UNITED STATES BANKRUPTCY COURT

DI	DISTRICT OF Delaware				
In re: American Choice Healthcare, LLC	\$ \$ \$	Case No. 24-10178 Lead Case No. 24-10164			
Debtor(s)	<u> </u>				
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			
This Post-confirmation Report relates to: • Reorganized I Other Authori		ity:			
	·	Name of Authorized Party or Entity			
/s/ Eladio Gil	Eladi				
Signature of Responsible Party 09/06/2024	Print	ed Name of Responsible Party			
Date					
		NW 117th Ave, Miami, FL 33178			
	Addr				

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.



Debtor's Name American Choice Healthcare, LLC

Case No. 24-10178

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$1,637,070	\$1,637,070
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$1,637,070	\$1,637,070

	reconfirmation Professional		Approved	Approved	Paid Current	Paid
_	Du-f'1 f 0 (h1		Current Quarter	Cumulative	Quarter	Cumulative
i i	Professional fees & expenses (bank incurred by or on behalf of the deb	tor Aggregate Total				
	Itemized Breakdown by Firm					
	Firm Name	Role				,
i	i					
i	i					
i	iii					
i	v					
V	V					
V	vi					
V	vii					
V	viii					
i	X					
Х	X					
Х	кi					
Х	xii					
Х	xiii					
Х	xiv					
Х	XV					
Х	xvi					
Х	xvii					
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Х	xix					
х	xx					
x	xxi					
X	xxii					
X	xxiii					
x	xxiv					
X	xxv					
x	xxvi					
X	xxvii					
X	xxviii					
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Debtor's Name American Choice Healthcare, LLC

Case No. 24-10178

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				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total Itemized Breakdown by Firm						
		Firm Name	Role				
	i						
	ii						
	iii						
	iv						
	v						
	vi						

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Case No. 24-10178

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Case 24-10164-KBO Doc 1424 Filed 09/06/24 Page 7 of 10

Debtor's Name American Choice I	Healthcare, LLC		(Case No. 24-103	178
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c. All professional fees and	expenses (debtor & 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%				
a Deionitry alaima	\$0	\$0	\$0	02	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 anticipa	ted:			
b. Are you current with quarterly U.S. Trustee fees as set forth under 28	Yes (•)	No (

Case 24-10164-KBO Doc 1424 Filed 09/06/24 Page 8 of 10

Debtor's Name American Choice Healthcare, LLC

Case No. 24-10178

Privacy Act Statement

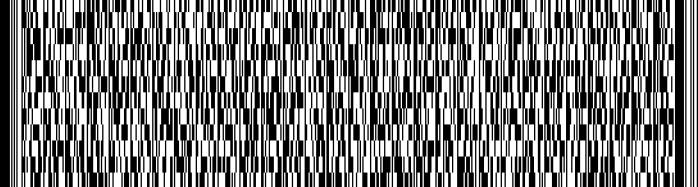
28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing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

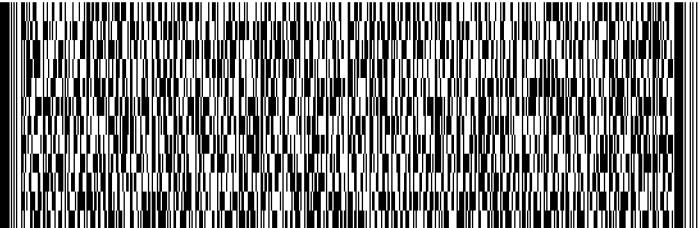
/s/ Eladio Gil	Eladio Gil
Signature of Responsible Party	Printed Name of Responsible Party
Chief Financial Officer	09/06/2024
Title	Date

Debtor's Name American Choice Healthcare, LLC

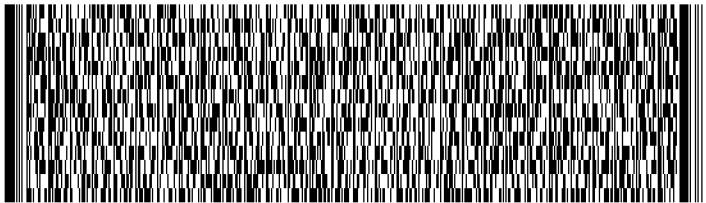
Case No. 24-10178



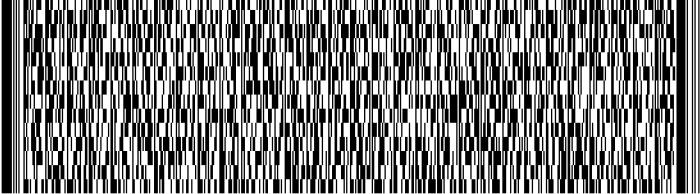
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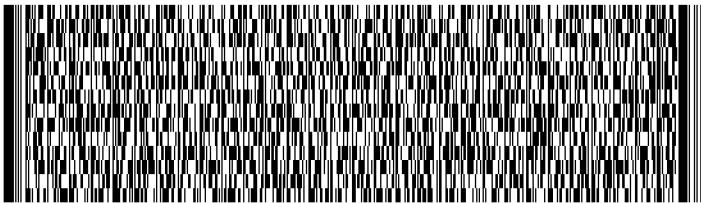
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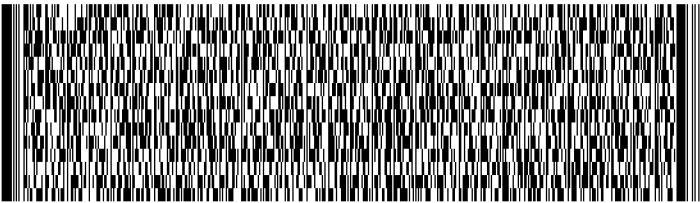
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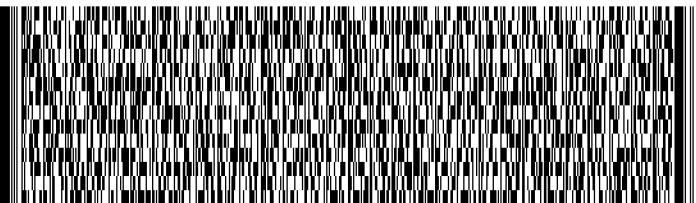
Bankruptcy Table 1-50



Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100

Part 3. Part 4. Last Page