

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: INSIGHT HEALTH SERVICES HOLDINGS CORP.

Case Number: 10-16564-ajg  
Jointly Administered

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):  
Pinellas County Tax Collector

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

Name and address where notices should be sent:  
Pinellas County Tax Collector  
Attn: Robin Ferguson, Tax Manager  
Post Office Box 10834  
Clearwater, FL 33757-8834  
Telephone: 727-464-3386  
Fax: 727-464-4110

RECEIVED

APR 18 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: \$ 15,293.72

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.

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.

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: 7812126

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

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).

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: 2011 Tangible Property Tax

Value of Property: \$ 768,623 Annual Interest Rate 18 %

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

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: \$ 15,293.72 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:

\$ \_\_\_\_\_

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:

\*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.

Date:  
04/01/2011

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.

*Robin Ferguson*

Robin Ferguson, CFCA, Tax Manager

FOR COURT USE ONLY

APR - 7 2011



**DIANE NELSON, CFC**

PINELLAS COUNTY TAX COLLECTOR www.taxcollect.com

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

**2011 ESTIMATED TANGIBLE TAX**

PAY IN U.S. FUNDS TO DIANE NELSON, TAX COLLECTOR • P.O. BOX 10832 • CLEARWATER, FL 33757-8832 • (727) 464-7777

If Postmarked By Please Pay	Estimated Amount \$15,293.72	ESTIMATE ONLY			
--------------------------------	---------------------------------	---------------	--	--	--

ACCOUNT NUMBER	ESCROW CODE	MILLAGE CODE
T812126		SP.

SITE ADDRESS: 801 6TH ST S

INSIGHT HEALTH CORP  
14400 METCALF AVE  
OVERLAND PARK, KS 66223-2989

**COPY**

Bankrupt

**AD VALOREM TAXES**

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
GENERAL FUND	4.8108	768,623	25,000	743,623	3,577.42
HEALTH DEPARTMENT	0.0622	768,623	25,000	743,623	46.25
SCHOOL-STATE LAW	5.3420	768,623	25,000	743,623	3,972.43
SCHOOL-LOCAL BD.	2.9980	768,623	25,000	743,623	2,229.38
ST PETERSBURG	5.9125	768,623	25,000	743,623	4,396.67
SW FLA WTR MGMT.	0.3770	768,623	25,000	743,623	280.35
PINELLAS ANCLOTE	0.2600	768,623	25,000	743,623	193.34
PINELLAS COUNTY PLN.CNCL.	0.0125	768,623	25,000	743,623	9.30
JUVENILE WELFARE BOARD	0.7915	768,623	25,000	743,623	588.58
<b>TOTAL MILLAGE</b>	<b>20.5665</b>				

**TAXES BECOME DELINQUENT APRIL 1st**

TOTAL GROSS TAXES AND LATE/NON-RETURN PENALTY

**\$15,293.72****PLEASE RETAIN TOP PORTION FOR YOUR RECORDS****DIANE NELSON, CFC**

PINELLAS COUNTY TAX COLLECTOR www.taxcollect.com

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

**2011 ESTIMATED TANGIBLE TAX**

PAY IN U.S. FUNDS TO DIANE NELSON, TAX COLLECTOR • P.O. BOX 10832 • CLEARWATER, FL 33757-8832 • (727) 464-7777

If Postmarked By Please Pay	Estimated Amount \$15,293.72	ESTIMATE ONLY			
--------------------------------	---------------------------------	---------------	--	--	--

ACCOUNT NUMBER	ESCROW CODE	MILLAGE CODE
T812126		SP.

SITE ADDRESS: 801 6TH ST S

INSIGHT HEALTH CORP  
14400 METCALF AVE  
OVERLAND PARK, KS 66223-2989

Bankrupt

TW

2 0T812126 2010 6