Case 24-10164-KBO	Doc 1/10	Eiled 00/06/21	Dare 1 of 10 Docket #1419 Date Filed: 09/06/2024
UNITED STA	ATES BANKI	RUPTCY COUR	Т
	_ DISTRICT C	DF Delaware	_
In re: Cano Health Nevada Network, LLC	\$ \$ 8		24-10173 e No. 24-10164
Debtor(s)	3 §	🖂 Jointl	y Administered
Post-confirmation Report			Chapter 11
Quarter Ending Date: 08/13/2024		Pet	ition Date: 02/04/2024
Plan Confirmed Date: 06/28/2024		Plan Effe	ctive Date: <u>06/28/2024</u>
This Post-confirmation Report relates to: • Reorgan	nized Debtor		
○ Other A	uthorized Party or	Entity:	
		Name of A	Authorized Party or Entity

/s/ Eladio Gil Signature of Responsible Party

09/06/2024

Date

Eladio Gil

Printed Name of Responsible Party

9725 NW 117th Ave, Miami, FL 33178 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.



Case No. 24-10173

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

	nfirmation Professional		Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
Profess incurre	sional fees & expenses (bank ed by or on behalf of the debt	ruptcy) or Aggregate Total				
Itemize	ed Breakdown by Firm					
	Firm Name	Role				
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				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.		sional fees & expenses (nonbankr d by or on behalf of the debtor	uptcy) Aggregate Total		Cumulative	Quarter	
	Itemize	ed Breakdown by Firm				•	
		Firm Name	Role				
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UST Form 11-PCR (12/01/2021)

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c.	All professional fees and expenses (del	otor & committees)	\$0	\$0	\$0	\$0

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire	
a. Is this a final report?	Yes 💿 No 🔿
If yes, give date Final Decree was entered: 08/13/2024	-
If no, give date when the application for Final Decree is anticipated:	_
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes 💿 No 🔿

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Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Eladio Gil Signature of Responsible Party

Chief Financial Officer

Eladio Gil Printed Name of Responsible Party 09/06/2024

Date



