### UNITED STATES BANKRUPTCY COURT

Di	ISTRICT OF	Delaware
n re: CH Dental Administrative Services LLC	<b>§</b> <b>§</b>	Case No. 24-10177  Lead Case No. 24-10164
Debtor(s)		
Post-confirmation Report		Chapter 11
Quarter Ending Date: 08/13/2024		Petition Date: <u>02/04/2024</u>
Plan Confirmed Date: 06/28/2024		Plan Effective Date: 06/28/2024
Chis Post-confirmation Report relates to:   Reorganized  Other Authority	Debtor ized Party or Enti	ity:Name of Authorized Party or Entity
/ Eladio Gil	Elad	io Gil
Signature of Responsible Party 9/06/2024	Print	ted Name of Responsible Party
Date	9725	5 NW 117th Ave, Miami, FL 33178

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.

Address



Debtor's Name CH Dental Administrative Services LLC

Case No. 24-10177

### 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

	Preconfirmation Professional l		Approved	Approved	Paid Current	Paid
	D 6 : 16 0 4 1		Current Quarter	Cumulative	Quarter	Cumulative
.   I	Professional fees & expenses (banki incurred by or on behalf of the debto	ruptcy) or <i>Aggregate Total</i>				
I	Itemized Breakdown by Firm					
	Firm Name	Role				
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Debtor's Name CH Dental Administrative Services LLC

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				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Profess incurre	ional fees & expenses (nonband by or on behalf of the debtor	kruptcy) Aggregate Total				
	Itemized Breakdown by Firm						
		Firm Name	Role				
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Debtor's Name CH Dental Administrative Services LLC

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Debtor's Name CH Dental Administrative Service		(	Case No. 24-10	177	
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c. All professional fees and expenses (deb	All professional fees and expenses (debtor & committees)		\$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?			No 🔘

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Debtor's Name CH Dental Administrative Services LLC

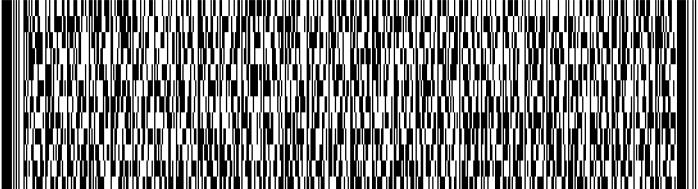
Case No. 24-10177

#### **Privacy Act Statement**

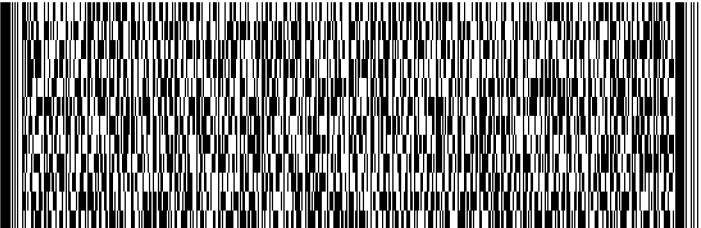
28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing 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.

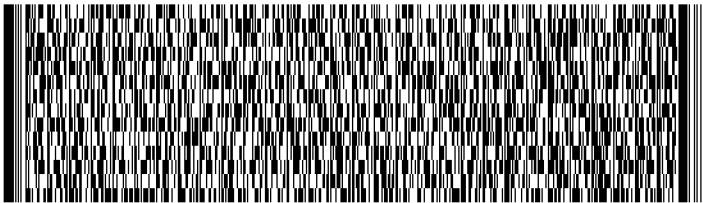
/s/ Eladio Gil	Eladio Gil
Signature of Responsible Party	Printed Name of Responsible Party
Chief Financial Officer	09/06/2024
Title	Date



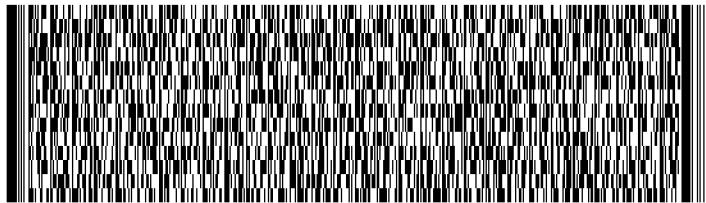
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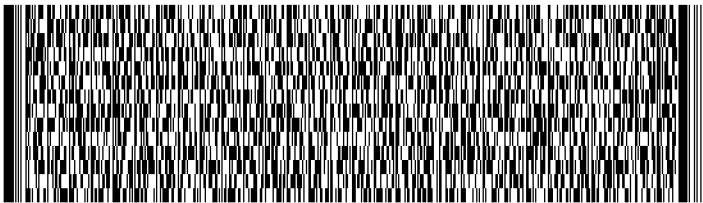
Other Page 1



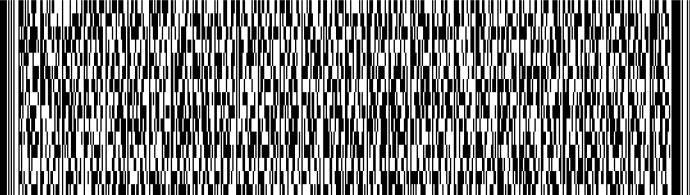
Page 2 Minus Tables



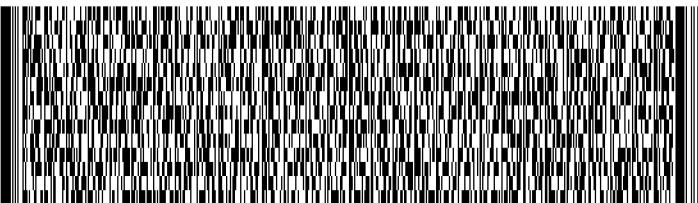
Bankruptcy Table 1-50



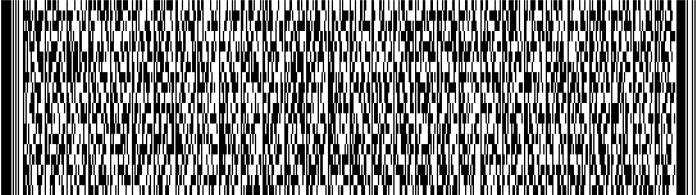
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page