



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 7375. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
medical evaluation of seaquarium employees

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/26/2025  
MM / DD / YYYY

/s/George Bordenave  
Signature

**Print the name of the person who is completing and signing this claim:**

Name George Bordenave  
First name Middle name Last name

Title MD physician

Company George Bordenave MD PA  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1434 | International (310) 751-2633

<b>Debtor:</b> 25-10606 - Leisure Investments Holdings LLC		
<b>District:</b> District of Delaware		
<b>Creditor:</b> George Bordenave MD 8720 N. Kendall Drive 115 Miami, FL, 33176 United States <b>Phone:</b> 3054462444 <b>Phone 2:</b>  <b>Fax:</b> 3058469768 <b>Email:</b> gbordenave@aol.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> medical evaluation of seaquarium employees	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 7375	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> george Bordenave on 26-Aug-2025 12:59:41 p.m. Pacific Time <b>Title:</b> MD physician <b>Company:</b> george bordenave MD PA		

Miami Seaquarium  
The Dolphin Company  
Eduardo Albor CEO

April 8, 2024.

Via regular and certified US mail.

**PAST DUE INVOICE FROM 2023-second attempt to collect.**  
THE SERVICE PROVIDED WAS REQUESTED BY THE MIAMI  
SEAQUARIUM AS PART OF THE HIRING PROCESS AND  
HAS BEEN PAID FOR BY THE SEAQUARIUM.

THIS YEAR (2024), NEW DIVERS ARE CONTINUING TO  
COME IN REQUESTING DIVE EVALUATIONS & CLEARANCE  
TO BE ABLE TO BE HIRED AND WORK AT THE MIAMI  
SEAQUARIUM AND ARE BILLED DIRECTLY DUE TO YOUR  
LACK OF PAST PAYMENT.

PLEASE PAY THE OUTSTANDING INVOICE. THANK YOU

TOTAL DUE: \$7375

THNX YOU

George Bordenave MD.



8720 SW 88<sup>th</sup> Street Suite 115  
Miami, FL 33176  
Phone 305-446-2444 Fax: 305-446-7847  
Tax ID: 650424670

**TO: MIAMI SEAQUARIUM**

# INVOICE

INVOICE #5  
DATE: APRIL 8, 2024

FOR:  
ADCI Dive Evaluations

DESCRIPTION	DATE OF SERVICE	AMOUNT DUE
-38 ADCI Evaluations \$125 ea.	01/17/2023 To 08/02/2023	\$ 4750
-1 CBC w/ Diff & Lipid Profile (Labwork) \$110		\$110
-3 Echocardiograms \$175 ea.		\$525
-1 EKG (Electrocardiogram) \$10 (Please note we do not charge for the EKG if the Diver is over 35yo)		\$10
-12 ADCI Evaluations \$125 ea.		\$1830
-1 Holter monitor (24 hours) \$150	10/05/23 To 01/29/2024	\$150
		TOTAL:
		<b>\$7,375</b>

THANK YOU FOR YOUR BUSINESS.

Make all checks payable to George Bordenave MD.