



**An affiliate of
Raymond Chabot Grant Thornton
LLP**

District of: Ontario
Division No: 09
Court No: 31-2815068
Estate No: 31-2815068

FORM 68

Notice of Bankruptcy, First Meeting of Creditors

(Subsection 102(1) of the Act)

In the matter of the Bankruptcy of Summit Travel Health (Toronto) inc.
legal person having done business at 400-77, King Street West in the city of Toronto, province of Ontario M5K 2A1

Original Amended

Take notice that:

1. Summit Travel Health (Toronto) inc. filed an assignment on the 23rd day of March, 2022, and the undersigned, Raymond Chabot Inc., was appointed as trustee of the estate of the bankrupt by the official receiver, 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 13th day of April, 2022, at 03:30 PM at via Teams videoconference. If you wish to join the said videoconference, please inform un by email at : reclamation-Claims@rcgt.com.
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, 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 Laval, Quebec, this 25th day of March, 2022.

Raymond Chabot Inc.
Licensed Insolvency Trustee

District of: Ontario
 Division No: 09
 Court No: 31-2815068
 Estate No: 31-2815068

FORM 78

Statement of Affairs (Business Bankruptcy)

(Subsection 49(2) and Paragraph 158(d) of the Act)

In the matter of the Bankruptcy of Summit Travel Health (Toronto) inc.
 legal person having done business at 400-77, King Street West in the city of Toronto, province of Ontario M5K 2A1

Original Amended

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 your bankruptcy on the 22nd day of March, 2022. When completed, this form and the applicable attachments will constitute your Statement of Affairs and must be verified by oath or solemn declaration.

LIABILITIES (As stated and estimated by Bankrupt)		
1.	Unsecured creditors as per list "A"	\$558,888.86
2.	Secured creditors as per list "B"	\$0.00
3.	Preferred creditors as per list "C"	\$49,938.76
4.	Contingent, trust claims or other liabilities as per list "D" estimated to be reclaimable for	\$0.00
		\$0.00
Total Liabilities		\$608,827.62
Surplus		\$0.00

I, Jacques Goulet, of Summit Travel Health (Toronto) inc. 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 knowledge a full, true and complete statement of affairs on the 22nd day of March, 2022 and fully disclose all property of every description that is in possession or that may devolve on me in accordance with the Act.

SWORN (or SOLEMNLY DECLARED) remotely by Summit Travel Health (Toronto) inc. stated as being located in at Ottawa the city, in the Province of Ontario, before me at Laval the city, in the Province of Quebec, on this 22nd day of March, 2022 in accordance with provincial Regulation on Administering Oath or Declaration Remotely

Yannick Bourassa-Milot
 194400
 Commissioner of Oaths
 for the Province of Quebec

 Signature of Bankrupt

ASSETS (As stated and estimated by Bankrupt)		
1.	Inventory	\$0.00
2.	Trade fixtures, etc	\$0.00
3.	Accounts receivable and other receivables, as per List "E"	
	Good	\$0.00
	Doubtful	\$0.00
	Bad	\$0.00
	Estimated to produce	\$0.00
4.	Bills of exchange, promissory note, etc., as per List "F"	\$0.00
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.	RRSPs, 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"	\$15,000.00
<i>If Bankrupt is a corporation, add:</i>		
	Amount of subscribed capital	
	Amount paid on capital	
	Balance subscribed and unpaid	
	Estimated to produce	
Total Assets		\$15,000.00
Deficiency		\$593,827.62

List "A"
Unsecured Creditors
Summit Travel Health (Toronto) inc.

No	Name of Creditor	Address	Amount of Claim
1	Agence du revenu du Canada (ON-NB)	4695, boul. de Shawinigan-Sud, Shawinigan, Quebec, Canada, G9P 5H9	\$0.00
2	Agence du revenu du Canada (ON-NB)	4695, boul. de Shawinigan-Sud, Shawinigan, Quebec, Canada, G9P 5H9	\$2,766.63
3	Bell Canada (commercial)	FCT Default Solutions, P.o. Box 2514, Station B, London, Ontario, Canada, N6A 4G9	\$955.19
4	Clinique du voyageur du Grand Montréal inc.	2500 boul. Daniel-Johnson, suite 415, Laval, Quebec, Canada, H7T 2P6	\$352,661.00
5	Commission de la sécurité professionnelle du travail (CSPAAT)	200 rue Front Ouest, Toronto, Ontario, Canada, M5V 3J1	\$0.00
6	GSK	5 Crescent Drive, Mailstop NY0200, Philadelphie, Pennsylvania, USA, 19112-	\$17,628.00
7	LSU	1375 Newton St, Boucherville, Quebec, Canada, J4B 5H2	\$1,344.02
8	Rogers Communications Inc. - faillite	C.P. 2514, Succ. B, London, Ontario, Canada, N6A 4G9	\$712.84
9	Sanofi Pasteur	1 Discovery Drive, Swiftwater, Pennsylvania, USA, 18370-	\$40,000.00
10	Stericycle	9100 Du Golf Blvd, Anjou, Quebec, Canada, H1J 3A1	\$1,322.18
11	Summit Health Holdings inc.	415-2500 Boul Daniel-Johnson, Laval, Quebec, Canada, H7T 2P6	\$101,499.00
12	TD Canada Trust - Beaver Hall	100-525 Av Viger O, Montréal, Quebec, Canada, H2Z 0B2	\$40,000.00
Total:			\$558,888.86

Bankrupt

22nd day of March, 2022

Date

List "B"
Secured Creditors

Summit Travel Health (Toronto) inc.

No	Name and Address of Creditor Nature of Claim Particulars of Security	When Given	Amount of Claim	Estimated Value of Security	Estimated Surplus from Security	Balance of Claims Unsecured
1	Agence du revenu du Canada (ON-NB) 4695, boul. de Shawinigan-Sud Shawinigan, Quebec, G9P 5H9		\$0.00	\$0.00	\$0.00	\$0.00
Totals			\$0.00	\$0.00	\$0.00	\$0.00

List "C"
Preferred Creditors for Wages, Rent, etc.
Summit Travel Health (Toronto) inc.

No	Name of Creditor Address Occupation	Nature of Claim	Period During Which Claim Occured	Amount of Claim	Amount Payable in Full	Difference Ranking for Dividend
1	7838824 Canada inc. 141 Adelaide street west, suite 210 Toronto, Ontario, M5H 3L5	136(1)(f) - landlord for arrears of rent		\$37,484.67		
2	Gammond Investments Limited (Bert F. Grant Mgmt Ltd.) 1135 Leslie St North York, Ontario, M3C 2K7	136(1)(f) - landlord for arrears of rent		\$2,683.53		
3	Kipling Realty 65 Queen street West, suite 700 Toronto, Ontario, M4T 2S9	136(1)(f) - landlord for arrears of rent		\$9,770.56		
Totals:				\$49,938.76		

List "D"
Contingent or Other Liabilities
 Summit Travel Health (Toronto) inc.

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:					

List "E"
 Debts Due to the Bankrupt
 Summit Travel Health (Toronto) inc.

No	Name of Debtor Address Occupation	Nature of Debt Particulars of Security Folio Ledger for Particulars	Debt Good Doubtful Bad	When contracted	Estimated to produce
Total:					

List "F"

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

Summit Travel Health (Toronto) inc.

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

List "G"
Real Property or Immovable Owned by Bankrupt
 Summit Travel Health (Toronto) inc.

No	Description of property, Nature of Bankrupt's interest, In whose name does title stand	Total value	Particulars of mortgages, hypothecs, or other encumbrances		Equity or surplus
			Name, Address	Amount	
Total					

 Bankrupt

 22nd day of March, 2022
 Date

List "H"
Property
Summit Travel Health (Toronto) inc.

No	Nature of Property	Location and Details of Property	Original Cost	Estimated to Produce
1	Other Properties	Balance de prix de vente (réfrigérateurs médicaux) Balance of selling price (medical refrigerators) 77 King St W, Toronto, Ontario, Canada, M5K 2A1	\$0.00	\$15,000.00
Total:			\$0.00	\$15,000.00

Bankrupt

22nd day of March, 2022

Date

If received electronically, the signed original of the form is being kept by the trustee/administrator of the file



**AVIS À TOUS LES CRÉANCIERS/NOTICE TO CREDITORS
ENVOI DE PREUVE DE RÉCLAMATION/TRANSMISSION OF PROOF OF CLAIM**

**Nous vous encourageons à nous transmettre votre preuve de réclamation par courriel.
We strongly encourage you to send your proof of claim by email.**

*******NOTE IMPORTANTE*******

DANS LE CADRE DE LA PANDÉMIE DE COVID-19, LES PROFESSIONNELS DU DOMAINE DE L'INSOLVABILITÉ, EN COLLABORATION AVEC LE BUREAU DU SURINTENDANT DES FAILLITES, ONT DÉCIDÉ DE METTRE EN PLACE DES MESURES PRÉVENTIVES AFIN DE RÉDUIRE LES CONTACTS DIRECTS ENTRE PERSONNES. POUR SE CONFORMER À L'INSTRUCTION DU SURINTENDANT, LE PRÉSIDENT DE L'ASSEMBLÉE DES CRÉANCIERS VALIDERA L'IDENTITÉ DES CRÉANCIERS PARTICIPANTS. LES CRÉANCIERS DEVRONT S'ASSURER D'AVOIR TRANSMIS LEURS RÉCLAMATIONS AVANT L'OUVERTURE DE L'ASSEMBLÉE.

SI VOUS AVEZ DES QUESTIONS OU PRÉOCCUPATIONS, N'HÉSITÉS PAS À COMMUNIQUER AVEC NOUS.

*******IMPORTANT NOTICE*******

DUE TO THE COVID-19 PANDEMIC, INSOLVENCY PROFESSIONALS, IN ASSOCIATION WITH THE OFFICE OF THE SUPERINTENDENT OF BANKRUPTCIES, HAVE DECIDED TO IMPLEMENT PREVENTIVE MEASURES TO REDUCE DIRECT CONTACT BETWEEN INDIVIDUALS. IN ORDER TO COMPLY WITH THE SUPERINTENDENT'S INSTRUCTIONS, THE CHAIR OF THE MEETING OF CREDITORS WILL VALIDATE THE IDENTITY OF PARTICIPATING CREDITORS. CREDITORS MUST ENSURE THEY HAVE SUBMITTED THEIR CLAIMS BEFORE THE START OF THE MEETING.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, DO NOT HESITATE TO CONTACT US.

Merci,
Thank you,

RAYMOND CHABOT INC.
Syndic autorisé en insolvabilité/Licensed Insolvency Trustee



Raymond Chabot Inc.

An affiliate of
**Raymond Chabot Grant Thornton
LLP**

Proof of Claim

(Sections 50.1, 81.5, 81.6, Subsections 65.2(4), 81.2(1), 81.3(8), 81.4(8), 102(2), 124(2), 128(1), and Paragraphs 51(1)(e) and 66.14(b) of the Act)

In the Matter of the bankruptcy (Proposal/Notice of Intention/Receivership) of

Summit Travel Health (Toronto) inc. (31-2815068)

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

Creditor Name:	_____	Telephone:	_____
Creditor Address:	_____	Fax:	_____
	_____	Email:	_____

I hereby certify:

1. That I am a creditor of the above named estate (or I am _____ (state position or title), of _____ (name of creditor or representative of the creditor).
2. That I have knowledge of all the circumstances connected with the claim referred to below.
3. That the debtor was, at the date of bankruptcy (or the date of the receivership, or in the case of a proposal, the date of the notice of intention or of the proposal, if no notice of intention was filed) , namely the 23rd day of March, 2022, and still is, indebted to the creditor in the sum of \$ _____, as specified in the statement of account (or affidavit) attached and marked Schedule "A", after deducting any counterclaims to which the debtor is entitled. (The attached statement of account or affidavit must specify the vouchers or other evidence in support of the claim.)
4. Check and Complete the appropriate category
 - UNSECURED CLAIM OF \$ _____** (other than as a customer contemplated by Section 262 of the Act)
That in respect of this debt, I do not hold any assets of the debtor as security and
 - Regarding the amount of \$ _____, I do not claim a right to a priority.
 - Regarding the amount of \$ _____, I claim a right to a priority under section 136 of the Act. (Attach supporting documentation)
 - CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE \$ _____**
That I hereby make 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)
 - SECURED CLAIM OF \$ _____**
That in respect of this 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.)
 - CLAIM BY FARMER, FISHERMAN OR AQUACULTURIST OF \$ _____**
That I hereby make a claim under subsection 81.2(1) of the Act for the unpaid amount of \$ _____ (Attach a copy of sales agreement and delivery receipts.)
 - CLAIM BY WAGE EARNER OF \$ _____**
 - That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$ _____,
 - That I hereby make a claim under subsection 81.4(8) of the Act in the amount of \$ _____,
 - CLAIM BY EMPLOYEE FOR UNPAID AMOUNT REGARDING PENSION PLAN OF \$ _____**

That I hereby make a claim under subsection 81.5 of the Act in the amount of \$ _____

That I hereby make a claim under subsection 81.6 of the Act in the amount of \$ _____

- CLAIM AGAINST DIRECTOR** \$ _____ (To be completed when a proposal provides for the compromise of claims against directors)

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)

- CLAIM OF A CUSTOMER OF A BANKRUPT SECURITIES FIRM** \$ _____

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:

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

5. To the best of my knowledge, **I am** (or the above-named creditor is) / **am not** (or is not) related to the debtor within the meaning of section 4 of the Act, and have (or has) (or have not or has not) dealt with the debtor in a non-arm's-length manner.
6. That the following are the payments that I have received from, the credits that I have allowed to, and the transfers at undervalue within the meaning of subsection 2(1) of the Act that I have been privy to or a party to with the debtor within the three months (or, if the creditor and the debtor are related within the meaning of section 4 of the Act or were not dealing with each other at arm's length, within the 12 months) immediately before the date of the initial bankruptcy event within the meaning of subsection 2(1) of the Act: (Provide details of payments, credits and transfers at undervalue.)
7. (Applicable only in the case of the bankruptcy of an individual.)
- Whenever the trustee reviews the financial situation of a bankrupt to determine whether or not the bankrupt is required to make payments under section 68 of the Act, I request to be informed, pursuant to paragraph 68(4) of the Act, of the new fixed amount or of the fact that there is no longer surplus income.
 - I request that a copy of the report filed by the trustee regarding the bankrupt's application for discharge pursuant to subsection 170(1) of the Act be sent to the above address.

Dated at _____ (City) this _____ (day) of _____ (month), _____ (Year)

Creditor

Witness

Notes: If an affidavit is attached, it must have been made before a person qualified to take affidavits.

Warnings: 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.

PROXY

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

IN THE MATTER OF THE BANKRUPTCY / PROPOSAL / RECEIVERSHIP of

Summit Travel Health (Toronto) inc. (Debtor) (31-2815068)

I, _____ (Name of Creditor), of _____ (City), in _____ (Province) a creditor in the above matter, hereby appoint _____ (Name of Proxy) of _____, to be my proxy holder in the above matter except as to the receipt of dividends with / without power to appoint another proxy holder in his / her place

Dated at _____ (City), in the Province of _____, this _____ (day) of _____ (Month), _____ (Year)

Individual Creditor

Witness

Name of Corporate Creditor

Per _____

Name and Title of Signing Officer

Witness

General Proxy Information

The Bankruptcy and Insolvency Act permits a Proof of Claim to be made by a duly authorized agent of a creditor; however, this does not give such a person power to vote at the First Meeting of Creditors or to act as the proxy of the creditors.

GENERAL

- A creditor may vote either in person or by proxy.
- The Trustee may be appointed as a proxy for any creditor.
- A Corporation may vote by an authorized agent at a meeting of creditors.
- Debtors may not be appointed a proxy to vote at any meeting of their creditors.
- In order for a duly authorized person to have a right to vote, they must be a creditor themselves or be the holder of a properly executed proxy, showing the name of the creditor.

Directions to Completing a Proof of Claim Form

The checklist below is provided to assist in the preparation of a Proof of Claim (Form31) and if required a Proxy (form36). 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.

GENERAL

- The signature of a witness is required.
- This document must be signed personally by the person completing the Proof of Claim.
- Give the complete address, including postal code, where any notice or correspondence is to be forwarded.
- The amount on the Statement of Account must correspond with the amount indicated on the Proof of Claim.

PARAGRAPH I

- The creditor must state the full and complete legal name of the company or firm.
- If the individual completing the Proof of Claim is not the creditor himself, he must state his position or title.

PARAGRAPH III

- The Schedule A or Statement of Account must be complete and detailed, showing the date, number and amount of all invoices or charges, together with the date, number and amount of all creditors or payments. A Statement of Account is not complete if it begins with an amount brought forward.

PARAGRAPH IV

- Unsecured creditors must specify if they do or do not have a right to a priority. A schedule must be attached to support the priority claim. Details of Section 136 are available from the trustee upon request
- Secured creditors must attach a certified copy of the security documents to the proof of claim for each claim
- For claims arising from a realization of lease the creditor must provide full details of the claim including the relating calculations
- A claim by a farmer, fisherman or aqua culturist must attach a copy of the sales agreement and delivery documents.

PARAGRAPH V

- All claimants must indicate if they are / are not related to the debtor, as defined in Section 4 of the Bankruptcy and Insolvency Act, "If you are related by blood or marriage to the bankrupt, then you should consider yourself to be a related person pursuant to Section 4. If the bankrupt is a corporation, you would be considered to be related to it if you were a shareholder or if your company was controlled by the same shareholders as the bankrupt corporation."

PARAGRAPH VI

- All claimants must attach a detailed list of all payments or credits received or granted as follows:
- Within the three months preceding the bankruptcy / proposal, in the case where the claimant and debtor are not related;
- Within the twelve months preceding the bankruptcy / proposal, in the case where the claimant and debtor are related.

FORM 1.1
General Sender Identification for: Copies of all Prescribed Forms
Sent to Creditor(s) Electronically

Dated at Laval, Quebec,
this 25th day of March, 2022.

Responsible Individual (Sender):	Stanley Loiselle -
(Trustee/Administrator/Interim Receiver/Receiver: indicate which)	Licensed Insolvency Trustee
Corporate Name (if applicable) :	Raymond Chabot Inc.
Address:	4805, boul. Lapinière, bureau 3300 Brossard (Québec) J4Z 0G2
Telephone:	1 514 875-6633
Fax:	1 514 393-4791
E-mail:	claim@rcgt.com

NOTICE

Please be advised that the above-noted individual is required to retain the signed original
of this document as part of the official records of this proceeding