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US BANKRUPTCY COURT
DISTRICT OF DELAWARE

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re
CANO HEALTH, INC.,

Chapter 11
Case Number: 24-10164
(KBO)

Reorganized Debtor

**CREDITOR’S, CENTRAL MEDICAL GROUP, P.A., RESPONSE TO
REORGANIZED DEBTORS’ THIRD OMNIBUS (NON-
SUBSTANTIVE) OBJECTION TO CERTAIN (I) AMENDED AND
SUPERSEDED CLAIMS, (II) LATE FILED CLAIMS, AND (III) EQUITY
CLAIMS**

Creditor, CENTRAL MEDICAL GROUP, P.A. (“CMG”), hereby
responds to Debtors’ Objection [D.E.1523] to the alleged late filed claim,
where it was not, in fact, a late filed claim, as set forth below:

1. CMG timely filed its Proof of Claim on March 18, 2024, in advance
of the April 22, 2024, deadline, by and through Sandra Zeiger, as
Administrator of Central Medical Group, P.A., for Breach of MSO
Capitation Contract in the amount of \$23,355.00. (See Proof of
Claim “Submitted by Sandra Zeiger on 18-Mar-2024 10:19:13 a.m.
Eastern Time”, attached as Exhibit “A”.)
2. On May 29, 2024, CMG intended to file additional supporting
documentation in support of the initial March 18, 2024, Proof of



Claim filing, but may have inadvertently filed under new claim numbers, 753, 755, 756 and 752, as reflected in "Schedule 2 Late Filed Claims" [D.E. 1523-2].

WHEREFORE, CMG respectfully requests this Honorable Court overrule Debtors' Objection where CMG's Proof of Claim was timely filed on March 18, 2024, and the filings should be treated as supporting documents and relate back to the initial timely Proof of Claim filing on March 18, 2024, and for any further relief this Honorable Court deems fair and just under the circumstances.

CERTIFICATE OF SERVICE

I hereby certify that the foregoing was mailed on January 2, 2025, to the Office of the Clerk of the United States Bankruptcy Court for the District of Delaware, 824 North Market Street, 3rd Floor, Wilmington, Delaware 19801; and sent via email on December 31, 2024 to: (a) counsel to the Reorganized Debtors, (i) Weil, Gotshal & Manges LLP, Attn: Gary T. Holtzer, Jessica Liou, Matthew P. Goren, and Kevin Bostel (gary.holtzer@weil.com, jessica.liou@weil.com, matthew.goren@weil.com, and kevin.bostel@weil.com), and (ii) Richards, Layton & Finger, P.A., Attn: Mark D. Collins and Michael J. Merchant (collins@rlf.com and merchant@rlf.com);

(b) counsel to the Litigation Trust (as defined in the Plan), (i) Paul Hastings LLP, 200 Park Avenue, New York, NY 10166, Attn: Kristopher M. Hansen and Erez Gilad (krishansen@paulhastings.com and erezgilad@paulhastings.com), and (ii) Cole Schotz P.C., 500 Delaware Avenue, Suite 1410, Wilmington, DE 19801, Attn: Justin R. Alberto (JAlberto@coleschotz.com); and (c) the Office of the United States Trustee for the District of Delaware, 844 King Street, Suite 2207, Wilmington, DE 19801, Attn: Benjamin A. Hackman, Esq. (Benjamin.A.Hackman@usdoj.gov) and Jon Lipshie, Esq. (Jon.Lipshie@usdoj.gov).

Respectfully submitted,

Sandra Zeiger, Administrator
Central Medical Group PA
6610 North University Drive
Unit 120
Tamarac FL 33321
sandimtd@bellsouth.net
cell: 954-803-5688

EXHIBIT "A"

Fill in this information to identify the case:

Debtor Cano Health, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 24-10164

Official Form 410 Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Central Medical Group, P.A.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Central Medical Group, P.A.</u> <u>Attn: Sandra Zeiger</u> <u>7707 N University Dr.</u> <u>Suite 107</u> <u>Tamarac, FL 33321, United States</u>	
Contact phone <u>9548035688</u>	Contact phone _____
Contact email <u>sandimtd@bellsouth.net</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? No
 Yes. Who made the earlier filing? _____



EXHIBIT "A"

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 23,355.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.

Breach of MSO Capitation Contract

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



EXHIBIT "A"

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/18/2024
MM / DD / YYYY

/s/Sandra Zeiger
Signature

Print the name of the person who is completing and signing this claim:

Name Sandra Zeiger
First name Middle name Last name

Title Administrator

Company Central Medical Group, P.A.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



EXHIBIT "A"
KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

Debtor: 24-10164 - Cano Health, Inc.		
District: District of Delaware		
Creditor: Central Medical Group, P.A. Attn: Sandra Zeiger 7707 N University Dr. Suite 107 Tamarac, FL, 33321 United States Phone: 9548035688 Phone 2: Fax: 9547224226 Email: sandimtd@bellsouth.net	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Breach of MSO Capitation Contract	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 23,355.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Sandra Zeiger on 18-Mar-2024 10:19:13 a.m. Eastern Time Title: Administrator Company: Central Medical Group, P.A.		