

District of: Ontario
Division No. 09-Toronto
Court No. 31-2996378
Estate No. 31-2996378

FORM 68
Notice of Bankruptcy, First Meeting of Creditors
(Subsection 102(1) of the Act)

In the matter of the bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto, in the Province of Ontario

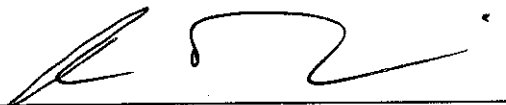
Take notice that:

1. 10084328 Canada Corp. filed (or was deemed to have filed) an assignment (or a bankruptcy order was made against 10084328 Canada Corp.) on the 11th day of October, 2023, and the undersigned, Dodick Landau Inc., was appointed as trustee of the estate of the bankrupt by the official receiver (or the Court) subject to affirmation by the creditors of the trustee's appointment or substitution of another trustee by the creditors.
2. The first meeting of creditors of the bankrupt will be held on the 1st day of November, 2023 at 11:00 a.m. via Zoom at:

<https://us06web.zoom.us/j/86171229347?pwd=Kqqxl4GY4A8CNPC3YfHIVG3qtALqRC.1>
3. To be entitled to vote at the meeting, a creditor must file with the trustee, before the meeting, a proof of claim and where necessary, a proxy.
4. Enclosed with this notice are a proof of claim form, a proxy form and list of creditors with claims amounting to \$25 or more showing the amounts of their claims.
5. Creditors must prove their claims against the estate of the bankrupt to share in any distribution of the proceeds realized from the estate.

Dated at the city of Toronto in the Province of Ontario, this 12th day of October, 2023.

Dodick Landau Inc. – Licensed Insolvency Trustee
Per:



Rahn Dodick – Licensed Insolvency Trustee
951 Wilson Avenue, Suite 15L
Toronto, ON M3K 2A7
Phone: (416) 645-0542 Fax: (866) 874-1791

District of:
 Division No.
 Court No.
 Estate No.

Original Amended

- Form 78 -
 Statement of Affairs (Business Bankruptcy) made by an entity
 (Subsection 49(2) and Paragraph 158(d) of the Act / Subsections 50(2) and 62(1) of the Act)

In the Matter of the Bankruptcy of
 10084328 Canada Corp.
 o/a PhysioPlus Health Group
 of the City of Toronto
 in the Province of Ontario

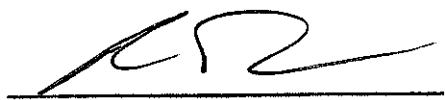
To the bankrupt:

You are required to carefully and accurately complete this form and the applicable attachments showing the state of your affairs on the date of the bankruptcy, on the 6th day of October 2023. When completed, this form and the applicable attachments will constitute the Statement of Affairs and must be verified by oath or solemn declaration.

LIABILITIES (as stated and estimated by the officer)	ASSETS (as stated and estimated by the officer)
1. Unsecured creditors as per list "A"	1. Inventory
755,457.06	0.00
Balance of secured claims as per list "B"	2. Trade fixtures, etc.
0.00	0.00
Total unsecured creditors	3. Accounts receivable and other receivables, as per list "E"
755,457.06	Good
2. Secured creditors as per list "B"	0.00
0.00	Doubtful
3. Preferred creditors as per list "C"	0.00
0.00	Bad
4. Contingent, trust claims or other liabilities as per list "D" estimated to be reclaimable for	0.00
0.00	Estimated to produce
Total liabilities	0.00
755,457.06	4. Bills of exchange, promissory note, etc., as per list "F" ...
Surplus	0.00
NIL	5. Deposits in financial institutions
	0.00
	6. Cash
	0.00
	7. Livestock
	0.00
	8. Machinery, equipment and plant
	0.00
	9. Real property or immovable as per list "G"
	0.00
	10. Furniture
	0.00
	11. RRSPPs, RRIFs, life insurance, etc.
	0.00
	12. Securities (shares, bonds, debentures, etc.)
	0.00
	13. Interests under wills
	0.00
	14. Vehicles
	0.00
	15. Other property, as per list "H"
	0.00
	If bankrupt is a corporation, add:
	Amount of subscribed capital
	0.00
	Amount paid on capital
	0.00
	Balance subscribed and unpaid
	0.00
	Estimated to produce
	0.00
	Total assets
	0.00
	Deficiency
	755,457.06

I, Michelle DeMarchi, of the city of Toronto in the Province of Ontario, do swear (or solemnly declare) that this statement and the attached lists are to the best of my knowledge, a full, true and complete statement of the affairs of the Corporation on the 11th day of October 2023 and fully disclose all property of every description that is in my possession or that may devolve on me in accordance with the Act.

SWORN (or SOLEMNLY DECLARED) remotely by Michelle DeMarchi stated as being located in the city of Toronto in the Province of Ontario before me at the city of Toronto in the Province of Ontario, on this 11th day of October 2023 in accordance with provincial Regulation on Administering Oath or Declaration Remotely.


 Rahn Dodick, Commissioner of Oaths
 For the Province of Ontario
 Expires July 20, 2026


 Michelle DeMarchi

Rahn Dodick, a Commissioner, etc.,
 Province of Ontario, for Dodick Landau Inc.
 and Dodick Landau Partnerships.
 Expires July 20, 2026.

District of:
 Division No.
 Court No.
 Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of
 10084328 Canada Corp.
 o/a PhysioPlus Health Group
 of the City of Toronto
 in the Province of Ontario
 List "A"
 Unsecured Creditors
 10084328 Canada Corp.

No.	Name of creditor	Address	Unsecured claim	Balance of claim	Total claim
1	CIBC Visa c/o TECHCOM Managed Services CEBA-00402008944857	6-6150 Hwy 7, PO Box 488 Woodbridge ON L4H 0R6	60,000.00	0.00	60,000.00
2	CRA - Tax - Ontario 730858321RC001	Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd Shawinigan-Sud QC G9P 5H9	1.00	0.00	1.00
3	CRA - Tax - Ontario 730858321RP001	Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd Shawinigan-Sud QC G9P 5H9	1.00	0.00	1.00
4	CRA - Tax - Ontario 730858321RT001	Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd Shawinigan-Sud QC G9P 5H9	1.00	0.00	1.00
5	Dr. Shahn Noor Uj Amin	2198 Harnsplead Road Oakville ON L6H 6Y9	130,000.00	0.00	130,000.00
6	Elizabeth L. Frey	166 Watson Avenue Toronto ON M6S 4E1	101,019.00	0.00	101,019.00
7	Michelle DeMarchi	57 Loyalist Road Toronto ON M9A 3P2	155,000.00	0.00	155,000.00
8	Michelle DeMarchi Physiotherapy Professional Corp.		309,435.06	0.00	309,435.06
Total:			755,457.08	0.00	755,457.08

11-Oct-2023

Date


 Michelle DeMarchi

District of:
Division No. -
Court No.
Estate No.

FORM 78 - Continued


In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
In the Province of Ontario
List "B"
Secured Creditors

10084328 Canada Corp.

No.	Name of creditor	Address	Amount of claim	Particulars of security	When given	Estimated value of security	Estimated surplus from security	Balance of claim
			Total:			0.00	0.00	0.00

11-Oct-2023

Date


Michelle DeMarchi

District of:
Division No.
Court No.
Estate No.

FORM 78 - Continued


In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario
List "C"
Preferred Creditors for Wages, Rent, etc.

10084328 Canada Corp.

No.	Name of creditor	Address and occupation	Nature of claim	Period during which claim accrued	Amount of claim	Amount payable in full	Difference ranking for dividend
Total:					0.00	0.00	0.00

11-Oct-2023

Date



Michelle DeMarchi

District of:
Division No.
Court No.
Estate No.

FORM 78 -- Continued


In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario
List "D"
Contingent or Other Liabilities

10084328 Canada Corp.

No.	Name of creditor or claimant	Address and occupation	Amount of liability or claim	Amount expected to rank for dividend	Date when liability incurred	Nature of liability
Total:			0.00	0.00		

11-Oct-2023

Date



Michelle DeMarchi

District of:
Division No.
Court No.
Estate No.

FORM 78 -- Continued

In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario
List "E"
Debts Due to the Bankrupt
10084328 Canada Corp.

No.	Name of debtor	Address and occupation	Nature of debt	Amount of debt (good, doubtful, bad)	Folio of ledgers or other book where particulars to be found	When contracted	Estimated to produce	Particulars of any securities held for debt
			Total:	0.00 0.00 0.00			0.00	

11-Oct-2023

Date



Michelle DeMarchi

District of:
Division No.
Court No.
Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario
List "F"

Bills of Exchange, Promissory Notes, Lien Notes, Chattel
Mortgages, etc., Available as Assets

10084328 Canada Corp.

No.	Name of all promissory, acceptors, endorsers, mortgagors, and guarantors	Address	Occupation	Amount of bill or note, etc.	Date when due	Estimated to produce	Particulars of any property held as security for payment of bill or note, etc.
Total:				0.00		0.00	

11-Oct-2023

Date


Michelle DeMarchi

District of:
Division No.
Court No.
Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario
List "G"
Real Property or Immovables Owned by Bankrupt
10084328 Canada Corp.

Description of property	Nature of bankrupt interest	In whose name does title stand	Total value	Particulars of mortgages, hypothecs, or other encumbrances (name, address, amount)	Equity or surplus
Total:			0.00		0.00

11-Oct-2023

Date



Michelle DeMarchi

District of:
Division No.
Court No.
Estate No.

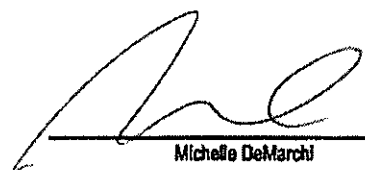
FORM 78 -- Concluded

In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario
List "H"
Property
10084328 Canada Corp.
FULL STATEMENT OF PROPERTY

Nature of property	Location	Details of property	Original cost	Estimated to produce
(a) Stock-in-trade			0.00	0.00
(b) Trade fixtures, etc.			0.00	0.00
(c) Cash in financial institutions			0.00	0.00
(d) Cash on hand			0.00	0.00
(e) Livestock			0.00	0.00
(f) Machinery, equipment and plant			0.00	0.00
(g) Furniture			0.00	0.00
(h) Life insurance policies, RRSPs, etc.			0.00	0.00
(i) Securities			0.00	0.00
(j) Interests under wills, etc.			0.00	0.00
(k) Vehicles			0.00	0.00
(l) Taxes			0.00	0.00
(m) Other			0.00	0.00
			Total:	0.00

11-Oct-2023

Date



Michelle DeMarchi

DODICK LANDAU

PROOF OF CLAIM FORM 31

IN THE MATTER OF THE BANKRUPTCY OF **10084328 Canada Corp.** referred to in this form as "the debtor")
and the claim of _____ (referred to in this form as "the creditor")

All notices or correspondence regarding this claim to be forwarded to the creditor at the following address:

Telephone : _____ Fax : _____ Email : _____

I, _____ (name of person signing claim) residing in the _____ (city, town, etc.)
of _____ (name of city, town, etc.) in the Province of _____

Do hereby certify that:

If an officer of the company, state position or title

1. I am the creditor or I am _____ of the creditor.
(state position or title)

2. I have knowledge of all the circumstances connected with the claim referred to in this form.

The attached statement of account must include invoices or other evidence in support of the claim

3. The debtor was, at the date of the Bankruptcy, namely the **11th day of October 2023** and still is, indebted to the creditor in the sum of \$ _____, as specified in the statement of account attached hereto and marked Schedule "A", after deducting any counterclaims to which the debtor is entitled.

Check and complete appropriate category.

4. A **Unsecured claim of \$ _____**
In respect to the said debt, I do not hold any assets of the debtor as security and

(i) I do not claim a right to a priority
or

(ii) I do claim a right to a priority under section 136 of the Bankruptcy and Insolvency Act (the "Act").

Check appropriate description and attach a separate sheet to detail and support priority claim, if applicable.

B **Claim of landlord for disclaimer of a lease of \$ _____**
That I hereby makes a claim under subsection 65.2(4) of the Act, particulars of which are as follows: _____

Give full particulars of the claim, including the calculations upon which the claim is based.

C **Secured claim of \$ _____**
In respect of the said debt, I hold assets of the debtor valued at \$ _____ as security, particulars of which are as follows: _____

Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.

Attach a copy of sales agreement and delivery receipts.

D **Claim by farmer, fisherman, or aquaculturist of \$ _____**
That I hereby makes a claim under subsection 81.2(1) of the Act for the unpaid amount \$ _____.

Check and complete appropriate category.

E **Claim by Wage Earner of \$ _____**

Check appropriate description.

(i) That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$ _____
(ii) That I hereby make a claim under subsection 81.4(8) of the Act in the amount of \$ _____

PROOF OF CLAIM
FORM 31
PAGE TWO

To be filed when a proposal provides for the compromise of claims against directors.

F **Claim against Director of \$** _____
That I hereby make a claim under subsection 50(13) of the Act, particulars of which are as follows: _____

Give full particulars of the claim, including the calculations upon which the claim is based.

G **Claim of a Customer of a Bankrupt Securities Firm of \$** _____
That I hereby make a claim as a customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows: _____

Strike out "is" or "is not".

5. To the best of my knowledge, the creditor **is / is not** related to the debtor within the meaning of section 4 of the Act.

Attach a separate schedule if necessary.

6. The following are the payments that the creditor has received from and the credits that the creditor has allowed to the debtor within the three months (or, if the creditor and the debtor are related within the meaning of section 4 of the Act, within the twelve months) immediately before the date of the initial bankruptcy event (October 11, 2023) within the meaning of section 2 of the Act.

_____, _____,
_____, _____.

Dated at _____, this _____ day of _____, 20_____

Must be signed and witnessed

Witness

(Signature of individual completing this form)

Print Name: _____

Print Name: _____

Notes: All references to "the Act" refer to the Bankruptcy and Insolvency Act. If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.

If an affidavit or solemn declaration is attached, it must have been made before a person qualified to take affidavits or solemn declarations.

Warning: A trustee may, pursuant to subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the value of the security as assessed, in a proof of security, by the secured creditor. Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.

Instructions for completing proof of claim forms

Every creditor who does not prove his claim is not entitled to share in any distribution. Claims not completed correctly in every respect will be returned. As well, in order to vote at a meeting of creditors, a properly completed Proof of Claim must be returned to the Trustee's office before the time of the meeting.

In completing the attached form, your attention is directed to the marginal notes on the form and to the following requirements:

Proof of Claim:

1. The form must be completed by an individual and not by a corporation. If you are acting for a corporation or other person, you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc.
2. The person signing the form must have knowledge of the circumstances connected with the claim.
3. The debtor's name and date of the bankruptcy must be filled in and a Statement of Account containing details of the claim must be attached and marked "Schedule A". The date at which claims are to be calculated and the correct name of the debtor may be found as well on the Notice sent to the creditor.
4. The nature of the claim must be indicated by placing a check mark at the type of claim which applies, for example:

Check mark at A indicates the claim is unsecured and

Check mark at A(i) indicates that the creditor is not claiming any priority or

Check mark at A(ii) indicates the creditor is claiming preferred status under section 136 of the Act. Details to support the priority claim must be set out on an attached schedule.

Check mark at B indicates a claim of landlord for disclaimer of a lease under subsection 65.2(4) of the Act. Details to support this claim must be set out on an attached schedule.

Check mark at C indicates the claim is secured and the value at which the creditor assesses the security must be inserted. Details of each item of security held should be attached as a separate schedule and submitted with a copy of the chattel mortgage, conditional sales contract, security agreement, etc.

Check mark at D indicates that the creditor is a farmer, fisherman or aquaculturist who supplied goods within 15 days prior to the date of receivership or bankruptcy and has not yet been paid for those goods.

Check mark at E indicates that the creditor is a wage earner under subsection 81.3(8) or 81.4(8) of the Act. Details to support this claim must be set out on an attached schedule.

Check mark at F indicates the claim is against a director under subsection 50(13) of the Act. It is applicable only in the case of a proposal which provides for the compromise of claims against directors. Details to support this claim must be set out on an attached schedule.

Check mark at G indicates the claim is of a Customer of a Bankrupt Securities Firm, who is a customer for net equity as contemplated by section 262 of the Act. Details to support this claim must be set out on an attached schedule.

5. The person signing the form must indicate (by striking out "is" or "is not") whether the creditor and the debtor are related. Section 4 of the Act defines persons related to a debtor. If the creditor is related by blood or marriage to the debtor, the creditor should consider itself to be a related person. If the debtor is a corporation, a creditor would be related if it was controlled by the same shareholders as the debtor.

6. The person signing the form must provide full details of all payments and credits received from or allowed to the debtor during the period indicated. Leaving a blank will indicate that there were no such payments and credits.

7. The person signing the form must insert the place and date and the signature must be witnessed. If an affidavit is attached, it must have been made before a person qualified to take affidavits.

General Proxy:

If it is desired to appoint a proxy, the proxy form must be completed and signed by the creditor; if the creditor is a corporation, the proxy form must be signed in the corporate name (not necessarily by the individual signing the proof of claim form) and the proxy must be witnessed.

If there are any questions in completing the proof of claim, please write, email or telephone the office of the trustee:

Dodick Landau Inc.
951 Wilson Avenue, Suite 15L
Toronto, ON M3K 2A7
Telephone: 416-645-0542
Fax: 866-874-1791
Email: brenda.mcknight@dodick.ca

District of: Ontario
Division No. 09 - Toronto
Court No. 31-2996378
Estate No. 31-2996378

FORM 36
Proxy
(Subsection 102(2) and paragraphs 51(1)(e) and 66.15(3)(b) of the Act)

In the Matter of the Bankruptcy of
10084328 Canada Corp.
o/a PhysioPlus Health Group
of the City of Toronto
in the Province of Ontario

I, _____, of _____, a creditor in the above matter, hereby
appoint _____, of _____, to be
my proxyholder in the above matter, except as to the receipt of dividends, _____ (with or without)
power to appoint another proxyholder in his or her place.

Dated at _____, this _____ day of _____,

Witness

Individual Creditor

Witness

Name of Corporate Creditor

Per _____
Name and Title of Signing Officer

Return To:

Dodick Landau Inc. - Licensed Insolvency Trustee

951 Wilson Ave., Unit 15L
Toronto ON M3K 2A7
Fax: (866) 874-1791
E-mail: talya.psek@dodick.ca

