UNITED STATES BANKRUPTCY COURT

I	DISTRICT OF <u>D</u>	pelaware
In re: University Health Care Pharmacy, LLC	% % 	Case No. 24-10204 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
This Post-confirmation Report relates to:	d Debtor orized Party or Entity	":Name of Authorized Party or Entity
s/ Eladio Gil Signature of Responsible Party	Eladio Printed	Gil Name of Responsible Party
09/06/2024 Date		
	9725 N	IW 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



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				
i						
_	ii					
i	iii					
i	iv					
1	v					
_	vi					
_	vii					
_	viii					
i	ix					
2	x					
2	xi					
2	xii					
2	xiii					
2	xiv					
2	xv					
2	xvi					
2	xvii					
2	xviii					
2	xix					
2	XX					
2	xxi					
2	xxii					
2	xxiii					
2	xxiv					
2	xxv					
2	xxvi					
2	xxvii					
2	xxviii					
2	xxix					

xxx				
xxxi				
xxxi	i			
xxxi	ii			
xxxi	v			
xxxv	1			
xxxv	<i>r</i> i			
xxxv	⁄ii			
xxxv	⁄ii			
xxxi	х			
xl				
xli				
xlii				
xliii				
xliv				
xlv				
xlvi				
xlvii				
xlvii	i			
xlix				
1				
li				
lii				
liii				
liv				
lv				
lvi				
lvii				
lviii				
lix				
lx				
lxi				
lxii				
lxiii				
lxiv				
lxv				
lxvi				
lxvii				
lxvii	i			
lxix				
lxx				
lxxi				
lxxi				

lxxii				
lxxiii				
lxxiv				
lxxv				
lxxvi				
lxxvii				
lxxvii	i			
lxxix				
lxxx				
lxxxi				
lxxxii				
lxxxii	i			
lxxxiv	7			
lxxxv				
lxxxvi	i			
lxxxvi	i			
lxxxvi	i			
lxxxix	ζ			
xc				
xci				
xcii				
xciii				
xciv				
xcv				
xcvi				
xcvii				
xcviii				
xcix				
c				
ci				
	•		 	

				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						

vii			
viii			
ix			
x			
xi			
xii			
xiii			
xiv			
xv			
xvi			
xvii			
xviii			
xix			
XX			
xxi			
xxii			
xxiii			
xxiv			
xxv			
xxvi			
xxvii			
xxviii			
xxix			
XXX			
xxxi			
xxxii			
xxxiii			
xxxiv			
XXXV			
xxxvi			
xxxvii			
xxxvii			
xxxix			
xl			
xli			
xlii			
xliii			
xliv			
xlv			
xlvi			
xlvii			
xlviii			

			1	1	
xlix	X				
1					
li					
lii					
liii					
liv					
lv					
lvi					
lvii					
lvii	ii				
lix					
1x					
lxi					
lxii					
lxii	ii				
lxiv	v				
lxv	,				
lxv	i				
lxv	ii				
lxv	iii				
lxi	x				
lxx					
lxx	i				
lxx	ii				
lxx	iii				
lxx	iv				
lxx	v				
lxx	vi				
lxx	vii				
lxx	viii				
lxx	ix				
lxx	х				
lxx	xi				
lxx	xii				
lxx	xiii				
lxx	xiv				
lxx	xv				
lxx	xvi				
lxx	xvi				
-	xvi				
lxx					
xc					
		<u> </u>	l	l .	

Case 24-10164-KBO Doc 1450 Filed 09/06/24 Page 7 of 10

Debtor's Name University Health Care Pharma	or's Name University Health Care Pharmacy, LLC		(Case No. 24-102	204
xci					
xcii					
xciii					
xciv					
xcv					
xcvi					
xcvii					
xcviii					
xcix					
С					
ci					
c. All professional fees and expenses (de	All professional fees and expenses (debtor & committees)		\$0	\$0	\$0

Part 3: Recoveries of the Holders o	f Claims and Interests u	nder Confirmed Pla	n		
	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%

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 anticipate	d:		
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U	J.S.C. § 1930?	Yes (No (

\$0

e. Equity interests

Case 24-10164-KBO Doc 1450 Filed 09/06/24 Page 8 of 10

Debtor's Name University Health Care Pharmacy, LLC

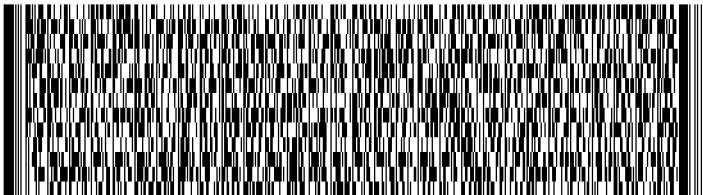
Case No. 24-10204

Privacy Act Statement

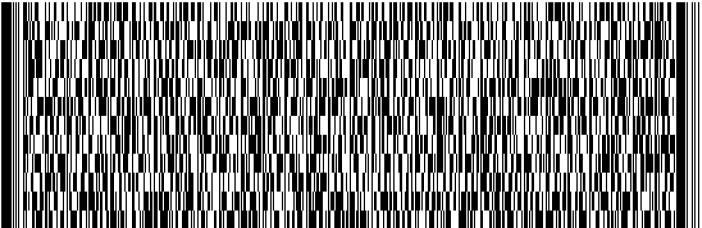
28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing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

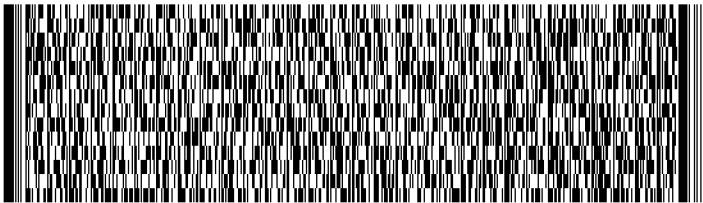
/s/ Eladio Gil	Eladio Gil
Signature of Responsible Party	Printed Name of Responsible Party
Chief Financial Officer	09/06/2024
Title	Date



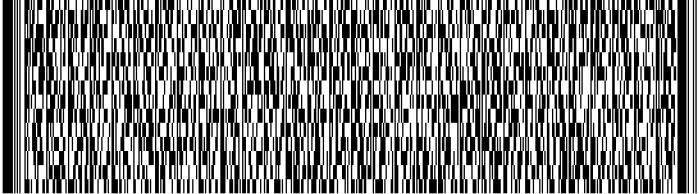
Page 1



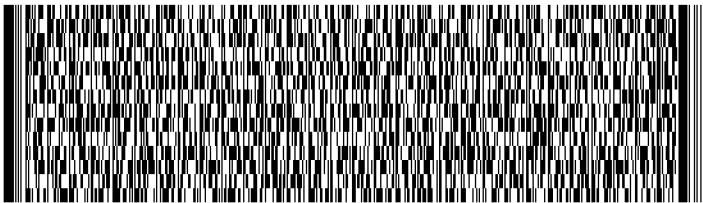
Other Page 1



Page 2 Minus Tables



Bankruptcy Table 1-50



Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50

Non-Bankruptcy Table 51-100

Part 3, Part 4, Last Page