Sun Care Respiratory Services, Inc.

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

Sun Healthcare Group, Inc., et al. (Tax ID No. 85-0410612)

(Affiliated debtor entities are listed on Exhibit A attached hereto)

Case Nos.:

99-3657 through 99-3841 (MFW)

Date Filed:

October 14, 1999

Address of Debtors: 101 Sun Avenue, N.E.

Albuquerque, NM 87109

NOTICE OF COMMENCEMENT OF CASES UNDER CHAPTER 11 OF THE BANKRUPTCY CODE, FIRST MEETING OF CREDITORS PURSUANT TO SECTION 341 OF THE BANKRUPTCY CODE AND FIXING OF DATES

TO ALL INTERESTED PARTIES:

COMMENCEMENT OF CASES. On October 14, 1999, the above-captioned debtors and debtors-in-possession, and each of the affiliates listed on Exhibit A attached hereto (collectively, the "Debtors"), all with a mailing address of 101 Sun Avenue, N.E., Albuquerque, New Mexico, 87109, filed in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") voluntary petitions for relief under chapter 11 of title 11, United States Code (the "Bankruptcy Code"). Orders for relief have been entered in the Debtors' cases. Pursuant to sections 1107(a) and 1108 of the Bankruptcy Code, the Debtors are authorized to continue to operate their businesses and manage their properties as debtors and debtors in possession. You will not receive notice of all documents filed in the Debtors' cases. All documents filed with the Bankruptcy Court are or will be available for inspection at the office of the Clerk of the Bankruptcy Court. The address of the Clerk of the Bankruptcy Court is 824 Market Street, 5th Floor, Wilmington, Delaware 19801. Copies of documents can be obtained at the cost of the requesting party by contacting Delaware Document Retrieval, ("DDR") at 200 West Ninth Street, Lower Level, Wilmington, Delaware, 19801 (telephone # 302-658-9971).

CREDITORS MAY NOT TAKE CERTAIN ACTIONS. A creditor is anyone to whom any of the Debtors owes money or property. Under the Bankruptcy Code, the Debtors are granted certain protections against creditors. Common examples of prohibited actions by creditors are contacting a debtor to demand repayment, taking any action against a debtor to collect money owed or taking any action against property of a debtor, terminating or changing the terms or existing contracts or agreements, initiating or attempting to pursue litigation against a debtor and starting or continuing foreclosure actions, repossessions, or taking any action to realize the value of a secured creditor's collateral. If unauthorized actions are taken by a creditor against the Debtors, the Bankruptcy Court may penalize that creditor. A creditor who is considering taking action against the Debtors or the property of the Debtors should review

section 362 of the Bankruptcy Code and may wish to seek legal advice. The staff of the Clerk of the Bankruptcy Court is not permitted to give legal advice.

MEETING OF CREDITORS. A meeting of creditors pursuant to section 341 of the Bankruptcy Code is scheduled for December 10, 1999 at 1:00 p.m. at the Wyndham Garden Hotel, 700 King Street, Salon C, Wilmington, Delaware, 19801. A representative of the Debtors is required to appear at the meeting of creditors for the purpose of being examined under oath. You are invited to attend this meeting, but your attendance is not mandatory. At the meeting, creditors may examine the Debtors and ask such questions as may properly be raised at the meeting. The meeting may be continued or adjourned from time to time by notice at the meeting without further written notice to creditors.

PROOFS OF CLAIM. The schedules and lists of creditors will be filed pursuant to Federal Rule of Bankruptcy Procedure 1007. Once filed, creditors will be advised of the amount and manner in which their claims have been scheduled. Any creditor holding a scheduled claim which is not listed as disputed, contingent, or unliquidated as to amount may, but is not required to, file a proof of claim in this case. Creditors whose claims are not scheduled or whose claims are listed as disputed, contingent, or unliquidated as to amount and who desire to rely on the schedule of creditors have the responsibility for determining that the claim is listed accurately. The place to file a proof of claim, by either U.S. First Class Mail or U.S. Overnight Mail, is Sun Healthcare Group Claims Processing, c/o Bankruptcy Services, Inc., P.O. Box 5061, FDR Station, New York, NY. A proof of claim form is attached hereto as Exhibit B.

PURPOSE OF CHAPTER 11 FILING. Chapter 11 of the Bankruptcy Code enables a debtor to attempt to reorganize pursuant to a plan. A plan is not effective unless approved by the Bankruptcy Court at a confirmation hearing. Creditors will be given notice concerning any plan, or, in the event the cases are dismissed or converted to another chapter of the Bankruptcy Code, notice of such dismissal or conversion. The Debtors will remain in possession of their properties and will continue to operate their businesses unless a trustee is appointed.

FURTHER INFORMATION. Further information concerning the chapter 11 cases can be obtained by calling the Debtors' toll free number at 888-320-9175.

Dated: November 5, 1999

RICHARDS, LAYTON & FINGER, P.A.

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EXHIBIT

A

AFFILIATES OF SUN HEALTHCARE AND THEIR ASSIGNED CASE NUMBERS

Accelerated Care Plus, LLC	99-3667 (MFW)	Grand Terrace Rehabilitation Center	99-3719 (MFW)
Advantage Health Services, Inc.	99-3668 (MFW)	G-WZ of Stamford, Inc.	99-3720 (MFW)
Americare Health Services Corp.	99-3669 (MFW)	Hallmark Health Services, Inc.	99-3721 (MFW)
Americare Homecare, Inc.	99-3670 (MFW)	Harbor View Rehabilitation Center	99-3722 (MFW)
Americare Midwest, Inc.	99-3671 (MFW)	Hawthorne Rehabilitation Center	99-3723 (MFW)
Americare of West Virginia, Inc.	99-3672 (MFW)	HC, Inc.	99-3724 (MFW)
Ameridyne Corporation	99-3673 (MFW)	Heritage Rehabilitation Center	99-3725 (MFW)
Atlantic Medical Supply Company, Inc.	99-3674 (MFW)	Heritage-Torrance Rehabilitation Cente	
Bay Colony Health Services, Inc.	99-3675 (MFW)	HSR Partners, L.P.	99-3657 (MFW)
Beckley Health Care Corp.	99-3676 (MFW)	HTA of New York, Inc.	99-3727 (MFW)
Bergen Eldercare, Inc.	99-3677 (MFW)	Huntington Beach Convalescent Hospita	
Bibb Health & Rehabilitation, Inc.	99-3678 (MFW)	Jackson Rehabilitation Center, Inc.	99-3729 (MFW)
BioPath Clinical Laboratories, Inc.	99-3679 (MFW)	Jeff Davis Healthcare, Inc.	99-3730 (MFW)
Braswell Enterprises, Inc.	99-3680 (MFW)	Lake Forest Healthcare Center, Inc.	99-3731 (MFW)
Brent-Lox Hall Nursing Home, Inc.	99-3681 (MFW)	Lake Health Care Center, Inc.	99-3732 (MFW)
Brittany Rehabilitation Center, Inc.	99-3682 (MFW)	Libbie Rehabilitation Center, Inc.	99-3733 (MFW)
Cal-Med, Inc.	99-3683 (MFW)	Linda-Mar Rehabilitation Center	99-3734 (MFW)
Capitol Care Management Company, Inc		Living Services, Inc.	99-3735 (MFW)
Care Enterprises, Inc.	99-3685 (MFW)	LTC Staffinders, Inc.	99-3736 (MFW)
Care Enterprises West	99-3686 (MFW)	Manatee Springs Nursing Center, Inc.	99-3737 (MFW)
Care Finance, Inc.	99-3687 (MFW)	Maplewood Health Care Center of	
Care Home Health Services	99-3688 (MFW)	Jackson, Tennessee, Inc.	99-3738 (MFW)
CareerStaff Management, Inc.	99-3689 (MFW)	Marion Health Care Corp.	99-3739 (MFW)
CareerStaff Unlimited, Inc.	99-3690 (MFW)	Masthead Corporation	99-3740 (MFW)
Carmichael Rehabilitation Center	99-3691 (MFW)	Meadowbrook Rehabilitation Center	99-3741 (MFW)
Charlton Healthcare, Inc.	99-3692 (MFW)	Mediplex Atlanta Rehabilitation	
Circleville Health Care Corp.	99-3693 (MFW)	Institute, Inc.	99-3742 (MFW)
Clipper Home of North Conway, Inc.	99-3694 (MFW)	Mediplex of Concord, Inc.	99-3746 (MFW)
Clipper Home of Portsmouth, Inc.	99-3695 (MFW)	Mediplex of Connecticut, Inc.	99-3747 (MFW)
Clipper Home of Rochester, Inc.	99-3696 (MFW)	Mediplex of Kentucky, Inc.	99-3748 (MFW)
Clipper Home of Wolfeboro, Inc.	99-3697 (MFW)	Mediplex of Maryland, Inc.	99-3749 (MFW)
Coalinga Rehabilitation Center	99-3698 (MFW)	Mediplex of Massachusetts, Inc.	99-3750 (MFW)
Community Re-Entry Services of		Mediplex of New Hampshire, Inc.	99-3751 (MFW)
Cortland, Inc.	99-3699 (MFW)	Mediplex of New Jersey, Inc.	99-3752 (MFW)
Contour Medical, Inc.	99-3700 (MFW)	Mediplex of Ohio, Inc.	99-3753 (MFW)
Contour Medical of Central Florida, Inc.		Mediplex of Tennessee, Inc.	99-3754 (MFW)
Contour Medical-Michigan, Inc.	99-3701 (MFW)	•	99-3755 (MFW)
Covina Rehabilitation Center	99-3703 (MFW)	Mediplex Management, Inc.	99-3743 (MFW)
Crescent Medical Services, Inc.	99-3704 (MFW)	Mediplex Management of Palm Beach	
Dunbar Health Care Corp.	99-3705 (MFW)	County, Inc.	99-3744 (MFW)
Duval Healthcare Center, Inc.	99- 37 06 (MFW)	Mediplex Management of Texas, Inc.	99-3745 (MFW)
Evergreen Rehabilitation Center	99-3707 (MFW)	Mediplex Rehabilitation of	
Executive Pharmacy Services, Inc.	99-3708 (MFW)	Massachusetts, Inc.	99-3756 (MFW)
Facility Supply, Inc.	99-3709 (MFW)		99-3757 (MFW)
Fairfield Rehabilitation Center	99-3710 (MFW)	Mountain Care Management, Inc.	99-3758 (MFW)
First Class Pharmacy, Inc.	99-3711 (MFW)		99-3759 (MFW)
Fullerton Rehabilitation Center	99-3712 (MFW)		99-3760 (MFW)
Gainesville Healthcare Center, Inc.	99-3713 (MFW)	Newport Beach Rehabilitation Center	99-3761 (MFW)
Gardendale Health Care Center, Inc.	99-3714 (MFW)	Nursing Home, Inc.	99-3762 (MFW)
Glendora Rehabilitation Center	99-3715 (MFW)	Oakview Treatment Centers of	
Glenville Health Care, Inc.	99-3716 (MFW)	Kansas, Inc.	99-3763 (MFW)
Golan Healthcare Group, Inc.	99-3717 (MFW)		
Goodwin Nursing Home, Inc.	99-3718 (MFW)	Center, Inc.	99-3764 (MFW)

Orange Rehabilitation Hospital, Inc.	99-3765 (MFW)	SunBridge Rehab of Colorado, Inc.	99-3814 (MFW)
Pacific Beach Physical Therapy, Inc.	99-3766 (MFW)	Sun Care Corp.	99-3815 (MFW)
Pacific Health Care, Inc.		SunCare Respiratory Services, Inc.	99-3816 (MFW)
Paradise Rehabilitation Center, Inc.	99-3768 (MFW)	SunChoice.com, Inc.	99-3817 (MFW)
Paso Robles Rehabilitation Center	99-3769 (MFW)	SunChoice Medical Supply, Inc.	99-3818 (MFW)
Peachwood Physical Therapy		Sun Coast Retirement, Inc.	99-3819 (MFW)
Corporation	99-3770 (MFW)	SunDance Rehabilitation Corporation	99-3820 (MFW)
Pharmacy Factors of California, Inc.	99-3771 (MFW)	SunDance Rehabilitation Services, Inc.	99-3821 (MFW)
Pharmacy Factors of Florida, Inc.	99-3772 (MFW)	SunDance Rehabilitation Texas, L.P.	99-3659 (MFW)
Pharmacy Factors of Texas, Inc.	99-3773 (MFW)	SunFactors, Inc.	99-3822 (MFW)
Phoenix Associates, Inc.	99-3774 (MFW)	Sun Financing I	99-3823 (MFW)
Phoenix-Hudson Company	99-3775 (MFW)	SunHealth Specialty Services, Inc.	99-3827 (MFW)
Pine Manor Rest Home, Incorporated	99-3776 (MFW)	Sun Healthcare Group Finance	
P.M.N.F. Management, Inc.	99-3777 (MFW)	Company	99-3824 (MFW)
PRI, Inc.	99-3778 (MFW)	Sun Healthcare Group, Inc.	99-3657 (MFW)
Pro-Scription, Inc.	99-3779 (MFW)	Sun Healthcare Group International	
Putnam Health Care Corp.	99-3780 (MFW)	Corporation	99-3825 (MFW)
Quality Care Holding Corp.	99-3781 (MFW)	Sun Healthcare, Inc.	99-3826 (MFW)
Quality NHF Leasing, Inc.	99-3782 (MFW)	Sun Lane Purchase Corporation	99-3828 (MFW)
Quality Nursing Care of	, ,	SunMark Nevada, Inc.	99-3829 (MFW)
Massachusetts, Inc.	99-3783 (MFW)	SunMark of New Mexico, Inc.	99-3830 (MFW)
Quest Medical Supply, Inc.	99-3784 (MFW)	SunPlus Home Health Services, Inc.	99-3831 (MFW)
Regency Health Services, Inc.		SunScript Pharmacy Corporation	99-3832 (MFW)
Regency High School, Inc.	99-3786 (MFW)	SunSolution, Inc.	99-3833 (MFW)
Regency - North Carolina, Inc.	99-3787 (MFW)	The Mediplex Group, Inc.	99-3834 (MFW)
Regency Outpatient Services, Inc.	99-3788 (MFW)	Therapists Unlimited – Baltimore/	>> 000 (MI VV)
Regency Rehab Hospitals, Inc.	99-3789 (MFW)	Washington, D.C., L.P.	99-3660 (MFW)
Regency Rehabilitation Management))	Therapists Unlimited - Chicago, II, L.P.	99-3661 (MFW)
and Consulting Services, Inc.	99-3790 (MFW)	Therapists Unlimited – Detroit II, L.P.	99-3662 (MFW)
Regency – Tennessee, Inc.	99-3791 (MFW)	Therapists Unlimited – Fresno, L.P.	99-3663 (MFW)
Retirement Care Associates, Inc.	99-3792 (MFW)	Therapists Unlimited – Fresho, E.F. Therapists Unlimited – Indianapolis, L.P.	·
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Retirement Management Corporation	99-3793 (MFW)	Therapists Unlimited – Seattle, L.P.	99-3665 (MFW)
RHS Management Corporation	99-3794 (MFW)	U.S. Laboratory Corp.	99-3835 (MFW)
Riviera Retirement, Inc.	99-3795 (MFW)	Vista Knoll Rehabilitation Center, Inc.	99-3836 (MFW)
Roberta Health Care Center, Inc.	99-3796 (MFW)	West Jersey/Mediplex Rehabilitation, L.	
Rosewood Rehabilitation Center, Inc.	· ·	West Tennessee, Inc.	99-3837 (MFW)
Salem Health Care Corp.	99-3798 (MFW)	Willowview Rehabilitation Center	99-3838 (MFW)
San Bernardino Rehabilitation	00.2500 (35531)	Willow Way, Inc.	99-3839 (MFW)
Hospital, Inc.	99-3799 (MFW)	Woodbury Health Care Center, Inc.	99-3840 (MFW)
Sea Side Retirement, Inc.	99-3800 (MFW)	Worcester Nursing Center, Inc.	99-3841 (MFW)
Shandin Hills Rehabilitation Center	99-3801 (MFW)		
SHG Finance, LLC	99-3802 (MFW)		
SHG International Holdings, Inc.	99-3803 (MFW)		
Southside Health Care Center, Inc.	99-3804 (MFW)		
SRT, Inc.	99-3805 (MFW)		
Statesboro Health Care Center, Inc.	99-3806 (MFW)		
Stockton Rehabilitation Center, Inc.	99-3807 (MFW)		
Summers Landing, Inc.	99-3808 (MFW)		
SunAlliance Healthcare Services, Inc.	99-3809 (MFW)	I .	
SunBridge, Inc.	99-3813 (MFW)		
SunBridge Healthcare Corporation	99-3810 (MFW)		
SunBridge Healthcare of Florida, Inc.	99-3812 (MFW)		
SunBridge Healthcare of Colorado, Inc.	99-3811 (MFW)		

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EXHIBIT

B

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM				
In re:	Case Number:				
NOTE: This claim should not be used to make a claim for an administrative expense arising after A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	er the commencement of the case.				
Creditor Name (Person or entity debtor owes) Address Line 1	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach Copy of statement giving particulars				
Address Line 2 Address	Check box if you have never received any notices from the bankruptcy court in this case				
Line 3 City, ST ZIP	Check box if the address differs from the address on the envelope sent to you by the court COURT USE ONLY				
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR-	Check here if this claim replaces a previously filed claim dated:				
	2 Date Debt Incurred: (MMDDYY) re benefits as defined in 11 U.S.C. § 1114(a)				
Yours	s, salaries, and compensation (Fill out below) social security No d compensation for services performed (date) (date) 3. If Court Judgment, Date Obtained:				
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following. (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.					
SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral. Real Estate Motor Vehicle Other (Describe briefly)	UNSECURED PRIORITY CLAIM - Specify the priority of the claim. Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - U.S.C. § 507(a)(3)				
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$	Contributions to an employee benefit plan - U.S.C. § 507(a)(4) Up to \$900 of deposits toward purchase, lease, or rental of property or services for				
UNSECURED NONPRIORITY CLAIM A claum is unsecured if there is no collateral or lien on property of the	personal, family, or household use - 11 U S C. § 507(a)(6) Taxes or penalties of governmental units - 11 U S C. § 507 (a)(7)				
debtor securing the claim or to the extent that the value of such property is less than the amount of the claim Cither - Specify applicable paragraph of 11 U.S.C. § 507(a)					
5. AMOUNT OF CLAIM AT TIME CASE FILED.					
	1 Nonproprity) (Unsecured Priority)				
(Secured) (Unsecured Nonpriority) (Unsecured Priority) Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.					
6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized.					
statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain If the documents are voluminous, attach a summary.					
8. TIME-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)					

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR COMPLETING CLAIM FORM

IN RE: If the debtor's name and case number do not already appear, please insert the debtor's name and case number as shown on your notice.

Name of Creditor:

Insert the complete name and address of the person filing the claim. Use only the lines which are applicable. If the claim is being made by an agent or attorney for the claimant, fill in that name on Address Line 1 and complete its address on the remaining lines.

Please fill in the account number by which you identify the debtor.

If this claim amends or replaces a previously filed claim please mark the appropriate box and fill in the date of the previous claim.

- 1. Specify the basis for claim, such as goods and services, merchandise, rent, etc. If your claim is for wages, insert your social security number and state the period within which wages were earned.
- 2. Insert date debt was incurred. Use the format MMDDYY (ie 100196 for October 1, 1998)
- 3. If you have obtained a judgement on this debt, identify date of judgement. If no judgement obtained, leave blank.
- 4. Check either Secured, Unsecured Nonpriority or Unsecured Priority as appropriate.
- 5. Insert the amount of claim at the time the case was filed in the appropriate box based on your selected Classification of Claim in item 4.
- 6.7.8. Please read Important information.

Upon completion of this claim form, you are certifying that the statements herein are true.

Be sure to date the claim and place original signature of claimant or person making claim for creditor where indicated at the bottom of the claim form. Please type or print name of individual under the signature. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable".

RETURN CLAIM FORM (WITH ATTACHMENTS, IF ANY) TO:

Sun Healthcare Group Claims Processing c/o Bankruptcy Services, Inc. P.O. Box 5061, FDR Station New York, NY 10022