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: 02/28/2026

Petition Date: 10/21/2024

Months Pending: 17

Industry Classification: 6 2 2 1

Reporting Method: Accrual Basis ◉ Cash Basis ○

Debtor's Full-Time Employees (current): 1

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.

2434908260421000000000002

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	$5,213,361	
b.	Total receipts (net of transfers between accounts)	$341,564	$327,394,700
c.	Total disbursements (net of transfers between accounts)	$334,527	$338,372,943
d.	Cash balance end of month (a+b-c)	$5,220,398	
e.	Disbursements made by third party for the benefit of the estate	$0	$0
f.	Total disbursements for quarterly fee calculation (c+e)	$334,527	$338,372,943

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	$41,191,295
b.	Accounts receivable over 90 days outstanding (net of allowance)	$41,191,295
c.	Inventory (Book ○ Market ○ Other ◉ (attach explanation))	$0
d	Total current assets	$347,572,426
e.	Total assets	$347,572,426
f.	Postpetition payables (excluding taxes)	$173,173,014
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)	$173,173,014
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)	$184,491,613
o.	Ending equity/net worth (e-n)	$163,080,813

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	$86,534	
f.	Other expenses	$0	
g.	Depreciation and/or amortization (not included in 4b)	$0	
h.	Interest	$0	
i.	Taxes (local, state, and federal)	$0	
j.	Reorganization items	$367,928	
k.	Profit (loss)	$-454,462	$-52,293,737

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

Case No. 24-34908

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*			$69,606	$5,252,041	$0	$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	$19,404	$450,134	$0	$402,940
	iii	Ankura Consulting Group LLC	Financial Professional	$50,202	$2,272,606	$0	$2,222,403
	iv	Togut, Segal & Segal LLP	Special Counsel	$0	$303,653	$0	$303,653
	v	Patient Care Ombudsman	Other	$0	$13,965	$0	$13,965
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Debtor's Name Global Wound Care Medical Group, a Professional Corporation

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

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c.	All professional fees and expenses (debtor & committees)			$69,606	$5,252,041	$0	$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	$3,853	$3,098,754
d.	Postpetition employer payroll taxes paid	$5,860	$3,097,734
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 ○

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

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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

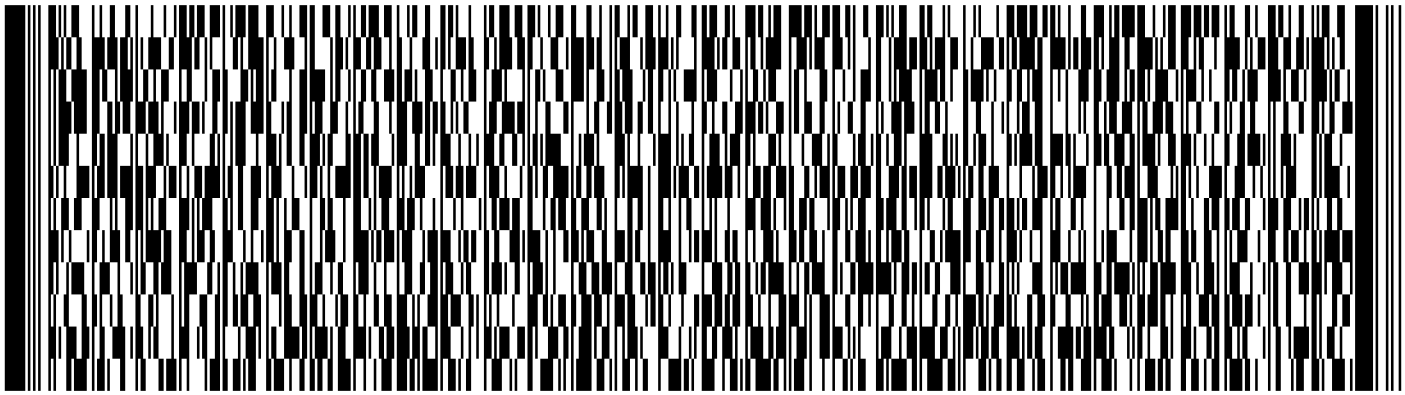
Louis E. Robichaux IV
Printed Name of Responsible Party

Chief Restructuring Officer
Title

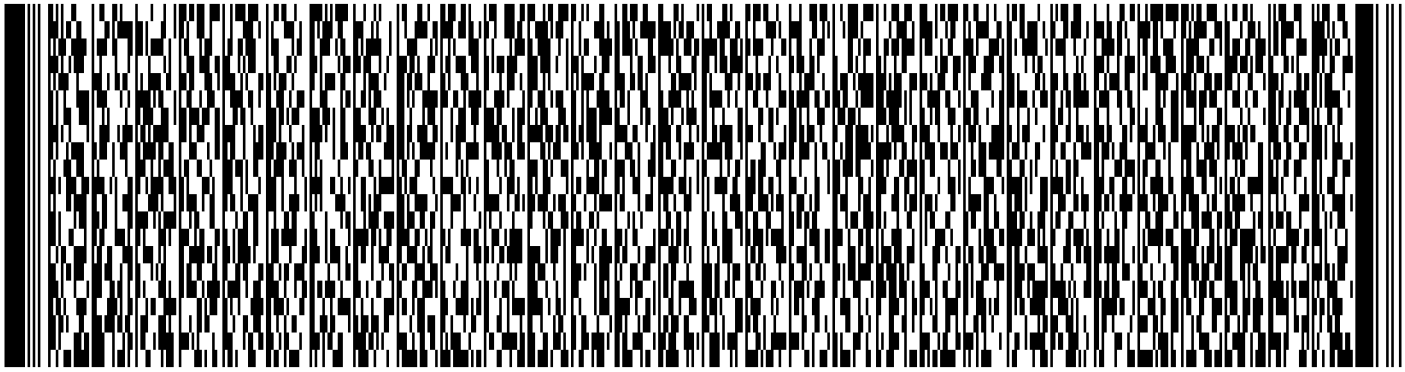
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Date

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

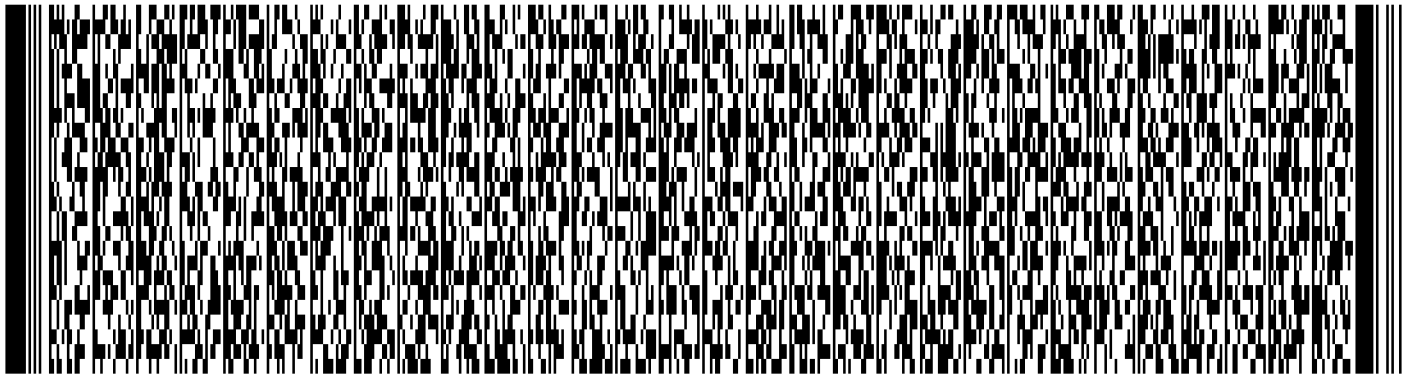
Case No. 24-34908



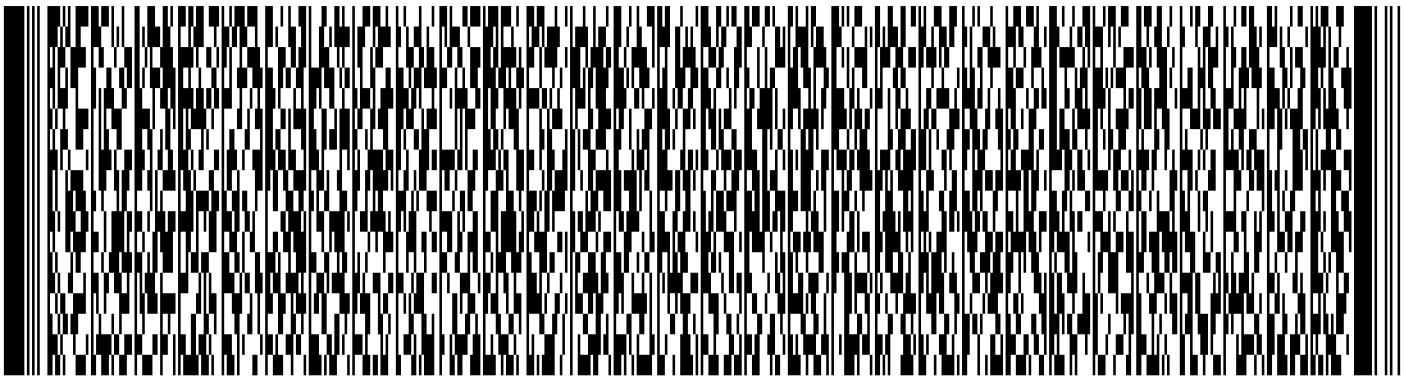
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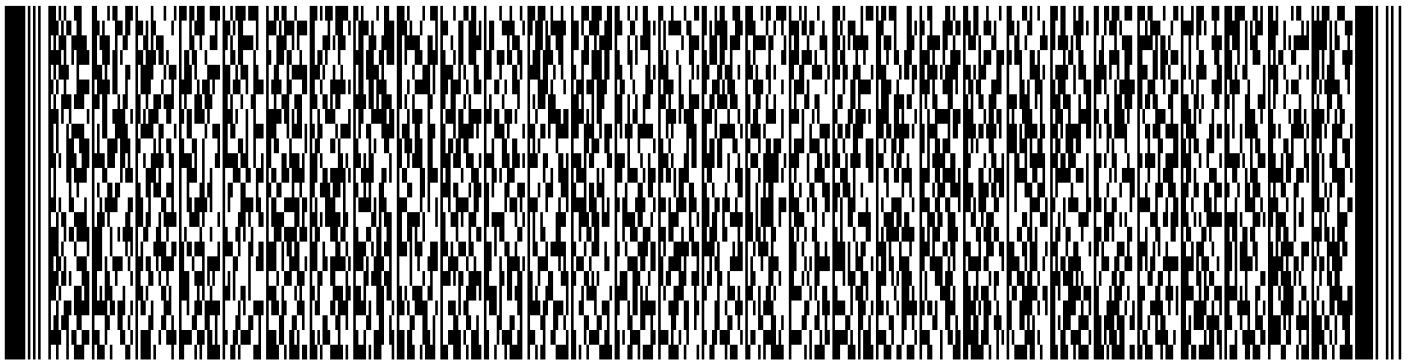
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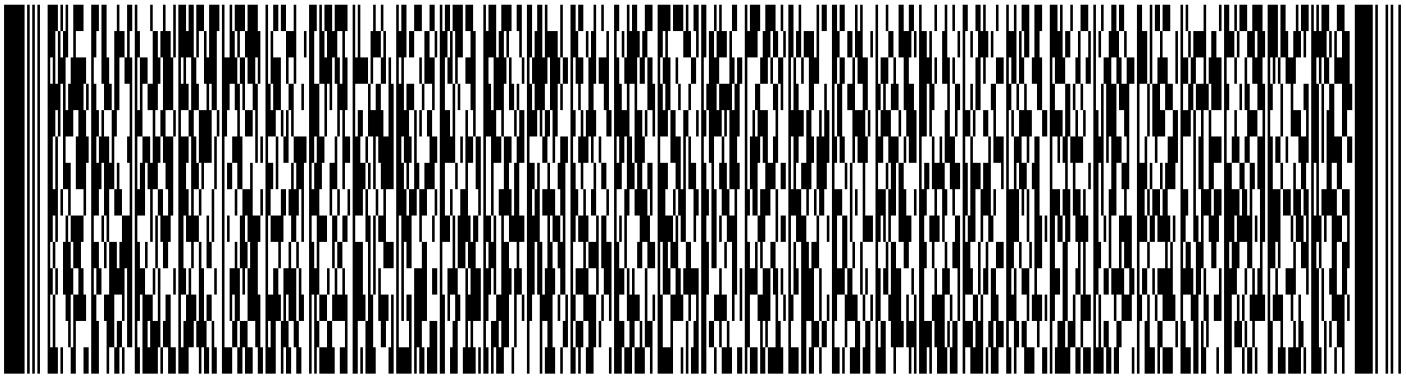
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Debtor's Name Global Wound Care Medical Group, a Professional Corporation

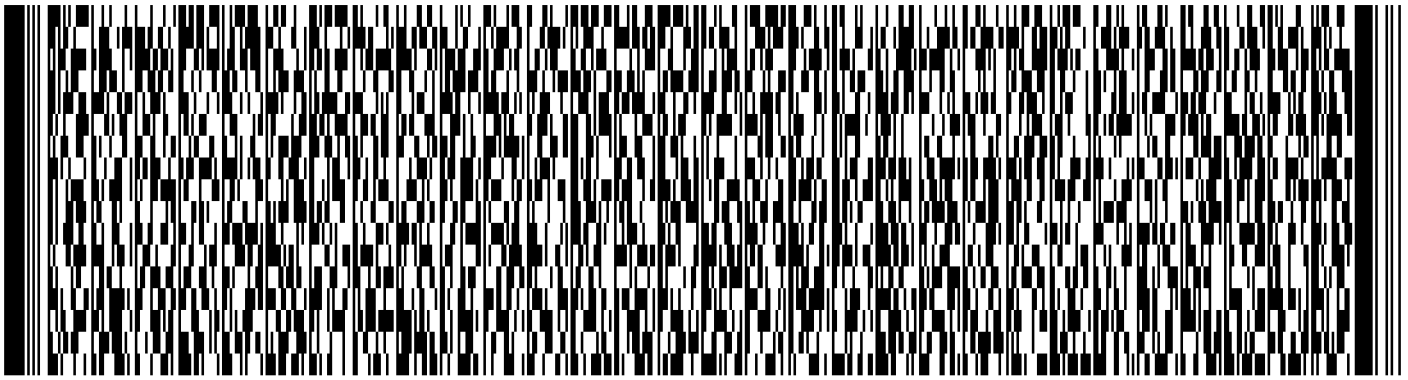
Case No. 24-34908



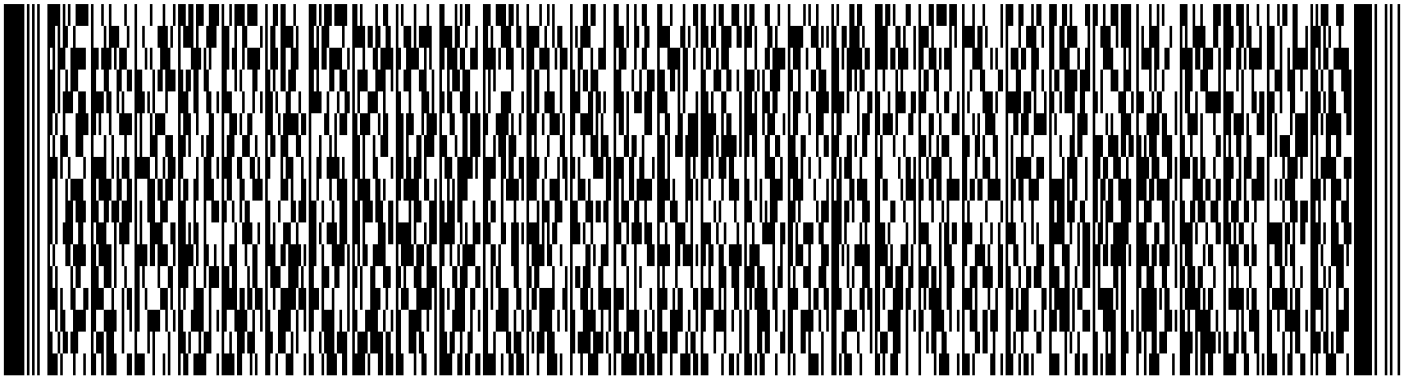
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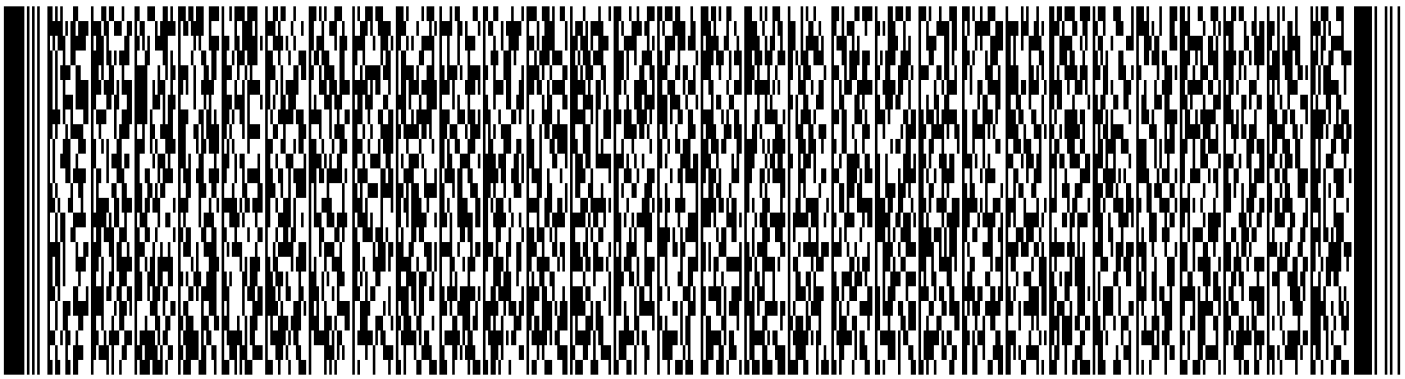
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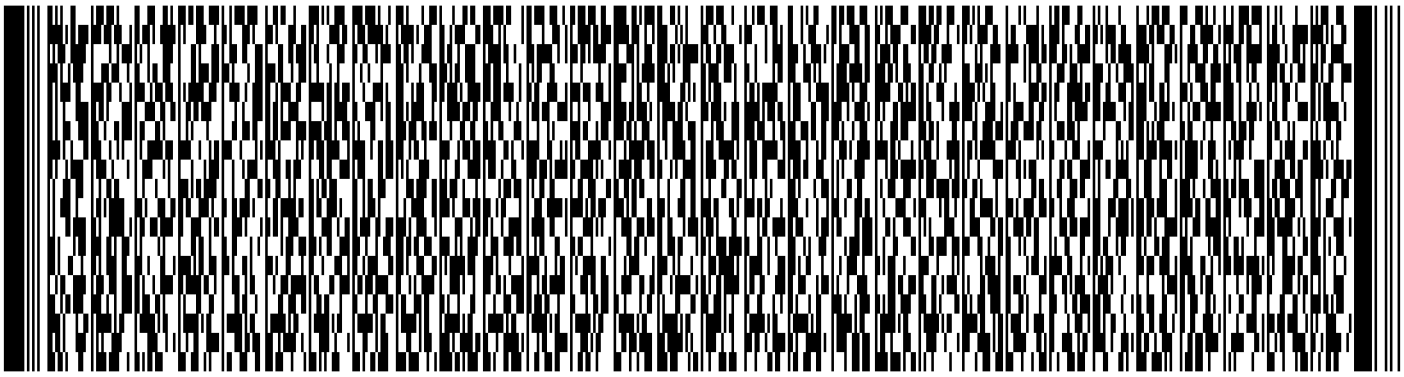
NonBankruptcy51to100

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

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PageThree



PageFour

Global Wound Care Medical Group, a Professional Corporation
Case No. 24-34908
Exhibit A - Cash Receipts and Disbursements
Month Ended 2/28/26

	Operating Acct. x-9783	Operating Acct. [1] x-0664	MRA Acct. [2] x-1896	TOTAL
Operating Receipts				
Collections of Net Sales	$ 108,267	$ 233,298	$ -	$ 341,564
Operating Disbursements				
COGS	-	-	-	$ -
Payroll and Payroll Taxes	-	(86,168)	-	(86,168)
Admin Expenses and Fees	(96)	(270)	-	(366)
Total Operating Disbursements	$ (96)	$ (86,438)	$ -	$ (86,534)
Net Cash Flow from Operations	**$ 108,170**	**$ 146,860**	**$ -**	**$ 255,030**
Non-Operating Receipts				
Non-Operating Receipts / DIP Financing	-	-	-	-
Non-Operating Disbursements				
Restructuring Disbursements	-	(247,993)	-	(247,993)
Total Non-Operating Cash Flow	**$ -**	**$ (247,993)**	**$ -**	**$ (247,993)**
Transfers In	-	-	-	-
Transfers Out	-	-	-	-
Beginning Cash	**$ 116,235**	**$ 5,097,126**	**$ -**	**$ 5,213,361**
(+) Total Receipts (Excl. Transfers)	108,267	233,298	-	341,564
(-) Total Disbursements (Excl. Transfers)	(96)	(334,431)	-	(334,527)
(+) Total Transfers In	-	-	-	-
(-) Total Transfers Out	-	-	-	-
Ending Cash	**$ 224,406**	**$ 4,995,993**	**$ -**	**$ 5,220,399**

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 ■ February 1, 2026 - February 28, 2026 ■ Page 1 of 2

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	$116,235.37	$108,266.64	-$96.34	$224,405.67

Credits

Electronic deposits/bank credits

Effective date	*Posted date*	*Amount*	*Transaction detail*
	02/03	104.70	Hnb - Echo Hcclaimpmt 260203 xxxxx3572 TRN*1*1228788161*1341858379\
	02/03	30,946.23	Caloptima Hcclaimpmt 042000015129449 TRN*1*41533429*1330599891~
	02/05	7,972.29	Hnb - Echo Hcclaimpmt 260205 xxxxx3572 TRN*1*1229174780*1341858379\
	02/06	1,052.56	Hnb - Echo Hcclaimpmt 260206 xxxxx3572 TRN*1*1229450428*1341858379\
	02/06	1,804.48	Hnb - Echo Hcclaimpmt 260206 xxxxx3572 TRN*1*1229450427*1341858379\
	02/06	10,905.77	Caloptima Hcclaimpmt 042000015756336 TRN*1*41607707*1330599891~
	02/11	28.00	Kaiser Foundatio Hcclaimpmt 260208 1644078252 TRN*1*000008502435929*1941340523\
	02/12	7,720.81	Hnb - Echo Hcclaimpmt 260212 xxxxx3572 TRN*1*1230165840*1341858379\
	02/13	2,595.72	Hnb - Echo Hcclaimpmt 260213 xxxxx3572 TRN*1*1230329850*1341858379\
	02/13	11,003.99	Zp Medpointm403 Hcclaimpmt 260213 xxxxx3572 TRN*1*828101585*1954559299\
	02/17	13,427.39	Kaiser Foundatio Hcclaimpmt 260212 1644078252 TRN*1*000008502438440*1941340523\
	02/19	11,876.28	Hnb - Echo Hcclaimpmt 260219 xxxxx3572 TRN*1*1230969712*1341858379\
	02/19	2,044.83	Contra Costa Cou Hcclaimpmt 260218 76751 TRN*1*000000000072431*1946000509\
	02/20	44.30	Bcbs Texas Hcclaimpmt C26049E29095990 TRN*1*C26049E29095990*1361236610*Cp20260218E29095
	02/20	2,128.61	Caloptima Hcclaimpmt 042000017803483 TRN*1*41875523*1330599891~
	02/23	28.30	Regence Bcbsu Hcclaimpmt 260219 Prpmx00001 TRN*1*0172514426*1870200138*870200138\
	02/23	1,688.57	Kaiser Foundatio Hcclaimpmt 260219 1644078252 TRN*1*000008502450013*1941340523\

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Electronic deposits/bank credits *(continued)*

Effective date	*Posted date*	*Amount*	*Transaction detail*
	02/24	2,779.85	Kaiser Foundatio Hcclaimpmt 260220 1644078252 TRN*1*000008502451853*1941340523\
	02/24	113.96	Health Care LA, Hcclaimpmt 260224 TRN*1*4949397*1954298276\
		$108,266.64	**Total electronic deposits/bank credits**
		$108,266.64	**Total credits**

Debits

Electronic debits/bank debits

Effective date	*Posted date*	*Amount*	*Transaction detail*
	02/11	96.34	Client Analysis Srvc Chrg 260210 Svc Chge 0126 [redacted]9783
		$96.34	**Total electronic debits/bank debits**
		$96.34	**Total debits**

Daily ledger balance summary

Date	*Balance*	*Date*	*Balance*	*Date*	*Balance*
01/31	116,235.37	02/11	168,953.06	02/19	217,622.08
02/03	147,286.30	02/12	176,673.87	02/20	219,794.99
02/05	155,258.59	02/13	190,273.58	02/23	221,511.86
02/06	169,021.40	02/17	203,700.97	02/24	224,405.67

Average daily ledger balance **$187,931.40**

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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Statement Period
From February 01, 2026
To February 28, 2026
Page 1 of 2

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

EFFECTIVE 3/1/2026, THE FEE FOR PROCESSING A LEGAL ACTION WILL BE UPDATED FROM 175 DOLLARS TO 100 DOLLARS PER LEGAL DOCUMENT.

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

flagstar

Statement Period
From February 01, 2026
To February 28, 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 February 01, 2026	.00
There was no deposit activity during this statement period	
Ending Balance as of February 28, 2026	.00

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

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

Statement Ending 02/27/2026

GLOBAL WOUND CARE MED **Page 1 of 6**

Customer Number:XXXXXXXXX664

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

Managing Your Accounts

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



Summary of Accounts

Powering your business, one purchase at a time.

	Account Number	Ending Balance
CASH MGMT CHECKING	XXXXXXXXX664	$4,995,993.03

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

WITHDRAWALS OUTSTANDING NOT CHARGED TO ACCOUNT		
No.	$	
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
01/31/2026	**Beginning Balance**	**$5,097,125.92**
	37 Credit(s) This Period	$233,297.65
	13 Debit(s) This Period	$334,430.54
02/27/2026	**Ending Balance**	**$4,995,993.03**

Account Activity

Post Date	Description	Debits	Credits	Balance
01/31/2026	**Beginning Balance**			**$5,097,125.92**
02/02/2026	DEPOSIT		$3,933.50	$5,101,059.42
02/02/2026	QUARTERLY FEE PAYMENT 0000	$247,992.84		$4,853,066.58
02/03/2026	HCCLAIMPMT GEHA UMR TRN* 1* CN174261280029660266831 80* 1391995276* 0000UMR01		$28.00	$4,853,094.58
02/03/2026	HCCLAIMPMT PAY PLUS TRN* 1* 820688075* 1237385560\		$139.44	$4,853,234.02
02/03/2026	HCCLAIMPMT BSC Promise TRN* 1* 26030B100028408300* 1954468482~		$31,949.50	$4,885,183.52
02/04/2026	ACHTrans PAY PLUS FeeTransfer REF#115431723	$2.30		$4,885,181.22
02/04/2026	Outgoing Wire Transfer ADP INC	$34,102.88		$4,851,078.34
02/05/2026	HCCLAIMPMT PAY PLUS TRN* 1* 823215674* 1066033492\		$24.29	$4,851,102.63
02/05/2026	HCCLAIMPMT AARP Supplementa TRN* 1* 11389585401* 1362739571* 000036273\		$53.23	$4,851,155.86
02/05/2026	Outgoing Wire Transfer ADP CLIENT TRUST	$8,195.73		$4,842,960.13
02/06/2026	HCCLAIMPMT UNITEDHEALTHCARE TRN* 1* W349800811* 1411289245* 000087726\		$19.06	$4,842,979.19
02/06/2026	HCCLAIMPMT UnitedHealthcare TRN* 1* U7508071* 1411289245* 000087726\		$193.64	$4,843,172.83
02/06/2026	ACHTrans PAY PLUS FeeTransfer REF#115848845	$0.40		$4,843,172.43
02/06/2026	ADP PAYROLL FEES ADP FEES 930041414384	$2,078.92		$4,841,093.51
02/09/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26036B100026829700* 1940360524~		$41.52	$4,841,135.03
02/09/2026	HCCLAIMPMT HUMANA CHA DISB TRN* 1* 178239751260205* 1611279717\		$59.49	$4,841,194.52
02/09/2026	HCCLAIMPMT BSC Promise TRN* 1* 26036B100029858400* 1954468482~		$31,416.51	$4,872,611.03
02/10/2026	HCCLAIMPMT AARP Supplementa TRN* 1* 11391747393* 1362739571* 000036273\		$39.13	$4,872,650.16

CASH MGMT CHECKING - XXXXXXXXX664 (continued)

Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
02/10/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26037B100025488100* 1940360524~		$61.01	$4,872,711.17
02/10/2026	HCCLAIMPMT Wellpoint WA5C TRN* 1* 3404431327* 1273510384\		$125.03	$4,872,836.20
02/11/2026	DEPOSIT		$1,392.76	$4,874,228.96
02/11/2026	HCCLAIMPMT AARP Supplementa TRN* 1* 11392450603* 1362739571* 000036273\		$61.01	$4,874,289.97
02/12/2026	HCCLAIMPMT AARP Supplementa TRN* 1* 11393139592* 1362739571* 000036273\		$28.30	$4,874,318.27
02/17/2026	DEPOSIT		$948.57	$4,875,266.84
02/17/2026	DEPOSIT		$2,749.72	$4,878,016.56
02/17/2026	DEPOSIT		$10,258.44	$4,888,275.00
02/17/2026	DEPOSIT		$44,459.84	$4,932,734.84
02/17/2026	DEPOSIT		$84,889.10	$5,017,623.94
02/17/2026	HCClaimPmt PayPlus TRN* 1* C26043E11528580* 1361236610* 0E1152858\		$46.60	$5,017,670.54
02/17/2026	Analysis Charges January 2026	$265.00		$5,017,405.54
02/18/2026	HCCLAIMPMT AARP Supplementa TRN* 1* 11394837487* 1362739571* 000036273\		$32.71	$5,017,438.25
02/18/2026	HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3405038333* 1954331852\		$3,212.17	$5,020,650.42
02/18/2026	ACHTrans PAY PLUS FeeTransfer REF#117632394	$0.77		$5,020,649.65
02/18/2026	Outgoing Wire Transfer ADP INC	$34,197.03		$4,986,452.62
02/19/2026	HCCLAIMPMT PAY PLUS TRN* 1* 830219629* 1860800246\		$32.82	$4,986,485.44
02/19/2026	HCCLAIMPMT PAY PLUS TRN* 1* 828730391* 1356059333\		$34.86	$4,986,520.30
02/19/2026	Outgoing Wire Transfer ADP CLIENT TRUST	$5,665.56		$4,980,854.74
02/20/2026	HCCLAIMPMT HIC KY TRN* 1* 179151939260218* 1611311685\		$9.84	$4,980,864.58
02/20/2026	HCCLAIMPMT AETNA AS01 TRN* 1* 882604701023981* 1066033492\		$100.48	$4,980,965.06
02/20/2026	ACHTrans PAY PLUS FeeTransfer REF#118479306	$1.11		$4,980,963.95
02/23/2026	HCCLAIMPMT AARP Supplementa TRN* 1* 11397769590* 1362739571* 000036273\		$16.84	$4,980,980.79
02/24/2026	HCCLAIMPMT PAY PLUS TRN* 1* 832765652* 1620450581\		$11.99	$4,980,992.78
02/24/2026	HCCLAIMPMT UMR Clark County TRN* 1* CJ192311562376553656072 36* 1391995276* 0000UMR01		$41.40	$4,981,034.18
02/24/2026	HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3405620679* 1202994048\		$1,663.65	$4,982,697.83
02/25/2026	ACHTrans PAY PLUS FeeTransfer REF#119292028	$0.20		$4,982,697.63
02/25/2026	ADP PAYROLL FEES ADP FEES 932140226377	$1,927.80		$4,980,769.83
02/26/2026	DEPOSIT		$14,661.56	$4,995,431.39
02/26/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26055B100016552300* 1940360524~		$273.51	$4,995,704.90
02/27/2026	HCCLAIMPMT PAY PLUS TRN* 1* 836663868* 1250522060\		$42.98	$4,995,747.88
02/27/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26056B100022294100* 1940360524~		$245.15	$4,995,993.03
02/27/2026	**Ending Balance**			**$4,995,993.03**

Daily Balances

Date	Amount	Date	Amount	Date	Amount
02/02/2026	$4,853,066.58	02/03/2026	$4,885,183.52	02/04/2026	$4,851,078.34

CASH MGMT CHECKING - XXXXXXXXX664 (continued)

Daily Balances (continued)

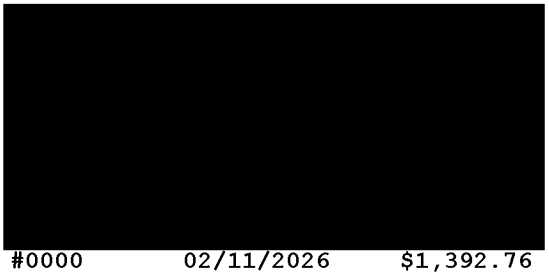
Date	Amount	Date	Amount	Date	Amount
02/05/2026	$4,842,960.13	02/12/2026	$4,874,318.27	02/23/2026	$4,980,980.79
02/06/2026	$4,841,093.51	02/17/2026	$5,017,405.54	02/24/2026	$4,982,697.83
02/09/2026	$4,872,611.03	02/18/2026	$4,986,452.62	02/25/2026	$4,980,769.83
02/10/2026	$4,872,836.20	02/19/2026	$4,980,854.74	02/26/2026	$4,995,704.90
02/11/2026	$4,874,289.97	02/20/2026	$4,980,963.95	02/27/2026	$4,995,993.03

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 02/02/2026 $3,933.50



#0000 02/11/2026 $1,392.76



#0000 02/17/2026 $948.57



#0000 02/17/2026 $2,749.72



#0000 02/17/2026 $10,258.44



#0000 02/17/2026 $44,459.84



#0000 02/17/2026 $84,889.10



#0000 02/26/2026 $14,661.56

Global Wound Care Medical Group, a Professional Corporation
Case No. 24-34908
Exhibit C - Balance Sheet
Period Ended 02/28/2026

	2/28/26
Assets	
Current assets	
Cash & Cash Equivalents	$ 5,220,399
Inventory	-
Accounts Receivables, net [1]	41,191,295
Other Receivables	852,414
Prepaid Expenses	-
Prepaid Insurance	-
Other Assets [1]	300,308,318
Total current assets	**347,572,426**
Fixed assets	-
Total assets	**347,572,426**
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	36,378,021
Accounts Payable Post-Petition	136,794,993
Total current liabilities	**184,491,612**
Total Liabilities	**184,491,612**
Stockholders' equity	
Retained Earnings [3]	163,080,814
Total stockholders' equity	**163,080,814**
Total liabilities and stockholders' equity	**$ 347,572,426**

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 02/28/2026

	Month Ended 2/28/26
Revenue Biologics-Net	-
Revenue Medical Services-Net	-
Total Revenue-Net	-
Cost of Good Sold	-
Gross Profit	**-**
Operating Expenses	
Payroll and Payroll Taxes	(86,168)
Admin Expenses and Fees	(366)
Employee Benefits	-
Management Services [(1)]	-
Total Operating Expenses	**(86,534)**
Operating Profit /(Loss)	**(86,534)**
Interest Income/(Expense)	-
Other Income/(Expense)	-
Reorganization Items	(367,928)
Taxes	-
Profit /(loss) after Tax	**$ (454,462)**

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 2/28/2026

Payee	Date of Payment	Amount	Reason for Payment
Ellington, Owen	02/06/2026	$ 12,313	Salary and Wages
Ellington, Owen	02/20/2026	$ 12,313	Salary and Wages
Total		$ 24,627	