## UNITED STATES BANKRUPTCY COURT

	_ DISTRICT OF De	elaware
In re: Cano Health Illinois Network, LLC  Debtor(s)	\$ \$ \$ \$	Case No. 24-10195  Lead Case No. 24-10164
Post-confirmation Report		Chapter 11
Quarter Ending Date: 08/13/2024		Petition Date: 02/04/2024
Plan Confirmed Date: 06/28/2024		Plan Effective Date: 06/28/2024
This Post-confirmation Report relates to:   Reorgan  Other Au	nized Debtor uthorized Party or Entity:	Name of Authorized Party or Entity
s/ Eladio Gil Signature of Responsible Party	Eladio C Printed N	Gil Name of Responsible Party
9/06/2024		

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R.

9725 NW 117th Ave, Miami, FL 33178



§ 1320.4(a)(2) applies.

Date

Address

Case No. 24-10195

## 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

			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Pai Cumul
Profes	essional fees & expenses (bankruptcy) ed by or on behalf of the debtor	Aggregate Total	Current Quarter		Quarter	Culliu
	ed Breakdown by Firm					
	Firm Name	Role				
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xcix			
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				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Profess incurre	sional fees & expenses (nonbankruptc d by or on behalf of the debtor	y) Aggregate Total				
	Itemize	d Breakdown by Firm					
		Firm Name	Role				
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Debtor's Name Cano Health Illinois Network, LLC		Case No. 24-10195		
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xcii				
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c. All professional fees and expenses (debtor & committees)	\$0	\$0	\$0	\$0

Total				
Anticipate	ed			% Paid of
Payments	s Paid Current			Allowed
II. Jon Dlo	0	Daid Commulation	Allamad Claima	Claima

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

	Under Plan	Quarter	Paid Cumulative	Allowed Claims	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%

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

e. Equity interests

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Debtor's Name Cano Health Illinois Network, LLC

Case No. 24-10195

## **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).

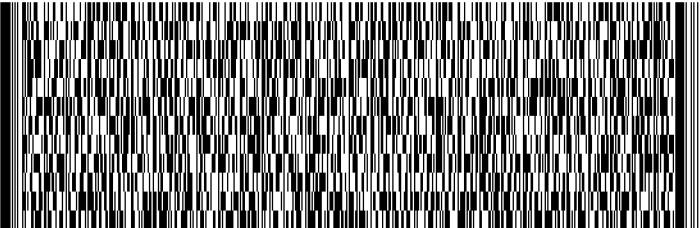
I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

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

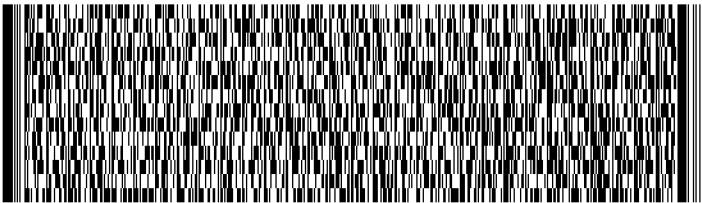
Case No. 24-10195

Debtor's Name Cano Health Illinois Network, LLC

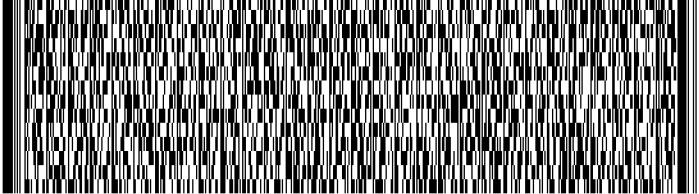
Page 1



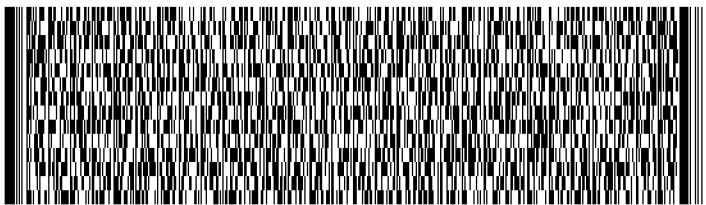
Other Page 1



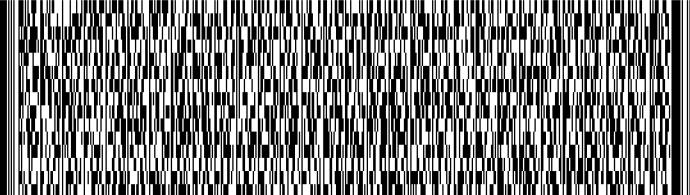
Page 2 Minus Tables



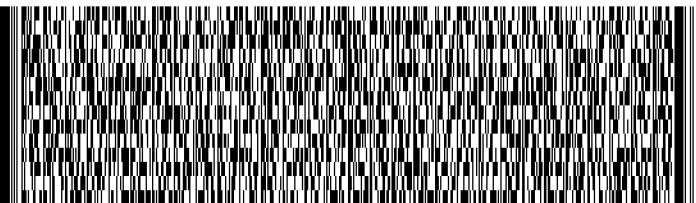
Bankruptcy Table 1-50



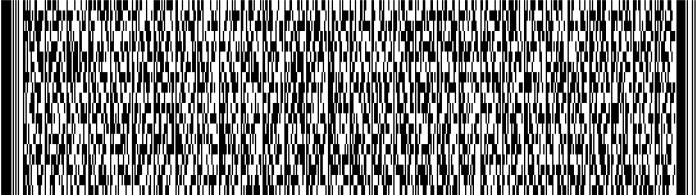
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



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