UNITED STATES BANKRUPTCY COURT

Southern DISTRICT OF Texas

In Re. Global Wound Care Medical Group, a Professional Corporation

Debtor(s)

Case No. 24-34908

☐ Jointly Administered

# Monthly Operating Report

Chapter 11

Reporting Period Ended: 01/31/2026

Petition Date: 10/21/2024

Months Pending: 16

Industry Classification: 6 2 2 1

Reporting Method: Accrual Basis ◉ Cash Basis ○

Debtor's Full-Time Employees (current): 4

Debtor's Full-Time Employees (as of date of order for relief): 248

**Supporting Documentation** (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☒ Statement of operations (profit or loss statement)
- ☐ Accounts receivable aging
- ☐ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☒ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Tania M. Moyron
Signature of Responsible Party

04/20/2026
Date

Tania M. Moyron
Printed Name of Responsible Party

601 S. Figueroa Street, Suite 2500
Los Angeles, CA 90017-5704
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefo
1320.4(a)(2) applies.

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Debtor's Name Global Wound Care Medical Group, a Professional Corporation

Case No. 24-34908

| Part 1: Cash Receipts and Disbursements | | Current Month | Cumulative |
|---|---|---|---|
| a. | Cash balance beginning of month | $4,378,184 | |
| b. | Total receipts (net of transfers between accounts) | $1,412,639 | $327,053,136 |
| c. | Total disbursements (net of transfers between accounts) | $577,462 | $338,038,416 |
| d. | Cash balance end of month (a+b-c) | $5,213,361 | |
| e. | Disbursements made by third party for the benefit of the estate | $0 | $0 |
| f. | Total disbursements for quarterly fee calculation (c+e) | $577,462 | $338,038,416 |

| Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.) | | Current Month |
|---|---|---|
| a. | Accounts receivable (total net of allowance) | $41,532,859 |
| b. | Accounts receivable over 90 days outstanding (net of allowance) | $41,532,859 |
| c. | Inventory (Book ○ Market ○ Other ◉ (attach explanation)) | $0 |
| d | Total current assets | $347,906,953 |
| e. | Total assets | $347,906,953 |
| f. | Postpetition payables (excluding taxes) | $173,053,078 |
| g. | Postpetition payables past due (excluding taxes) | $0 |
| h. | Postpetition taxes payable | $0 |
| i. | Postpetition taxes past due | $0 |
| j. | Total postpetition debt (f+h) | $173,053,078 |
| k. | Prepetition secured debt | $0 |
| l. | Prepetition priority debt | $0 |
| m. | Prepetition unsecured debt | $11,318,599 |
| n. | Total liabilities (debt) (j+k+l+m) | $184,371,677 |
| o. | Ending equity/net worth (e-n) | $163,535,276 |

| Part 3: Assets Sold or Transferred | | Current Month | Cumulative |
|---|---|---|---|
| a. | Total cash sales price for assets sold/transferred outside the ordinary course of business | $0 | $0 |
| b. | Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business | $0 | $0 |
| c. | Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b) | $0 | $0 |

| Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.) | | Current Month | Cumulative |
|---|---|---|---|
| a. | Gross income/sales (net of returns and allowances) | $0 | |
| b. | Cost of goods sold (inclusive of depreciation, if applicable) | $0 | |
| c. | Gross profit (a-b) | $0 | |
| d. | Selling expenses | $0 | |
| e. | General and administrative expenses | $233,252 | |
| f. | Other expenses | $-5,456 | |
| g. | Depreciation and/or amortization (not included in 4b) | $0 | |
| h. | Interest | $0 | |
| i. | Taxes (local, state, and federal) | $0 | |
| j. | Reorganization items | $174,520 | |
| k. | Profit (loss) | $-402,317 | $-51,839,275 |

Debtor's Name Global Wound Care Medical Group, a Professional Corporation

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**Part 5: Professional Fees and Expenses**

| | | | | Approved Current Month | Approved Cumulative | Paid Current Month | Paid Cumulative |
|---|---|---|---|---|---|---|---|
| a. | Debtor's professional fees & expenses (bankruptcy) *Aggregate Total* | | | $103,863 | $5,182,435 | $76,073 | $5,154,645 |
| | *Itemized Breakdown by Firm* | | | | | | |
| | | Firm Name | Role | | | | |
| | i | Dentons US LLP | Lead Counsel | $0 | $2,211,684 | $0 | $2,211,684 |
| | ii | Verita Global LLC | Other | $27,790 | $430,730 | $0 | $402,940 |
| | iii | Ankura Consulting Group LLC | Financial Professional | $53,740 | $2,222,403 | $53,740 | $2,222,403 |
| | iv | Togut, Segal & Segal LLP | Special Counsel | $20,031 | $303,653 | $20,031 | $303,653 |
| | v | Patient Care Ombudsman | Other | $2,302 | $13,965 | $2,302 | $13,965 |
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| | | | | Approved Current Month | Approved Cumulative | Paid Current Month | Paid Cumulative |
|---|---|---|---|---|---|---|---|
| b. | Debtor's professional fees & expenses (nonbankruptcy) *Aggregate Total* | | | $0 | $0 | $0 | $0 |
| | *Itemized Breakdown by Firm* | | | | | | |
| | | Firm Name | Role | | | | |
| | i | | | $0 | $0 | $0 | $0 |
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| c. | All professional fees and expenses (debtor & committees) | | | $103,863 | $5,182,435 | $76,073 | $5,154,645 |

| Part 6: Postpetition Taxes | | Current Month | Cumulative |
|---|---|---|---|
| a. | Postpetition income taxes accrued (local, state, and federal) | $0 | $0 |
| b. | Postpetition income taxes paid (local, state, and federal) | $0 | $0 |
| c. | Postpetition employer payroll taxes accrued | $12,505 | $3,094,901 |
| d. | Postpetition employer payroll taxes paid | $14,981 | $3,091,874 |
| e. | Postpetition property taxes paid | $0 | $0 |
| f. | Postpetition other taxes accrued (local, state, and federal) | $0 | $0 |
| g. | Postpetition other taxes paid (local, state, and federal) | $0 | $0 |

**Part 7: Questionnaire - During this reporting period:**

| | | | |
|---|---|---|---|
| a. | Were any payments made on prepetition debt? (if yes, see Instructions) | Yes ○ | No ◉ |
| b. | Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) | Yes ○ | No ◉ |
| c. | Were any payments made to or on behalf of insiders? | Yes ◉ | No ○ |
| d. | Are you current on postpetition tax return filings? | Yes ◉ | No ○ |
| e. | Are you current on postpetition estimated tax payments? | Yes ◉ | No ○ |
| f. | Were all trust fund taxes remitted on a current basis? | Yes ◉ | No ○ |
| g. | Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) | Yes ○ | No ◉ |
| h. | Were all payments made to or on behalf of professionals approved by the court? | Yes ◉ | No ○ N/A ○ |
| i. | Do you have: Worker's compensation insurance? | Yes ◉ | No ○ |
| | If yes, are your premiums current? | Yes ◉ | No ○ N/A ○ (if no, see Instructions) |
| | Casualty/property insurance? | Yes ◉ | No ○ |
| | If yes, are your premiums current? | Yes ◉ | No ○ N/A ○ (if no, see Instructions) |
| | General liability insurance? | Yes ◉ | No ○ |
| | If yes, are your premiums current? | Yes ◉ | No ○ N/A ○ (if no, see Instructions) |
| j. | Has a plan of reorganization been filed with the court? | Yes ○ | No ◉ |
| k. | Has a disclosure statement been filed with the court? | Yes ○ | No ◉ |
| l. | Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? | Yes ◉ | No ○ |

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**Part 8: Individual Chapter 11 Debtors (Only)**

| | | |
|---|---|---|
| a. | Gross income (receipts) from salary and wages | $0 |
| b. | Gross income (receipts) from self-employment | $0 |
| c. | Gross income from all other sources | $0 |
| d. | Total income in the reporting period (a+b+c) | $0 |
| e. | Payroll deductions | $0 |
| f. | Self-employment related expenses | $0 |
| g. | Living expenses | $0 |
| h. | All other expenses | $0 |
| i. | Total expenses in the reporting period (e+f+g+h) | $0 |
| j. | Difference between total income and total expenses (d-i) | $0 |
| k. | List the total amount of all postpetition debts that are past due | $0 |
| l. | Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? | Yes ○ No ◉ |
| m. | If yes, have you made all Domestic Support Obligation payments? | Yes ○ No ○ N/A ◉ |

**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner'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 Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.**

/s/ Louis E. Robichaux IV
Signature of Responsible Party

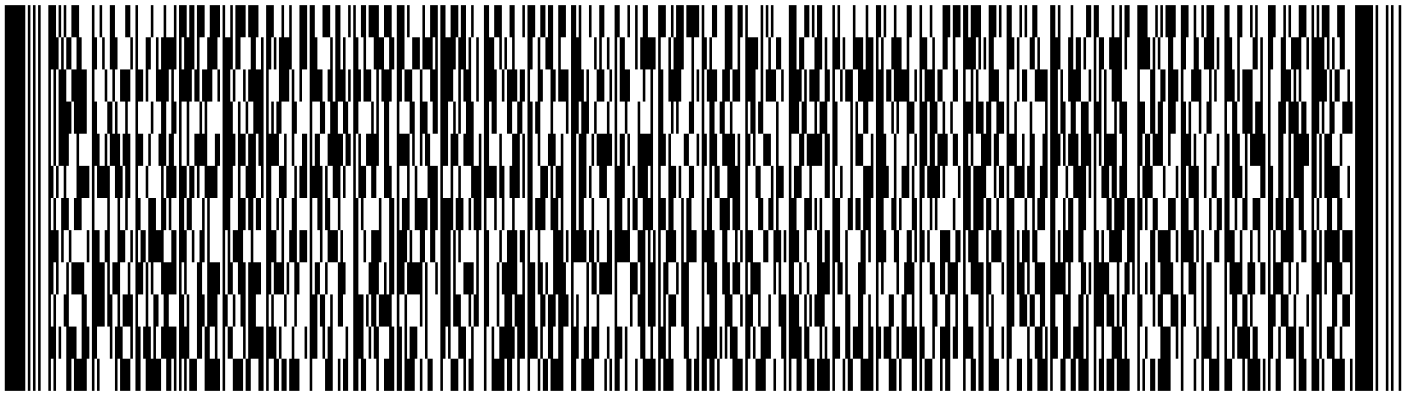
Louis E. Robichaux IV
Printed Name of Responsible Party

Chief Restructuring Officer
Title

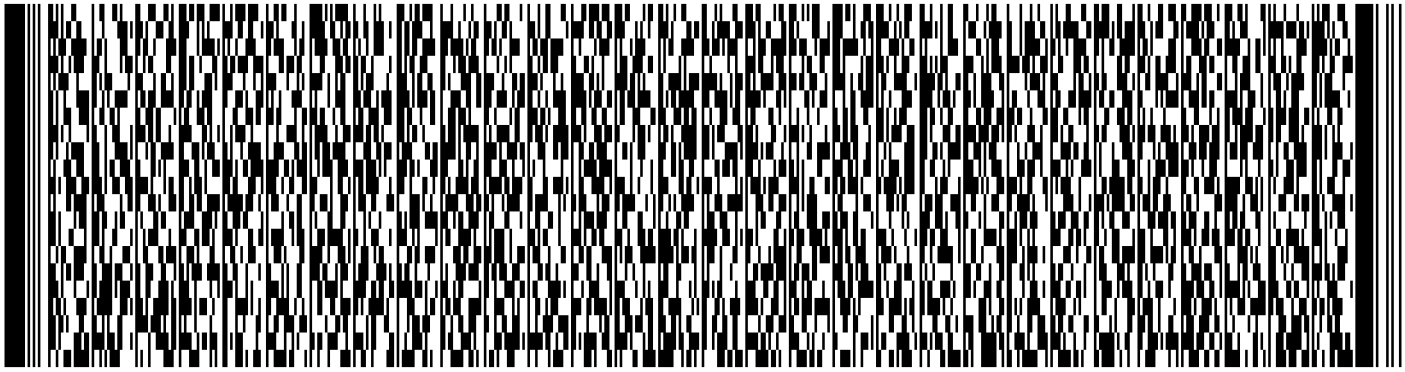
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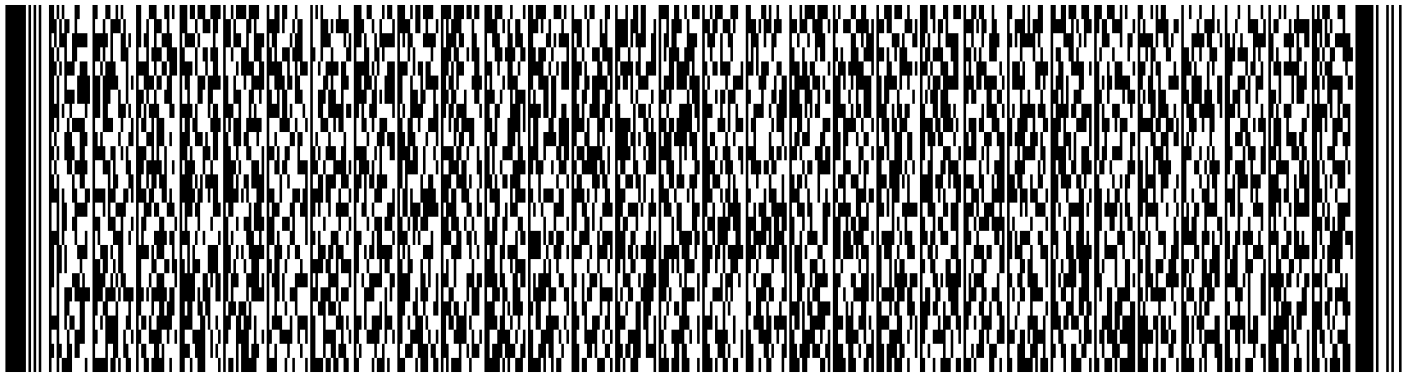
Case No. 24-34908



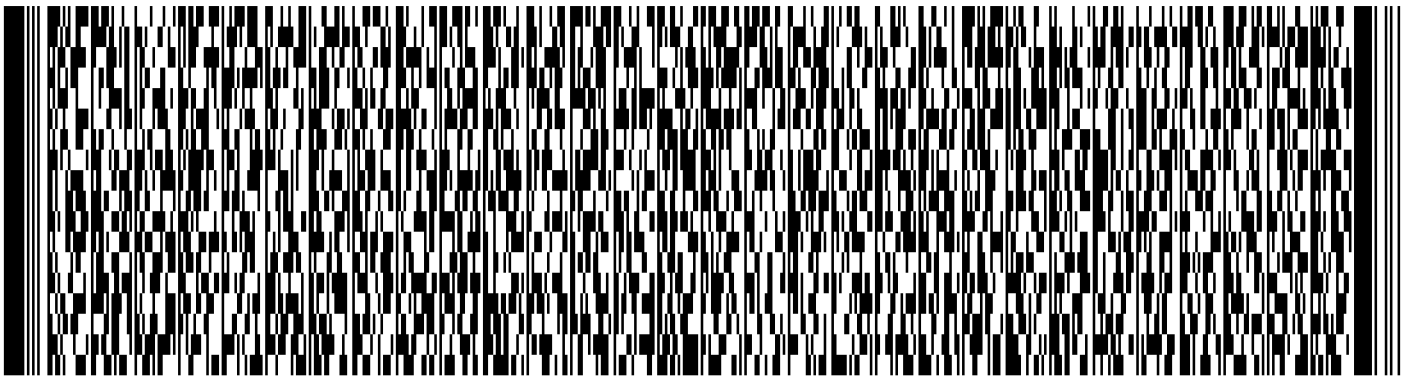
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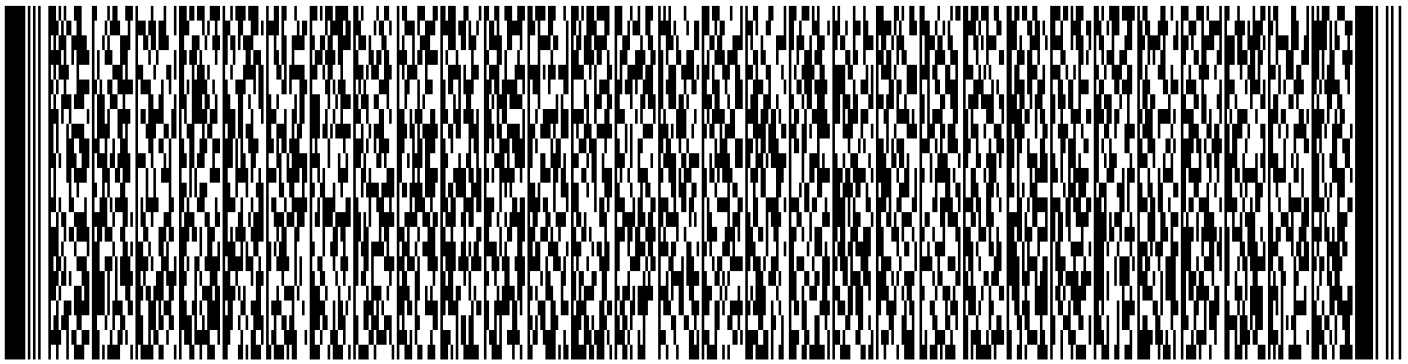
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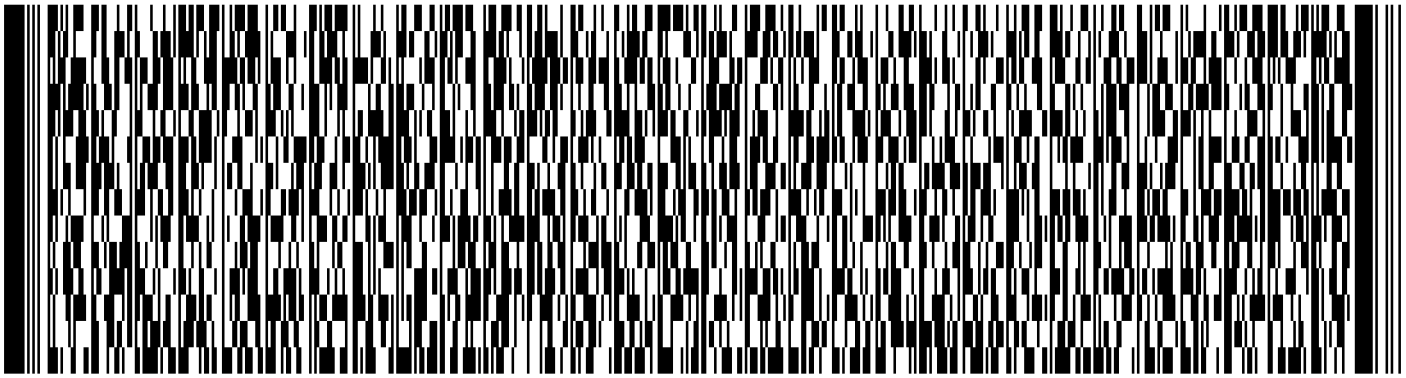
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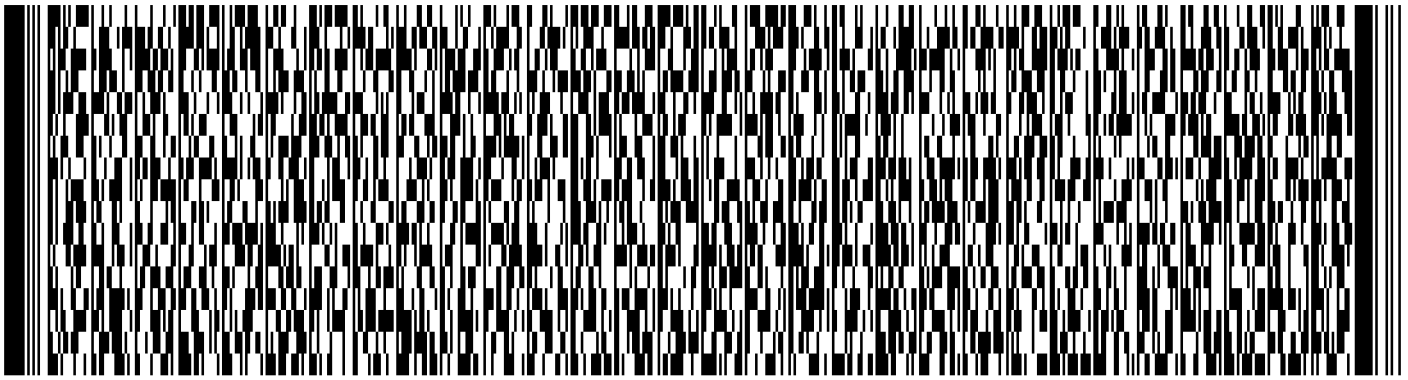
Case No. 24-34908



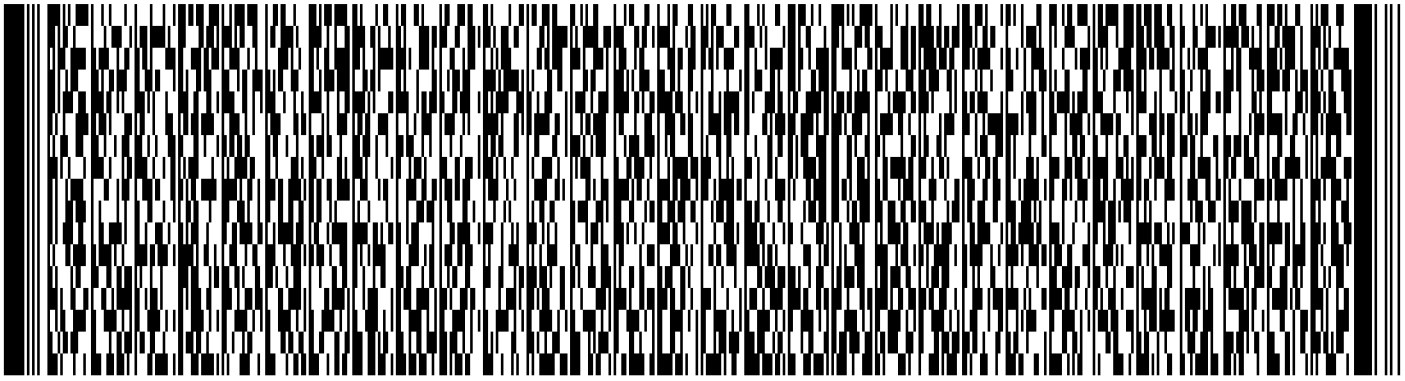
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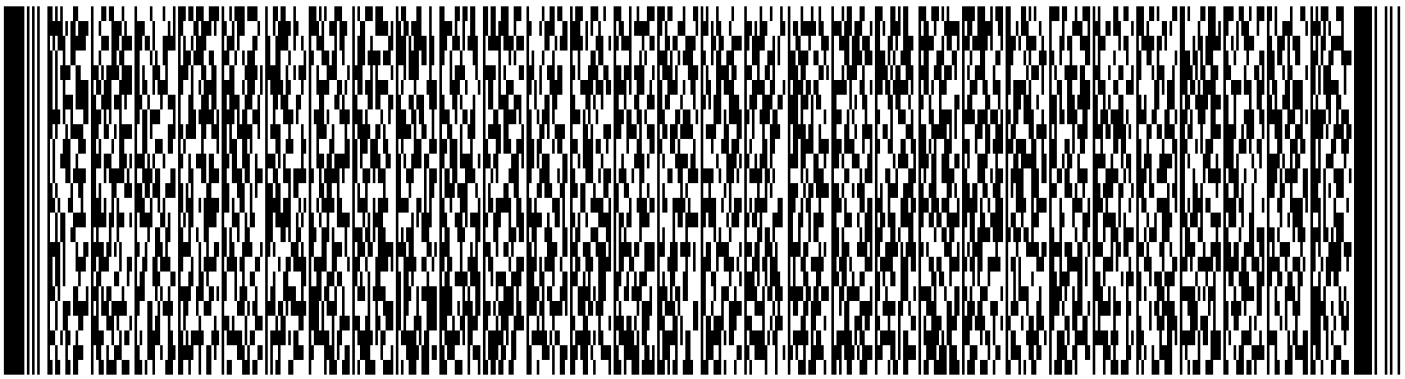
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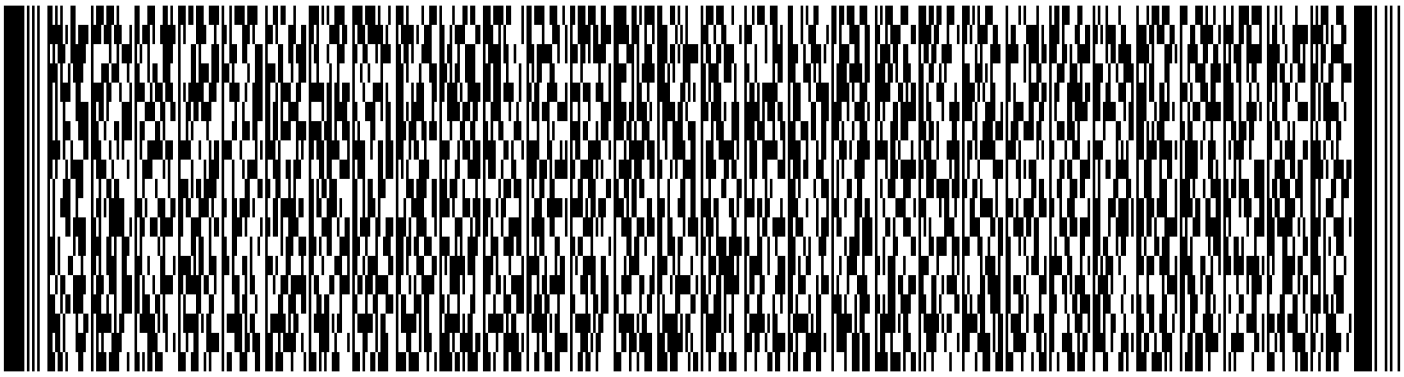
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**Global Wound Care Medical Group, a Professional Corporation**
Case No. 24-34908
*Exhibit A - Cash Receipts and Disbursements*
Month Ended 1/31/2026

| | Operating Acct. x-9783 | Operating Acct. [1] x-0664 | MRA Acct. [2] x-1896 | TOTAL |
|---|---|---|---|---|
| Operating Receipts | | | | |
| Collections of Net Sales | $ 82,577 | $ 1,330,062 | $ - | $ 1,412,639 |
| Operating Disbursements | | | | |
| COGS | - | $ (264,549) | $ - | $ (264,549) |
| Payroll and Payroll Taxes | - | (235,978) | - | (235,978) |
| Admin Expenses and Fees | (19) | (843) | - | (861) |
| Total Operating Disbursements | $ (19) | $ (501,370) | $ - | $ (501,388) |
| **Net Cash Flow from Operations** | **$ 82,558** | **$ 828,693** | **$ -** | **$ 911,250** |
| Non-Operating Receipts | | | | |
| Non-Operating Receipts / DIP Financing | - | - | - | - |
| Non-Operating Disbursements | | | | |
| Restructuring Disbursements | - | (76,073) | - | (76,073) |
| **Total Non-Operating Cash Flow** | **$ -** | **$ (76,073)** | **$ -** | **$ (76,073)** |
| **Transfers In** | - | 650,000 | - | 650,000 |
| **Transfers Out** | (650,000) | | - | (650,000) |
| **Beginning Cash** | **$ 683,678** | **$ 3,694,507** | **$ -** | **$ 4,378,184** |
| (+) Total Receipts (Excl. Transfers) | 82,577 | 1,330,062 | - | 1,412,639 |
| (-) Total Disbursements (Excl. Transfers) | (19) | (577,443) | - | (577,462) |
| (+) Total Transfers In | - | 650,000 | - | 650,000 |
| (-) Total Transfers Out | (650,000) | - | - | (650,000) |
| **Ending Cash** | **$ 116,235** | **$ 5,097,126** | **$ -** | **$ 5,213,361** |

Notes:

[1] Pursuant to the Stipulation And Order By And Between Global Wound Care Medical Group And Wells Fargo Bank, N.A. Regarding Motion For Stay Relief And Emergency Motion (Dkt. 207), the Debtor established an operating account at Mid Penn on June 11, 2025.

[2] Pursuant to the Stipulation And Agreed Order Regarding Suspension Of Medicare Payments To The Debtor By The United States Department Of Health And Human Services (Dkt. 87), the Debtor established a Medicare Receivables Account on December 31, 2024.

# Optimize Business Checking SM

Account number: [redacted]9783 ■ January 1, 2026 - January 31, 2026 ■ Page 1 of 4

GLOBAL WOUND CARE MEDICAL GROUP, A
PROFESSIONAL CORPORATION
DEBTOR IN POSSESSION
CH11 CASE #24-34908 (STX)
5901 W CENTURY BLVD STE 750
LOS ANGELES CA 90045-5443

**Questions?**

*Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:*

**1-800-CALL-WELLS** (1-800-225-5935)

*Online: wellsfargo.com*

*Write:* Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

## Account summary

### *Optimize Business Checking SM*

| *Account number* | *Beginning balance* | *Total credits* | *Total debits* | *Ending balance* |
|---|---|---|---|---|
| [redacted]9783 | $683,677.61 | $82,576.51 | -$650,018.75 | $116,235.37 |

## Credits

**Electronic deposits/bank credits**

| *Effective date* | *Posted date* | *Amount* | *Transaction detail* |
|---|---|---|---|
| | 01/02 | 21.41 | Pshb Hospital Hcclaimpmt 260106 324239570002228 TRN*1*324239570002228*1530114650~ |
| | 01/02 | 28.30 | Regence Bcbsu Hcclaimpmt 251231 Prpmx00001 TRN*1*0172480063*1870200138*870200138\ |
| | 01/02 | 28.30 | 36 Treas 310 Misc Pay 010226 xxxxx0012 *15*155085101\GE*1*111989301\Iea*1*111989267\ |
| | 01/02 | 31.40 | Kaiser Foundatio Hcclaimpmt 251230 1644078252 TRN*1*000008502382410*1941340523\ |
| | 01/02 | 39.52 | Abcbs Medipak Mk Bcmk 1235831132 TRN*1*Mk0009738275*1710226428*Bcmk \ |
| | 01/02 | 47.84 | PNC-Echo Hcclaimpmt 260102 xxxxx3572 TRN*1*1224862673*1341858379\ |
| | 01/02 | 82.20 | Bcbsaz Claims Hcclaimpmt 251230 000000800333704 TRN*1*130942068*1860004538*2149996\ |
| | 01/02 | 103.16 | Wps-Tmep Contrac Hcclaimpmt 123125 2519977382 TRN*1*2519977382*1000000299*Wpstdefic\ |
| | 01/02 | 186.17 | Zp Medpointm403 Hcclaimpmt 260102 xxxxx3572 TRN*1*803271121*1954559299\ |
| | 01/02 | 58.54 | Hnb - Echo Hcclaimpmt 260102 xxxxx3572 TRN*1*1224318047*1341858379\ |
| | 01/05 | 2,253.71 | Caloptima Hcclaimpmt 042000011330170 TRN*1*40977072*1330599891~ |
| | 01/05 | 10.10 | Hnb - Echo Hcclaimpmt 260105 xxxxx3572 TRN*1*1224584215*1341858379\ |
| | 01/05 | 12.11 | Hnb - Echo Hcclaimpmt 260105 xxxxx3572 TRN*1*1224584216*1341858379\ |
| | 01/05 | 2,979.49 | PNC-Echo Hcclaimpmt 260105 xxxxx3572 TRN*1*1225068466*1341858379\ |
| | 01/06 | 20.70 | 36 Treas 310 Misc Pay 010626 xxxxx0012 *15*155186787\GE*1*112090987\Iea*1*112090953\ |
| | 01/06 | 21.41 | Pshb Hospital Hcclaimpmt 260108 324239570002230 TRN*1*324239570002230*1530114650~ |

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***Electronic deposits/bank credits*** *(continued)*

| *Effective date* | *Posted date* | *Amount* | *Transaction detail* |
|---|---|---|---|
| | 01/06 | 23.82 | Nalc Hospital Hcclaimpmt 260108 321761490002287 TRN*1*321761490002287*1530114650~ |
| | 01/06 | 26.46 | PNC-Echo Hcclaimpmt 260106 xxxxx3572 TRN*1*1225298236*1341858379\ |
| | 01/06 | 26.58 | Hnb - Echo Hcclaimpmt 260106 xxxxx3572 TRN*1*1224866171*1341858379\ |
| | 01/06 | 49.24 | PNC-Echo Hcclaimpmt 260106 xxxxx3572 TRN*1*1225298237*1341858379\ |
| | 01/06 | 65.01 | Hnb - Echo Hcclaimpmt 260106 xxxxx3572 TRN*1*1224816078*1341858379\ |
| | 01/06 | 4,949.59 | Hnb - Echo Hcclaimpmt 260106 xxxxx3572 TRN*1*1224683439*1341858379\ |
| | 01/06 | 5,297.17 | Optum EFT Paymen 260102 1128762 TRN*1*6814767*1330219954\ |
| | 01/06 | 839.47 | Lacarehealthplan Hcclaimpmt 000050033431 TRN*1*979004296967*1954518790~ |
| | 01/06 | 48.71 | Health Care LA, Hcclaimpmt 260106 TRN*1*4927515*1954298276\ |
| | 01/07 | 10.10 | Hnb - Echo Hcclaimpmt 260107 xxxxx3572 TRN*1*1225032244*1341858379\ |
| | 01/07 | 19.88 | Pshb Hospital Hcclaimpmt 260109 323233410002357 TRN*1*323233410002357*1530114650~ |
| | 01/07 | 19.88 | Pshb Hospital Hcclaimpmt 260109 323233410002359 TRN*1*323233410002359*1530114650~ |
| | 01/07 | 51.99 | Hnb - Echo Hcclaimpmt 260107 xxxxx3572 TRN*1*1225032245*1341858379\ |
| | 01/07 | 659.63 | Pshb Hospital Hcclaimpmt 260109 323233410002360 TRN*1*323233410002360*1530114650~ |
| | 01/07 | 659.63 | Pshb Hospital Hcclaimpmt 260109 323233410002358 TRN*1*323233410002358*1530114650~ |
| | 01/08 | 20.93 | Bcbs Texas Hcclaimpmt C26006E18443750 TRN*1*C26006E18443750*1361236610*Cp20260106E18443 |
| | 01/08 | 33.02 | 36 Treas 310 Misc Pay 010826 xxxxx0012 SE*15*155347078\GE*1*112251278\Iea*1*112251244\ |
| | 01/08 | 39.33 | Hnb - Echo Hcclaimpmt 260108 xxxxx3572 TRN*1*1225251912*1341858379\ |
| | 01/09 | 19.88 | Pshb Hospital Hcclaimpmt 260113 323233410002361 TRN*1*323233410002361*1530114650~ |
| | 01/09 | 28.00 | PNC-Echo Hcclaimpmt 260109 xxxxx3572 TRN*1*1225926763*1341858379\ |
| | 01/09 | 50.00 | Bcbs Texas Hcclaimpmt C26007E18798640 TRN*1*C26007E18798640*1361236610*Cp20260107E18798 |
| | 01/09 | 139.25 | Regence Bcbsu Hcclaimpmt 260107 Prpmx00001 TRN*1*0172484956*1870200138*870200138\ |
| | 01/09 | 562.32 | Hnb - Echo Hcclaimpmt 260109 xxxxx3572 TRN*1*1225445449*1341858379\ |
| | 01/12 | 19.88 | Pshb Hospital Hcclaimpmt 260114 323233410002363 TRN*1*323233410002363*1530114650~ |
| | 01/12 | 19.88 | Pshb Hospital Hcclaimpmt 260114 323233410002364 TRN*1*323233410002364*1530114650~ |
| | 01/12 | 10.10 | Hnb - Echo Hcclaimpmt 260112 xxxxx3572 TRN*1*1225714073*1341858379\ |
| | 01/12 | 3,022.32 | Hnb - Echo Hcclaimpmt 260112 xxxxx3572 TRN*1*1225610539*1341858379\ |
| | 01/14 | 28.30 | Kern Health Syst Hcclaimpmt 260113 xxxxx3572 TRN*1*530822*1770392231\ |
| | 01/14 | 113.12 | Regence Blueshie Hcclaimpmt 260112 Prpmx00001 TRN*1*0198182109*1910282080*910282080\ |
| | 01/14 | 697.77 | Hnb - Echo Hcclaimpmt 260114 xxxxx3572 TRN*1*1226148371*1341858379\ |
| | 01/16 | 2,830.80 | Hnb - Echo Hcclaimpmt 260116 xxxxx3572 TRN*1*1226542707*1341858379\ |
| | 01/20 | 100.25 | Hnb - Echo Hcclaimpmt 260120 xxxxx3572 TRN*1*1226693026*1341858379\ |
| | 01/21 | 0.29 | Hnb - Echo Hcclaimpmt 260121 xxxxx3572 TRN*1*1226867932*1341858379\ |
| | 01/21 | 22.40 | Kaiser Foundatio Hcclaimpmt 260116 1644078252 TRN*1*000008502403480*1941340523\ |
| | 01/21 | 28.00 | PNC-Echo Hcclaimpmt 260121 xxxxx3572 TRN*1*1227269917*1341858379\ |

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***Electronic deposits/bank credits*** *(continued)*

| *Effective date* | *Posted date* | *Amount* | *Transaction detail* |
|---|---|---|---|
| | 01/21 | 37.00 | 36 Treas 310 Misc Pay 012126 xxxxx0012 155675814\GE*1*112580014\lea*1*112579980\ |
| | 01/21 | 76.56 | Hnb - Echo Hcclaimpmt 260121 xxxxx3572 TRN*1*1226867933*1341858379\ |
| | 01/21 | 1,006.52 | PNC-Echo Hcclaimpmt 260121 xxxxx3572 TRN*1*1227341858*1341858379\ |
| | 01/21 | 19,915.93 | Hnb - Echo Hcclaimpmt 260121 xxxxx3572 TRN*1*1226918805*1341858379\ |
| | 01/22 | 13.30 | Regence Blueshie Hcclaimpmt 260120 Prpmx00001 TRN*1*0198195567*1910282080*910282080\ |
| | 01/22 | 28.00 | Kaiser Foundatio Hcclaimpmt 260117 1644078252 TRN*1*000008502405693*1941340523\ |
| | 01/22 | 32.30 | Kern Health Syst Hcclaimpmt 260121 xxxxx3572 TRN*1*532120*1770392231\ |
| | 01/22 | 973.45 | PNC-Echo Hcclaimpmt 260122 xxxxx3572 TRN*1*1227451184*1341858379\ |
| | 01/23 | 50.00 | Bcbs Texas Hcclaimpmt C26021E22073830 TRN*1*C26021E22073830*1361236610*Cp20260121E22073 |
| | 01/26 | 2,159.96 | Hnb - Echo Hcclaimpmt 260126 xxxxx3572 TRN*1*1227511998*1341858379\ |
| | 01/27 | 18,939.92 | Caloptima Hcclaimpmt 042000014412936 TRN*1*41406677*1330599891~ |
| | 01/28 | 1,010.42 | PNC-Echo Hcclaimpmt 260128 xxxxx3572 TRN*1*1228249274*1341858379\ |
| | 01/28 | 8,525.47 | Hnb - Echo Hcclaimpmt 260128 xxxxx3572 TRN*1*1227920800*1341858379\ |
| | 01/30 | 28.30 | Regence Bcbsu Hcclaimpmt 260128 Prpmx00001 TRN*1*0172498650*1870200138*870200138\ |
| | 01/30 | 3,322.02 | Hnb - Echo Hcclaimpmt 260130 xxxxx3572 TRN*1*1228338429*1341858379\ |
| | | **$82,576.51** | **Total electronic deposits/bank credits** |
| | | **$82,576.51** | **Total credits** |

## Debits

### Electronic debits/bank debits

| *Effective date* | *Posted date* | *Amount* | | *Transaction detail* |
|---|---|---|---|---|
| | 01/02 | 650,000.00 | | WT Fed#03R01 Mid Penn Bank /Ftr/Bnf=Global Wound Care Medical Group Srf# 0068212002741626 Trn#260102200990 Rfb# |
| | 01/05 | 18.75 | < | Business to Business ACH Debit - Vpay F055010467 V75240522 xxxxx5220 Global Wound Care Medi |
| | | **$650,018.75** | | **Total electronic debits/bank debits** |
| | | **$650,018.75** | | **Total debits** |

< ***Business to Business ACH:*** *If this is a business account, this transaction has a return time frame of one business day from post date. This time frame does not apply to consumer accounts.*

## Daily ledger balance summary

| *Date* | *Balance* | *Date* | *Balance* | *Date* | *Balance* |
|---|---|---|---|---|---|
| 12/31 | 683,677.61 | 01/07 | 52,330.38 | 01/14 | 57,134.48 |
| 01/02 | 34,304.45 | 01/08 | 52,423.66 | 01/16 | 59,965.28 |
| 01/05 | 39,541.11 | 01/09 | 53,223.11 | 01/20 | 60,065.53 |
| 01/06 | 50,909.27 | 01/12 | 56,295.29 | 01/21 | 81,152.23 |

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***Daily ledger balance summary*** *(continued)*

| *Date* | *Balance* | *Date* | *Balance* | *Date* | *Balance* |
|---|---|---|---|---|---|
| 01/22 | 82,199.28 | 01/26 | 84,409.24 | 01/28 | 112,885.05 |
| 01/23 | 82,249.28 | 01/27 | 103,349.16 | 01/30 | 116,235.37 |

**Average daily ledger balance** **$87,882.24**

**Provision of Emergency Services to Wells Fargo Visa Debit Card Holders**

We provide certain emergency services to our Wells Fargo Visa Debit Card holders, including a cardholder inquiry service, emergency card replacement, and lost/stolen card reporting. To obtain emergency services related to your Wells Fargo Visa Debit Card, please call the toll-free or international collect-call telephone number on the back of your card.

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

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flagstar

Statement Period
From January 01, 2026
To January 31, 2026


PRIVATE CLIENT GROUP 161
1400 BROADWAY, 26TH FLOOR
NEW YORK, NY 10018

GLOBAL WOUND CARE MEDICAL GROUP 8-161
5901 W CENTRAL BLVD STE 750
LOS ANGELES CA 90045

See Back for Important Information

Primary Account: [redacted]1896 0

| Relationship Summary | | Opening Bal. | Closing Bal. |
|---|---|---|---|
| BANK DEPOSIT ACCOUNTS | | | |
| [redacted]1896 | MONOGRAM CHECKING | .00 | .00 |
| | RELATIONSHIP TOTAL | | .00 |

flagstar

Statement Period
From January 01, 2026
To January 31, 2026


PRIVATE CLIENT GROUP 161
1400 BROADWAY, 26TH FLOOR
NEW YORK, NY 10018

GLOBAL WOUND CARE MEDICAL GROUP 8-161
5901 W CENTRAL BLVD STE 750
LOS ANGELES CA 90045

See Back for Important Information

Primary Account: [redacted]1896 0

MONOGRAM CHECKING [redacted]1896

Summary

| | |
|---|---|
| Previous Balance as of January 01, 2026 | .00 |
| There was no deposit activity during this statement period | |
| Ending Balance as of January 31, 2026 | .00 |

Rates for this statement period - Overdraft
Jan 01, 2026 16.500000 %

MID PENN BANK
894 N. RIVER RD., HALIFAX, PA 17032-9543

# Statement Ending 01/30/2026



Customer Number:XXXXXXXXX664

## Managing Your Accounts

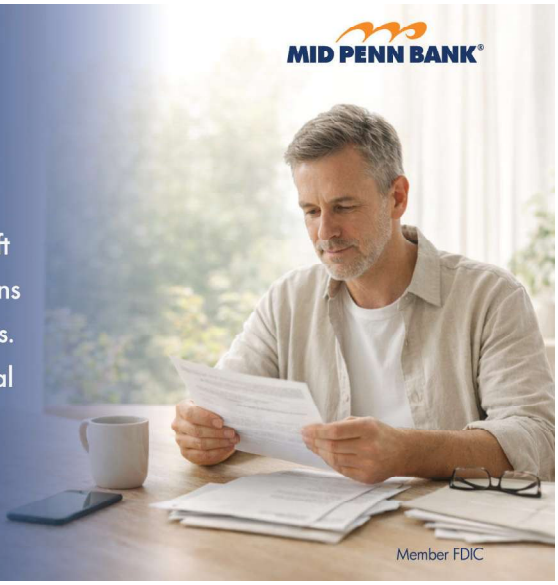
| | |
|---|---|
| Online Banking | midpennbank.com |
| Telebanker | 1-888-643-7366 |
| Call Us Toll-Free | 1-866-642-7736 |

GLOBAL WOUND CARE MED GROUP
5901 W CENTURY BLVD STE 750
LOS ANGELES CA 90045-5443

## Important Account Information

Please refer to the following updated $3 Recurring Overdraft Fee and enclosed fee disclosure:

Assessed on the 5th calendar day and each day thereafter that an overdraft balance remains outstanding, excluding ATM and one-time POS transactions and excluding My Savings, Non-Profit, and Government Checking products. The recurring overdraft fee is not charged on Saturdays, Sundays, or federal holidays. If the 5th calendar day falls on a Saturday, Sunday, or federal holiday, the fee will be assessed on the preceding business day to ensure consistent posting.




## Summary of Accounts



When was the last time you compared your payment processing fees? Call us today at 1-888-999-2644 and ask about our $500 meet or beat offer!

| | Account Number | Ending Balance |
|---|---|---|
| CASH MGMT CHECKING | XXXXXXXXX664 | $5,097,125.92 |

# THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

| WITHDRAWALS OUTSTANDING NOT CHARGED TO ACCOUNT | | |
|---|---|---|
| No. | $ | |
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| | | |
| Total | $ | |

**BEFORE YOU START**

PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE ADDED IF ANY OCCURRED:

- Loan advances
- Credit memos
- Other automatic deposits
- Interest

YOU SHOULD HAVE SUBTRACTED IF ANY OCCURRED:

- Automatic loan payments
- Automatic savings transfers
- Other automatic deductions and payments
- Debit memos
- Service charges

BALANCE SHOWN ON THIS STATEMENT: $ _____

**ADD** DEPOSITS NOT SHOWN ON THIS STATEMENT: *(IF ANY)* $ _____

**TOTAL:** $ _____

**SUBTRACT** WITHDRAWALS OUTSTANDING: $ _____

**BALANCE** $ _____

SHOULD AGREE WITH YOUR REGISTER BALANCE AFTER DEDUCTING SERVICE CHARGES (IF ANY) SHOWN ON THIS STATEMENT

Please examine your statement immediately and report if incorrect. If no reply is received within 60 calendar days the account will be considered correct.

ERROR RESOLUTION NOTICE · IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Telephone us at: 1-866-642-7736

or write: Mid Penn Bank, 894 N River Rd, Halifax PA 17032

Call or write us at the telephone number or address listed above as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 calendar days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 calendar days to investigate your complaint or question. If we decide to do this, we will provisionally credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provisionally credit your account.

For errors involving new accounts, point of sale, or foreign-initiated transactions, we may take up to 90 calendar days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error. (Your account is considered a new account for the first 30 calendar days after the first deposit is made, unless each of you already has an established account with us before this account is opened.) We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.




## CASH MGMT CHECKING - XXXXXXXXX664

### Account Summary

| Date | Description | Amount |
|---|---|---|
| **01/01/2026** | **Beginning Balance** | **$3,694,506.62** |
| | 171 Credit(s) This Period | $1,980,062.21 |
| | 35 Debit(s) This Period | $577,442.91 |
| **01/30/2026** | **Ending Balance** | **$5,097,125.92** |

### Account Activity

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| **01/01/2026** | **Beginning Balance** | | | **$3,694,506.62** |
| 01/02/2026 | MISCPYMT Anthem Blue 05M TRN* 1* 3401355770* * CMS PROVIDER BONUS\ | | $1.37 | $3,694,507.99 |
| 01/02/2026 | HCCLAIMPMT Wellpoint TN5C TRN* 1* 3401355772* 1204776597\ | | $3.96 | $3,694,511.95 |
| 01/02/2026 | HCCLAIMPMT VSHP VOL II FUND TRN* 1* 26002B100031109800* 1621656610\ | | $8.53 | $3,694,520.48 |
| 01/02/2026 | HCCLAIMPMT VSHP VOL II FUND TRN* 1* 26002B100022514500* 1621656610\ | | $13.04 | $3,694,533.52 |
| 01/02/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN1742411780600535863973 3* 1391995276* 0000UMR01 | | $22.40 | $3,694,555.92 |
| 01/02/2026 | HCCLAIMPMT ANTHEM BLUE GA5F TRN* 1* 3401355771* 1581638390\ | | $24.38 | $3,694,580.30 |
| 01/02/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803551490* 1150329043\ | | $43.02 | $3,694,623.32 |
| 01/02/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 802779831* 1571176393\ | | $48.84 | $3,694,672.16 |
| 01/02/2026 | HCCLAIMPMT AETNA A04 TRN* 1* 825363000173490* 1066033492\ | | $53.96 | $3,694,726.12 |
| 01/02/2026 | HCCLAIMPMT HUMANA INS CO TRN* 1* 175526515251230* 1391263473\ | | $59.49 | $3,694,785.61 |
| 01/02/2026 | HCCLAIMPMT Wellpoint WA5C TRN* 1* 3401355773* 1273510384\ | | $320.55 | $3,695,106.16 |
| 01/02/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803424346* 1066033492\ | | $380.56 | $3,695,486.72 |
| 01/02/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U5758623* 1411289245* 000087726\ | | $1,001.42 | $3,696,488.14 |
| 01/02/2026 | HCCLAIMPMT BSC Promise TRN* 1* 25364B100019673900* 1954468482~ | | $52,483.14 | $3,748,971.28 |
| 01/02/2026 | Incoming Wire Transfer GLOBAL WOUND CARE MEDICAL GROUP, A NOTPROVIDED | | $650,000.00 | $4,398,971.28 |

## CASH MGMT CHECKING - XXXXXXXXX664 (continued)

### Account Activity (continued)

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| 01/02/2026 | ACHTrans PAY PLUS FeeTransfer REF#109282046 | $5.27 | | $4,398,966.01 |
| 01/05/2026 | DEPOSIT | | $31,644.16 | $4,430,610.17 |
| 01/05/2026 | DEPOSIT | | $218,032.67 | $4,648,642.84 |
| 01/05/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803044068* 1753004202\ | | $19.97 | $4,648,662.81 |
| 01/05/2026 | HCCLAIMPMT ANTHEM BLUE GA5F TRN* 1* 3401481303* 1581638390\ | | $20.19 | $4,648,683.00 |
| 01/05/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26001B1000057555* 1860813232* 000003432\ | | $20.55 | $4,648,703.55 |
| 01/05/2026 | HCCLAIMPMT ANTHEM BLUE GA5C TRN* 1* 3401481306* 1581638390\ | | $20.93 | $4,648,724.48 |
| 01/05/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803629418* 1731128555\ | | $25.86 | $4,648,750.34 |
| 01/05/2026 | HCCLAIMPMT ANTHEM BLUE IN5C TRN* 1* 3401481304* 1350781558\ | | $34.43 | $4,648,784.77 |
| 01/05/2026 | HCCLAIMPMT ANTHEM BLUE GA5C TRN* 1* 3401481305* 1581638390\ | | $46.27 | $4,648,831.04 |
| 01/05/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803289520* 1571176393\ | | $69.77 | $4,648,900.81 |
| 01/05/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 804460044* 1205873230\ | | $72.51 | $4,648,973.32 |
| 01/05/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 25365B1000030540* 1860813232* 000003432\ | | $77.50 | $4,649,050.82 |
| 01/05/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26001B1000016107* 1860813232* 000003432\ | | $134.51 | $4,649,185.33 |
| 01/05/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U5842465* 1411289245* 000087726\ | | $304.09 | $4,649,489.42 |
| 01/05/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11373382321* 1362739571* 000036273\ | | $953.27 | $4,650,442.69 |
| 01/05/2026 | HCCLAIMPMT UNITEDHEALTHCARE TRN* 1* W346427015* 1411289245* 000087726\ | | $11,640.49 | $4,662,083.18 |
| 01/05/2026 | HCCLAIMPMT BSC Promise TRN* 1* 25365B100043016000* 1954468482~ | | $59,557.90 | $4,721,641.08 |
| 01/05/2026 | 700206967 ONLINE TRANSFER TO CASH MGMT INT CK XXXXXX1923 on 1/05/26 at 16:31 | $264,548.86 | | $4,457,092.22 |
| 01/05/2026 | ACHTrans PAY PLUS FeeTransfer REF#109623390 | $7.81 | | $4,457,084.41 |
| 01/06/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 804174892* 1236209407\ | | $13.56 | $4,457,097.97 |
| 01/06/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 800309207* 1770385729\ | | $13.79 | $4,457,111.76 |
| 01/06/2026 | HCCLAIMPMT AETNA AS01 TRN* 1* 825365000292432* 1066033492\ | | $21.51 | $4,457,133.27 |
| 01/06/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN174261245416253608927 07* 1391995276* 0000UMR01 | | $22.09 | $4,457,155.36 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401618235* 1954331852\ | | $22.40 | $4,457,177.76 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE NY5F TRN* 1* 3401618230* 1237391136\ | | $23.40 | $4,457,201.16 |
| 01/06/2026 | HCCLAIMPMT AETNA AS01 TRN* 1* 825365000292431* 1066033492\ | | $23.82 | $4,457,224.98 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401618234* 1954331852\ | | $35.96 | $4,457,260.94 |
| 01/06/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26002B1000026301* 1860813232* 000003432\ | | $86.34 | $4,457,347.28 |
| 01/06/2026 | HCCLAIMPMT Optum VA CCN Reg TRN* 1* 9007948914* 1204581265* 0000VACCN\ | | $95.73 | $4,457,443.01 |
| 01/06/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 805025442* 1470246511\ | | $100.11 | $4,457,543.12 |
| 01/06/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26001B100011896400* 1940360524~ | | $120.78 | $4,457,663.90 |

## CASH MGMT CHECKING - XXXXXXXXX664 (continued)

### Account Activity (continued)

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| 01/06/2026 | HCCLAIMPMT BSC GOLDPLATINUM TRN* 1* 25359B100012940700* 1364743512~ | | $142.22 | $4,457,806.12 |
| 01/06/2026 | HCCLAIMPMT AETNA AS01 TRN* 1* 882536501025949* 1066033492\ | | $162.56 | $4,457,968.68 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401618231* 1953760980\ | | $213.52 | $4,458,182.20 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401618232* 1953760980\ | | $223.48 | $4,458,405.68 |
| 01/06/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U5907200* 1411289245* 000087726\ | | $463.62 | $4,458,869.30 |
| 01/06/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U5983656* 1411289245* 000087726\ | | $522.93 | $4,459,392.23 |
| 01/06/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11374011969* 1362739571* 000036273\ | | $689.30 | $4,460,081.53 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401618236* 1202994048\ | | $700.10 | $4,460,781.63 |
| 01/06/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401618233* 1953760980\ | | $730.35 | $4,461,511.98 |
| 01/06/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26002B100008948400* 1940360524~ | | $873.88 | $4,462,385.86 |
| 01/06/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11374655492* 1362739571* 000036273\ | | $1,892.85 | $4,464,278.71 |
| 01/06/2026 | ACHTrans PAY PLUS FeeTransfer REF#109936779 | $3.12 | | $4,464,275.59 |
| 01/07/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 805924884* 1954472349\ | | $8.99 | $4,464,284.58 |
| 01/07/2026 | HCCLAIMPMT BSC Promise TRN* 1* 26005B100036741700* 1954468482~ | | $8.99 | $4,464,293.57 |
| 01/07/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 806225219* 1231628836\ | | $20.86 | $4,464,314.43 |
| 01/07/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803069272* 1356059333\ | | $23.24 | $4,464,337.67 |
| 01/07/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 806106108* 1391268299\ | | $33.42 | $4,464,371.09 |
| 01/07/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 803022784* 1720519951\ | | $41.86 | $4,464,412.95 |
| 01/07/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* 61055200* 1952931460* 000095959\ | | $51.76 | $4,464,464.71 |
| 01/07/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 804952844* 1237385560\ | | $139.44 | $4,464,604.15 |
| 01/07/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U6045832* 1411289245* 000087726\ | | $307.05 | $4,464,911.20 |
| 01/07/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401754560* 1202994048\ | | $20,110.86 | $4,485,022.06 |
| 01/07/2026 | ACHTrans PAY PLUS FeeTransfer REF#110331713 | $2.10 | | $4,485,019.96 |
| 01/07/2026 | LABOR&INDUSTRIES COLLECTION 000000000830223 | $3,524.18 | | $4,481,495.78 |
| 01/07/2026 | Outgoing Wire Transfer ADP INC | $75,291.98 | | $4,406,203.80 |
| 01/08/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN176301765897153644127 30* 1391995276* 0000UMR01 | | $11.62 | $4,406,215.42 |
| 01/08/2026 | HCCLAIMPMT GA DEPT OF COMMU TRN* 1* 056102374* 1581282972~ | | $20.19 | $4,406,235.61 |
| 01/08/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN176291354468253632289 30* 1391995276* 0000UMR01 | | $28.46 | $4,406,264.07 |
| 01/08/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN174291352549253632097 40* 1391995276* 0000UMR01 | | $42.16 | $4,406,306.23 |
| 01/08/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U6115888* 1411289245* 000087726\ | | $158.66 | $4,406,464.89 |
| 01/08/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 806805120* 1066033492\ | | $1,406.89 | $4,407,871.78 |
| 01/08/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11376154391* 1362739571* 000036273\ | | $1,420.13 | $4,409,291.91 |

## CASH MGMT CHECKING - XXXXXXXXX664 (continued)

### Account Activity (continued)

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| 01/08/2026 | HCCLAIMPMT BSC Promise TRN* 1* 26006B100019191400* 1954468482~ | | $5,452.88 | $4,414,744.79 |
| 01/08/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3401874712* 1202994048\ | | $6,093.19 | $4,420,837.98 |
| 01/08/2026 | ACHTrans PAY PLUS FeeTransfer REF#110628631 | $4.42 | | $4,420,833.56 |
| 01/08/2026 | Outgoing Wire Transfer ADP CLIENT TRUST | $22,001.01 | | $4,398,832.55 |
| 01/09/2026 | HCClaimPmt PayPlus TRN* 1* C267E09388960* 1361236610* 0E0938896\ | | $13.56 | $4,398,846.11 |
| 01/09/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* C7905600* 1411289245* 000087726\ | | $20.16 | $4,398,866.27 |
| 01/09/2026 | HCCLAIMPMT UMR Clark County TRN* 1* CJ19217121153145351623299* 1391995276* 0000UMR01 | | $20.70 | $4,398,886.97 |
| 01/09/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11376632986* 1362739571* 000036273\ | | $20.93 | $4,398,907.90 |
| 01/09/2026 | HCClaimPmt PayPlus TRN* 1* C267E09388950* 1361236610* 0E0938895\ | | $22.40 | $4,398,930.30 |
| 01/09/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U6195681* 1411289245* 000087726\ | | $137.69 | $4,399,067.99 |
| 01/09/2026 | HCCLAIMPMT UNITEDHEALTHCARE TRN* 1* W347085941* 1411289245* 000087726\ | | $157.22 | $4,399,225.21 |
| 01/09/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 807044990* 1731128555\ | | $318.00 | $4,399,543.21 |
| 01/09/2026 | ACHTrans PAY PLUS FeeTransfer REF#110909171 | $23.22 | | $4,399,519.99 |
| 01/09/2026 | ADP PAYROLL FEES ADP FEES 926341926454 | $7,687.67 | | $4,391,832.32 |
| 01/12/2026 | DEPOSIT | | $74,744.60 | $4,466,576.92 |
| 01/12/2026 | DEPOSIT | | $139,128.51 | $4,605,705.43 |
| 01/12/2026 | HCCLAIMPMT UNITEDHEALTHCARE TRN* 1* W347197794* 1411289245* 000087726\ | | $13.19 | $4,605,718.62 |
| 01/12/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 808099688* 1753004202\ | | $19.97 | $4,605,738.59 |
| 01/12/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26008B1000044789* 1860813232* 000003432\ | | $20.55 | $4,605,759.14 |
| 01/12/2026 | HCCLAIMPMT AETNA AS01 TRN* 1* 826007000313643* 1066033492\ | | $23.82 | $4,605,782.96 |
| 01/12/2026 | HCCLAIMPMT UHIC TRN* 1* 26008B1000165777* 1362739571* 000004567\ | | $30.62 | $4,605,813.58 |
| 01/12/2026 | HCCLAIMPMT UHIC TRN* 1* 26008B1000165776* 1362739571* 000004567\ | | $32.11 | $4,605,845.69 |
| 01/12/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 808043942* 1820497661\ | | $44.78 | $4,605,890.47 |
| 01/12/2026 | HCCLAIMPMT BSC GOLDPLATINUM TRN* 1* 25365B100012070400* 1364743512~ | | $44.80 | $4,605,935.27 |
| 01/12/2026 | HCCLAIMPMT UHIC TRN* 1* 26008B1000165778* 1362739571* 000004567\ | | $84.63 | $4,606,019.90 |
| 01/12/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26008B100028142500* 1940360524~ | | $126.26 | $4,606,146.16 |
| 01/12/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* U6274344* 1411289245* 000087726\ | | $173.03 | $4,606,319.19 |
| 01/12/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26009B1000018849* 1860813232* 000003432\ | | $192.95 | $4,606,512.14 |
| 01/12/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11377332272* 1362739571* 000036273\ | | $10,527.94 | $4,617,040.08 |
| 01/12/2026 | ACHTrans PAY PLUS FeeTransfer REF#111095308 | $5.84 | | $4,617,034.24 |
| 01/13/2026 | DEPOSIT | | $209,347.03 | $4,826,381.27 |
| 01/13/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN17405109175336005123071* 1391995276* 0000UMR01 | | $21.26 | $4,826,402.53 |
| 01/13/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26009B100019540200* 1940360524~ | | $22.40 | $4,826,424.93 |

## CASH MGMT CHECKING - XXXXXXXXX664 (continued)

### Account Activity (continued)

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| 01/13/2026 | HCCLAIMPMT HUMANA INS CO TRN* 1* 176172168260110* 1391263473\ | | $22.40 | $4,826,447.33 |
| 01/13/2026 | HCCLAIMPMT HBPIL TRN* 1* 176272137260111* 1371326199\ | | $38.36 | $4,826,485.69 |
| 01/13/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 806784006* 1356059333\ | | $48.76 | $4,826,534.45 |
| 01/13/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3402163606* 1953760980\ | | $52.30 | $4,826,586.75 |
| 01/13/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3402163607* 1202994048\ | | $700.10 | $4,827,286.85 |
| 01/13/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11377917374* 1362739571* 000036273\ | | $19,889.87 | $4,847,176.72 |
| 01/13/2026 | ACHTrans PAY PLUS FeeTransfer REF#111445633 | $1.07 | | $4,847,175.65 |
| 01/14/2026 | DEPOSIT | | $29,175.29 | $4,876,350.94 |
| 01/14/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26012B100015271300* 1940360524~ | | $13.02 | $4,876,363.96 |
| 01/14/2026 | HCCLAIMPMT BSC Promise TRN* 1* 26012B100022262300* 1954468482~ | | $14.97 | $4,876,378.93 |
| 01/14/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26012B100022962700* 1940360524~ | | $21.54 | $4,876,400.47 |
| 01/14/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26012B100015271200* 1940360524~ | | $22.40 | $4,876,422.87 |
| 01/14/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11378568027* 1362739571* 000036273\ | | $423.52 | $4,876,846.39 |
| 01/14/2026 | HCCLAIMPMT COMPCARE WI5C TRN* 1* 3402288038* 1391462554\ | | $486.56 | $4,877,332.95 |
| 01/14/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3402288039* 1202994048\ | | $17,874.81 | $4,895,207.76 |
| 01/14/2026 | ACHTrans PAY PLUS FeeTransfer REF#111715995 | $0.80 | | $4,895,206.96 |
| 01/15/2026 | DEPOSIT | | $24,499.61 | $4,919,706.57 |
| 01/15/2026 | MISCPYMT Anthem Blue 05M TRN* 1* 3402433791* * CMS PROVIDER BONUS\ | | $0.11 | $4,919,706.68 |
| 01/15/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26013B100028341300* 1940360524~ | | $21.54 | $4,919,728.22 |
| 01/15/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26013B100023344500* 1940360524~ | | $22.40 | $4,919,750.62 |
| 01/15/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 810655553* 1860800246\ | | $33.23 | $4,919,783.85 |
| 01/15/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 811585512* 1066033492\ | | $83.16 | $4,919,867.01 |
| 01/15/2026 | Analysis Charges December 2025 | $675.00 | | $4,919,192.01 |
| 01/16/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* C7921274* 1411289245* 000087726\ | | $20.16 | $4,919,212.17 |
| 01/16/2026 | HCCLAIMPMT ANTHEM BLUE GA5C TRN* 1* 3402559126* 1581638390\ | | $25.34 | $4,919,237.51 |
| 01/16/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 811837660* 1731128555\ | | $32.71 | $4,919,270.22 |
| 01/16/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11379915712* 1362739571* 000036273\ | | $935.06 | $4,920,205.28 |
| 01/16/2026 | ACHTrans PAY PLUS FeeTransfer REF#112245009 | $1.92 | | $4,920,203.36 |
| 01/20/2026 | DEPOSIT | | $34,454.23 | $4,954,657.59 |
| 01/20/2026 | DEPOSIT | | $57,548.65 | $5,012,206.24 |
| 01/20/2026 | HCCLAIMPMT UnitedHealthcare TRN* 1* C7926618* 1411289245* 000087726\ | | $20.16 | $5,012,226.40 |
| 01/20/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 812659329* 1237385560\ | | $69.72 | $5,012,296.12 |
| 01/20/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11380512830* 1362739571* 000036273\ | | $117.61 | $5,012,413.73 |

## CASH MGMT CHECKING - XXXXXXXXX664 (continued)

### Account Activity (continued)

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| 01/20/2026 | Return Deposit Item Fee(s) | $10.00 | | $5,012,403.73 |
| 01/20/2026 | Return Deposit Item Fee(s) | $10.00 | | $5,012,393.73 |
| 01/20/2026 | ACHTrans PAY PLUS FeeTransfer REF#112439092 | $0.54 | | $5,012,393.19 |
| 01/20/2026 | Charge Back Item Check 520031044 | $20.86 | | $5,012,372.33 |
| 01/20/2026 | Charge Back Item Check 160125959 | $41.72 | | $5,012,330.61 |
| 01/20/2026 | Outgoing Wire Transfer ADP INC | $131.26 | | $5,012,199.35 |
| 01/21/2026 | DEPOSIT | | $3,178.99 | $5,015,378.34 |
| 01/21/2026 | HCCLAIMPMT HBPIL TRN* 1* 176585216260116* 1371326199\ | | $19.18 | $5,015,397.52 |
| 01/21/2026 | HCCLAIMPMT HUMANA INS CO TRN* 1* 176585215260116* 1391263473\ | | $22.40 | $5,015,419.92 |
| 01/21/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3402743643* 1953760980\ | | $28.30 | $5,015,448.22 |
| 01/21/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3402743644* 1953760980\ | | $50.70 | $5,015,498.92 |
| 01/21/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3402743645* 1202994048\ | | $4,050.77 | $5,019,549.69 |
| 01/21/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN174121227430960128939900* 1391995276* 0000UMR01 | | $19,060.66 | $5,038,610.35 |
| 01/21/2026 | ACHTrans PAY PLUS FeeTransfer REF#112760542 | $1.15 | | $5,038,609.20 |
| 01/21/2026 | Outgoing Wire Transfer ADP INC | $71,343.28 | | $4,967,265.92 |
| 01/22/2026 | DEPOSIT | | $1,737.90 | $4,969,003.82 |
| 01/22/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26018B1000044912* 1860813232* 000003432\ | | $20.55 | $4,969,024.37 |
| 01/22/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26018B1000008613* 1860813232* 000003432\ | | $22.02 | $4,969,046.39 |
| 01/22/2026 | HCCLAIMPMT HBPIL TRN* 1* 176897468260120* 1371326199\ | | $41.78 | $4,969,088.17 |
| 01/22/2026 | HCCLAIMPMT ANTHEM BLUE GA5C TRN* 1* 3402894899* 1581638390\ | | $52.52 | $4,969,140.69 |
| 01/22/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26018B1000017535* 1860813232* 000003432\ | | $64.74 | $4,969,205.43 |
| 01/22/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26020B100009817400* 1940360524~ | | $85.78 | $4,969,291.21 |
| 01/22/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26020B100009817300* 1940360524~ | | $91.26 | $4,969,382.47 |
| 01/22/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26017B1000010518* 1860813232* 000003432\ | | $132.16 | $4,969,514.63 |
| 01/22/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11382656719* 1362739571* 000036273\ | | $11,649.14 | $4,981,163.77 |
| 01/22/2026 | Outgoing Wire Transfer ADP CLIENT TRUST | $26,565.45 | | $4,954,598.32 |
| 01/23/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3403077728* 1953760980\ | | $34.35 | $4,954,632.67 |
| 01/23/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 815255261* 1731128555\ | | $199.36 | $4,954,832.03 |
| 01/23/2026 | Outgoing Wire Transfer ADP CLIENT TRUST | $6,013.44 | | $4,948,818.59 |
| 01/23/2026 | Outgoing Wire Transfer ADP INC | $23,419.98 | | $4,925,398.61 |
| 01/26/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11383785248* 1362739571* 000036273\ | | $12.56 | $4,925,411.17 |
| 01/26/2026 | HCCLAIMPMT UHC COMMUNITY PL TRN* 1* 26022B1000012512* 1860813232* 000003432\ | | $22.02 | $4,925,433.19 |
| 01/26/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26022B100041537800* 1940360524~ | | $22.40 | $4,925,455.59 |
| 01/26/2026 | HCClaimPmt PayPlus TRN* 1* C26022E10224340* 1361236610* 0E1022434\ | | $23.05 | $4,925,478.64 |
| 01/26/2026 | HCCLAIMPMT GEHA UMR TRN* 1* CN174161184114860165812l2* 1391995276* 0000UMR01 | | $28.00 | $4,925,506.64 |

# CASH MGMT CHECKING - XXXXXXXXX664 (continued)

## Account Activity (continued)

| Post Date | Description | Debits | Credits | Balance |
|---|---|---|---|---|
| 01/26/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 815968587* 1731128555\ | | $77.70 | $4,925,584.34 |
| 01/26/2026 | HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26022B100041537900* 1940360524~ | | $85.78 | $4,925,670.12 |
| 01/26/2026 | ACHTrans PAY PLUS FeeTransfer REF#113576584 | $3.29 | | $4,925,666.83 |
| 01/27/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3403273126* 1953760980\ | | $28.30 | $4,925,695.13 |
| 01/27/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 816432407* 1237385560\ | | $69.72 | $4,925,764.85 |
| 01/27/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 818663678* 1954472349\ | | $1,072.44 | $4,926,837.29 |
| 01/27/2026 | HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3403273127* 1202994048\ | | $11,683.96 | $4,938,521.25 |
| 01/27/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11384516597* 1362739571* 000036273\ | | $13,612.94 | $4,952,134.19 |
| 01/27/2026 | ACHTrans PAY PLUS FeeTransfer REF#114001216 | $1.66 | | $4,952,132.53 |
| 01/28/2026 | HCClaimPmt PayPlus TRN* 1* C26026E10312160* 1361236610* 0E1031216\ | | $15.80 | $4,952,148.33 |
| 01/28/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11385110113* 1362739571* 000036273\ | | $28.30 | $4,952,176.63 |
| 01/28/2026 | HCCLAIMPMT BSC Promise TRN* 1* 26026B100021538400* 1954468482~ | | $31,949.50 | $4,984,126.13 |
| 01/28/2026 | ACHTrans PAY PLUS FeeTransfer REF#114302485 | $18.85 | | $4,984,107.28 |
| 01/29/2026 | DEPOSIT | | $27,345.27 | $5,011,452.55 |
| 01/29/2026 | DEPOSIT | | $108,150.37 | $5,119,602.92 |
| 01/29/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11386140038* 1362739571* 000036273\ | | $37.45 | $5,119,640.37 |
| 01/29/2026 | HCCLAIMPMT PAY PLUS TRN* 1* 818082773* 1860800246\ | | $230.48 | $5,119,870.85 |
| 01/29/2026 | ACHTrans PAY PLUS FeeTransfer REF#114374240 | $0.26 | | $5,119,870.59 |
| 01/30/2026 | HCCLAIMPMT HUMANA CHA DISB TRN* 1* 177631901260128* 1611279717\ | | $59.49 | $5,119,930.08 |
| 01/30/2026 | HCCLAIMPMT VSHP VOL II FUND TRN* 1* 26030B100023260200* 1621656610\ | | $1,268.53 | $5,121,198.61 |
| 01/30/2026 | HCCLAIMPMT AARP Supplementa TRN* 1* 11386550517* 1362739571* 000036273\ | | $17,150.21 | $5,138,348.82 |
| 01/30/2026 | HCCLAIMPMT BSC Promise TRN* 1* 26028B100019170100* 1954468482~ | | $34,854.00 | $5,173,202.82 |
| 01/30/2026 | ACHTrans PAY PLUS FeeTransfer REF#114657754 | $3.80 | | $5,173,199.02 |
| 01/30/2026 | Outgoing Wire Transfer SMR Healthcare Management, Inc | $2,302.30 | | $5,170,896.72 |
| 01/30/2026 | Outgoing Wire Transfer Togut, Segal & Segal LLP | $20,031.20 | | $5,150,865.52 |
| 01/30/2026 | Outgoing Wire Transfer Ankura Consulting Group LLC | $53,739.60 | | $5,097,125.92 |
| **01/30/2026** | **Ending Balance** | | | **$5,097,125.92** |

## Daily Balances

| Date | Amount | Date | Amount | Date | Amount |
|---|---|---|---|---|---|
| 01/02/2026 | $4,398,966.01 | 01/13/2026 | $4,847,175.65 | 01/23/2026 | $4,925,398.61 |
| 01/05/2026 | $4,457,084.41 | 01/14/2026 | $4,895,206.96 | 01/26/2026 | $4,925,666.83 |
| 01/06/2026 | $4,464,275.59 | 01/15/2026 | $4,919,192.01 | 01/27/2026 | $4,952,132.53 |
| 01/07/2026 | $4,406,203.80 | 01/16/2026 | $4,920,203.36 | 01/28/2026 | $4,984,107.28 |
| 01/08/2026 | $4,398,832.55 | 01/20/2026 | $5,012,199.35 | 01/29/2026 | $5,119,870.59 |
| 01/09/2026 | $4,391,832.32 | 01/21/2026 | $4,967,265.92 | 01/30/2026 | $5,097,125.92 |
| 01/12/2026 | $4,617,034.24 | 01/22/2026 | $4,954,598.32 | | |

## CASH MGMT CHECKING - XXXXXXXXX664 (continued)

**Overdraft and Returned Item Fees**

| | Total for this period | Total year-to-date | Previous year-to-date |
|---|---|---|---|
| **Total Overdraft Fees** | $0.00 | $0.00 | $0.00 |
| **Total Returned Item Fees** | $0.00 | $0.00 | $0.00 |



#0000 01/05/2026 $31,644.16



#0000 01/05/2026 $218,032.67



#0000 01/12/2026 $74,744.60



#0000 01/12/2026 $139,128.51



#0000 01/13/2026 $209,347.03



#0000 01/14/2026 $29,175.29



#0000 01/15/2026 $24,499.61



#0000 01/20/2026 $34,454.23



#0000 01/20/2026 $57,548.65



#0000 01/21/2026 $3,178.99



#0000 01/22/2026 $1,737.90



#0000 01/29/2026 $27,345.27



#0000 01/29/2026 $108,150.37

**Global Wound Care Medical Group, a Professional Corporation**
Case No. 24-34908
*Exhibit C - Balance Sheet*
Period Ended 01/31/2026

| | 1/31/26 |
|---|---|
| **Assets** | |
| **Current assets** | |
| Cash & Cash Equivalents | $ 5,213,361 |
| Inventory | - |
| Accounts Receivables, net [1] | 41,532,859 |
| Other Receivables | 852,414 |
| Prepaid Expenses | - |
| Prepaid Insurance | - |
| Other Assets [1] | 300,308,318 |
| **Total current assets** | **347,906,953** |
| **Fixed assets** | - |
| **Total assets** | **347,906,953** |
| | |
| **Liabilities and Stockholders' Equity** | |
| **Current liabilities** | |
| Pre-Petition | |
| Accrued Expenses and Other Pre-Petition [2] | - |
| Accounts Payable Pre-Petition | 11,318,599 |
| | |
| Post-Petition | |
| Accrued Expenses and Other Post-Petition | 36,258,085 |
| Accounts Payable Post-Petition | 136,794,993 |
| | |
| **Total current liabilities** | **184,371,677** |
| **Total Liabilities** | **184,371,677** |
| | |
| **Stockholders' equity** | |
| Retained Earnings [3] | 163,535,276 |
| **Total stockholders' equity** | **163,535,276** |
| | |
| **Total liabilities and stockholders' equity** | **$ 347,906,953** |

Notes:

[1] The Debtor reclassified Medicare receivables held in suspense by CMS from Accounts Receivables to Other Assets in February 2025.

[2] The Debtor is reviewing accrued prepetition expenses and is subject to material change.

[3] The Debtor's retained earnings includes noncash accounting adjustments in prior periods.

**Global Wound Care Medical Group, a Professional Corporation**
Case No. 24-34908
*Exhibit D - Statement of Operations*
Month Ended 01/31/2026

| | Month Ended 1/31/26 |
|---|---|
| Revenue Biologics-Net | - |
| Revenue Medical Services-Net | - |
| **Total Revenue-Net** | - |
| Cost of Good Sold | - |
| **Gross Profit** | **-** |
| **Operating Expenses** | |
| Payroll and Payroll Taxes | (232,454) |
| Admin Expenses and Fees | (799) |
| Employee Benefits | - |
| Management Services [(1)] | - |
| **Total Operating Expenses** | **(233,253)** |
| **Operating Profit /(Loss)** | **(233,253)** |
| Interest Income/(Expense) | - |
| Other Income/(Expense) | 5,456 |
| Reorganization Items | (174,520) |
| Taxes | - |
| **Profit /(loss) after Tax** | **$ (402,317)** |

Notes:

[(1)] Management Services includes insurance, leases, billing, finance, accounting, human resources, IT, medical records, sales and other administrative expenses.

**Global Wound Care Medical Group, a Professional Corporation**
Case No. 24-34908
*Exhibit E - Payments to Insiders*
Period Ended 1/31/2026

| Payee | Date of Payment | Amount | Reason for Payment |
|---|---|---|---|
| Ellington, Owen | 01/09/2026 | $ 12,309 | Salary and Wages |
| Ellington, Owen | 01/23/2026 | $ 12,313 | Salary and Wages |
| Total | | $ 24,623 | |