	2,247	184,926	834.79
FL INLAND NAVIGATION	0.03450	187,173	2,247	184,926	6.38

Total Millage:	20.70130	Ad Valorem Taxes:	\$3,828.21
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Levyng Authority	NON - AD VALOREM TAXES				
	Rate	Amount			
Non - Ad Valorem Assessments: \$0.00					
Combined Taxes and Assessments:				\$3,828.21	
If Postmarked By	Nov 30, 2010	Dec 31, 2010	Jan 31, 2011	Feb 28, 2011	Mar 31, 2011
Please Pay	\$3,675.08	\$3,713.36	\$3,751.65	\$3,789.93	\$3,828.21

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

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Make checks payable to:
Broward County Tax Collector
P.O. Box 29009
Fort Lauderdale, FL 33302-9009

Property ID Number
600000028158

If Postmarked By	Please Pay
Nov 30, 2010	\$3,675.08
Dec 31, 2010	\$3,713.36
Jan 31, 2011	\$3,751.65
Feb 28, 2011	\$3,789.93
Mar 31, 2011	\$3,828.21

Return with Payment

INSIGHT HEALTH CORP
14400 METCALF AVE
OVERLAND PARK, KS 66223

Please Pay Only One Amount

U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
CASE # 10-16564- (AJG)

IN RE: INSIGHT HEALTH SERVICES HOLDINGS CORP., et al.,

NOTICE OF APPEARANCE AND REQUEST FOR SERVICE OF PAPERS

Please take note that RECORDS, TAXES AND TREASURY DIVISION, BANKRUPTCY AND LITIGATION SECTION, GOVERNMENT CENTER ANNEX 115 S. ANDREWS AVENUE, FORT LAUDERDALE, FLORIDA 33301, through the undersigned counsel, herby enters an appearance in the case on behalf of the creditor BROWARD COUNTY. All parties are requested to take notice of said appearance and to serve copies of any and all pleadings, notices and pertinent documentation in this cause upon said counsel.

CERTIFICATE OF ADMISSION

I HEREBY CERTIFY that I am admitted to the Bar of the United States District Court for the Southern District of Florida and I am in compliance with the additional qualifications to practice in the court as set forth in Local Rule 2090 1A.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing was furnished by mail to the Attorney of the Debtor on January 03, 2011

RESPECTFULLY SUBMITTED,

ANDREW J. MEYERS
Interim County Attorney for Broward County
Government Center
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600
Telecopier: (954) 357-7641

BY 
HOLLIE N. HAWN
Assistant County Attorney
Florida Bar No. 027642

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UNITED STATES US

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18750 LAKE DRIVE EAST

CHANHASSEN , MN 55317

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BMC GROUP

(310) 321-5555

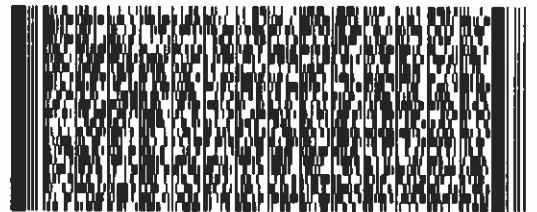
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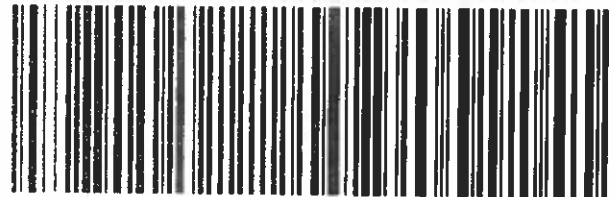
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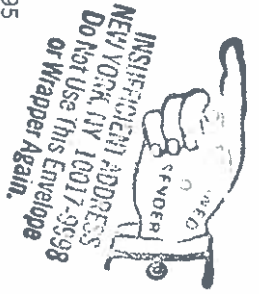


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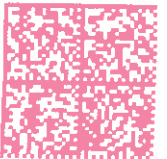
BROWARD COUNTY FLORIDA

Finance and Administrative Services Department
RECORDS, TAXES AND TREASURY DIVISION
Governmental Center Annex
115 S. Andrews Avenue, Fort Lauderdale, Florida 33301-1895

*Forward to:
Claims Agent
BMC Group, Inc*

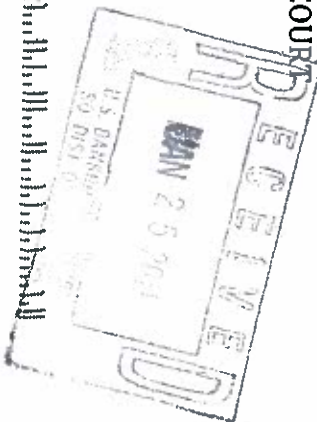


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FIRST CLASS**



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