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: 03/31/2026

Petition Date: 10/21/2024

Months Pending: 18

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.

2434908260421000000000003

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	$5,220,399	
b.	Total receipts (net of transfers between accounts)	$370,477	$327,765,177
c.	Total disbursements (net of transfers between accounts)	$41,120	$338,414,063
d.	Cash balance end of month (a+b-c)	$5,549,756	
e.	Disbursements made by third party for the benefit of the estate	$0	$0
f.	Total disbursements for quarterly fee calculation (c+e)	$41,120	$338,414,063

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	$40,820,818
b.	Accounts receivable over 90 days outstanding (net of allowance)	$40,820,818
c.	Inventory (Book ○ Market ○ Other ◉ (attach explanation))	$0
d	Total current assets	$347,531,306
e.	Total assets	$347,531,306
f.	Postpetition payables (excluding taxes)	$173,255,131
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)	$173,255,131
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)	$184,573,730
o.	Ending equity/net worth (e-n)	$162,957,576

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	$41,120	
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	$82,117	
k.	Profit (loss)	$-123,237	$-52,416,974

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*			$22,117	$5,274,158	$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	$22,117	$472,251	$0	$402,940
	iii	Ankura Consulting Group LLC	Financial Professional	$0	$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
	vi						
	vii						
	viii						
	ix						
	x						
	xi						
	xii						
	xiii						
	xiv						
	xv						
	xvi						
	xvii						
	xviii						
	xix						
	xx						
	xxi						
	xxii						
	xxiii						
	xxiv						
	xxv						
	xxvi						
	xxvii						
	xxviii						
	xxix						
	xxx						
	xxxi						
	xxxii						
	xxxiii						
	xxxiv						
	xxxv						
	xxxvi						

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

Case No. 24-34908

	xxxvii						
	xxxvii						
	xxxix						
	xl						
	xli						
	xlii						
	xliii						
	xliv						
	xlv						
	xlvi						
	xlvii						
	xlviii						
	xlix						
	l						
	li						
	lii						
	liii						
	liv						
	lv						
	lvi						
	lvii						
	lviii						
	lix						
	lx						
	lxi						
	lxii						
	lxiii						
	lxiv						
	lxv						
	lxvi						
	lxvii						
	lxviii						
	lxix						
	lxx						
	lxxi						
	lxxii						
	lxxiii						
	lxxiv						
	lxxv						
	lxxvi						
	lxxvii						
	lxxviii						

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

Case No. 24-34908

	lxxix						
	lxxx						
	lxxxi						
	lxxxii						
	lxxxiii						
	lxxxiv						
	lxxxv						
	lxxxvi						
	lxxxvi						
	lxxxvi						
	lxxxix						
	xc						
	xci						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						
	xcix						
	c						
	ci						

				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
	ii						
	iii						
	iv						
	v						
	vi						
	vii						
	viii						
	ix						
	x						
	xi						
	xii						
	xiii						
	xiv						

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

Case No. 24-34908

	xv						
	xvi						
	xvii						
	xviii						
	xix						
	xx						
	xxi						
	xxii						
	xxiii						
	xxiv						
	xxv						
	xxvi						
	xxvii						
	xxviii						
	xxix						
	xxx						
	xxxi						
	xxxii						
	xxxiii						
	xxxiv						
	xxxv						
	xxxvi						
	xxxvii						
	xxxvii						
	xxxix						
	xl						
	xli						
	xlii						
	xliii						
	xliv						
	xlv						
	xlvi						
	xlvii						
	xlviii						
	xlix						
	l						
	li						
	lii						
	liii						
	liv						
	lv						
	lvi						

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

Case No. 24-34908

	lvii						
	lviii						
	lix						
	lx						
	lxi						
	lxii						
	lxiii						
	lxiv						
	lxv						
	lxvi						
	lxvii						
	lxviii						
	lxix						
	lxx						
	lxxi						
	lxxii						
	lxxiii						
	lxxiv						
	lxxv						
	lxxvi						
	lxxvii						
	lxxviii						
	lxxix						
	lxxx						
	lxxxi						
	lxxxii						
	lxxxiii						
	lxxxiv						
	lxxxv						
	lxxxvi						
	lxxxvi						
	lxxxvi						
	lxxxix						
	xc						
	xci						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						

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

Case No. 24-34908

	xcix						
	c						
c.	All professional fees and expenses (debtor & committees)			$22,117	$5,274,158	$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	$2,259	$3,101,012
d.	Postpetition employer payroll taxes paid	$2,040	$3,099,774
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

Case No. 24-34908

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

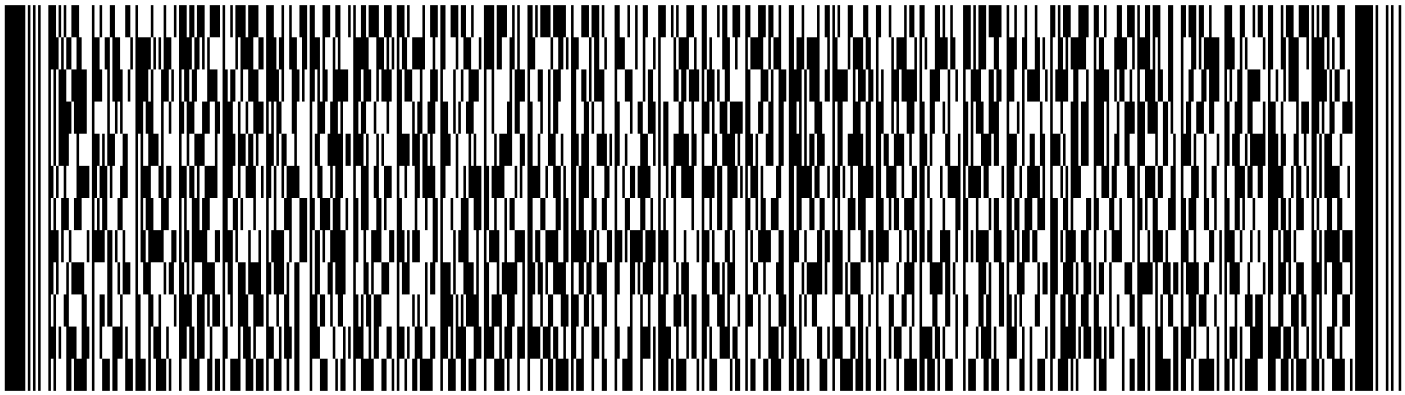
Louis E. Robichaux IV
Printed Name of Responsible Party

Chief Restructuring Officer
Title

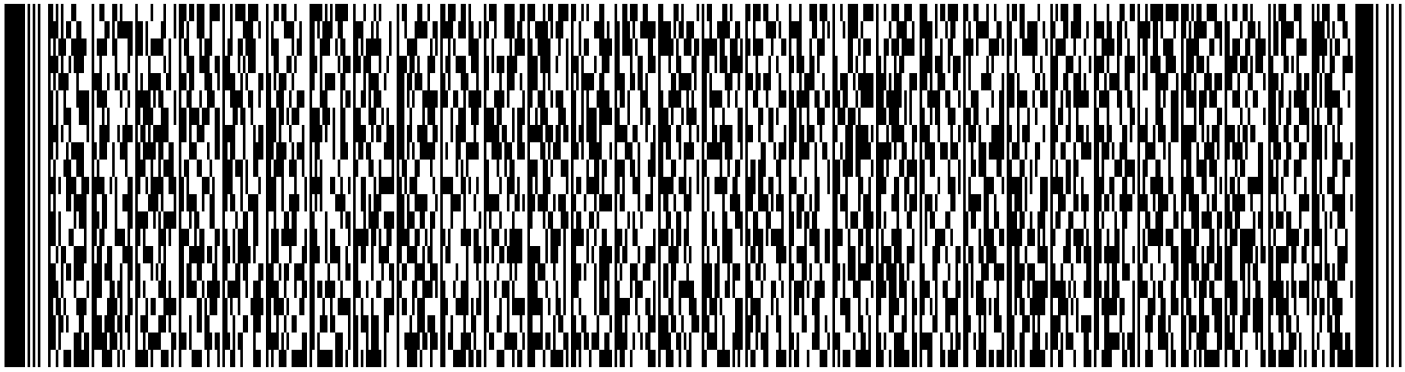
04/20/2026
Date

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

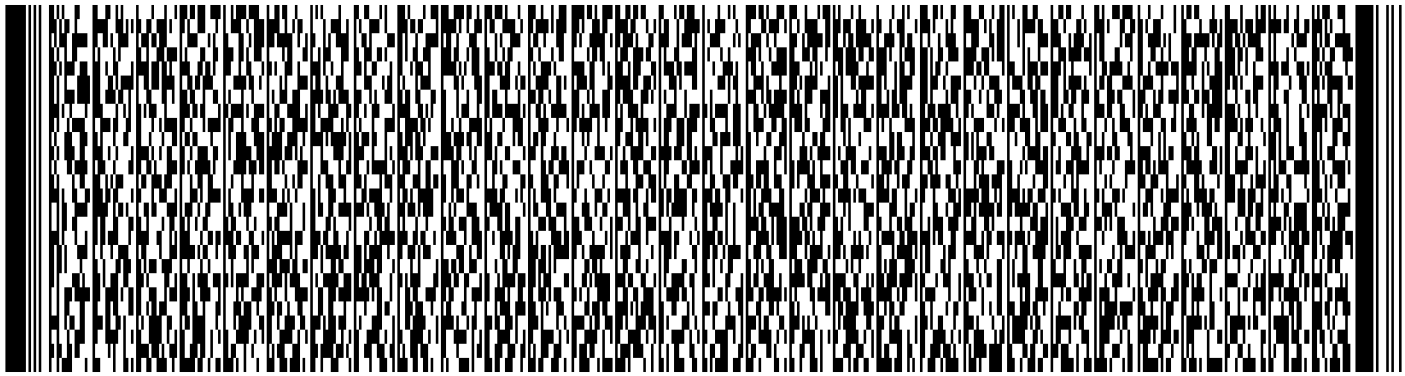
Case No. 24-34908



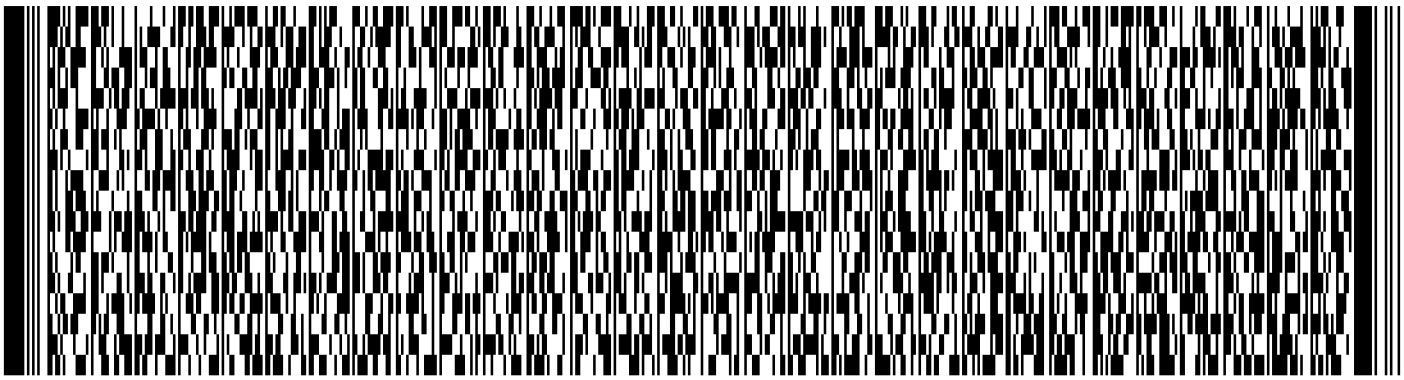
PageOnePartOne



PageOnePartTwo



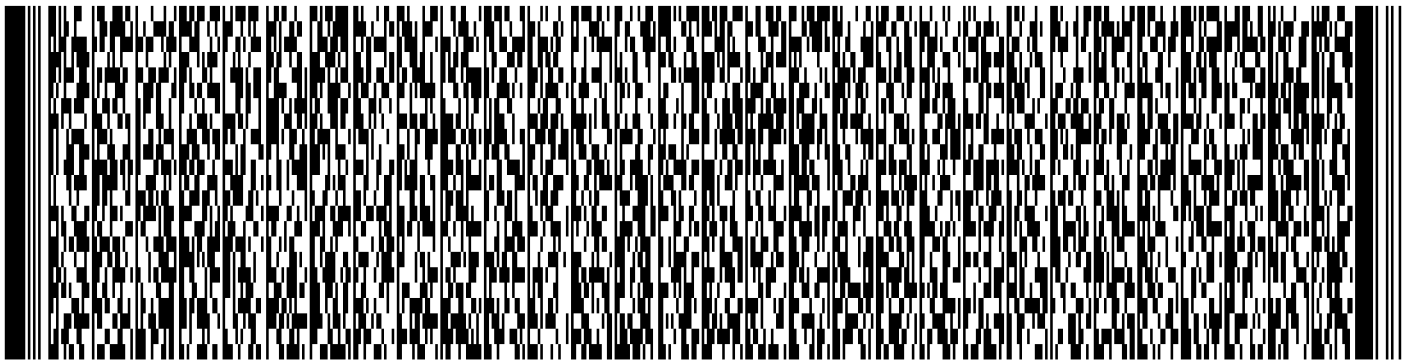
PageTwoPartOne



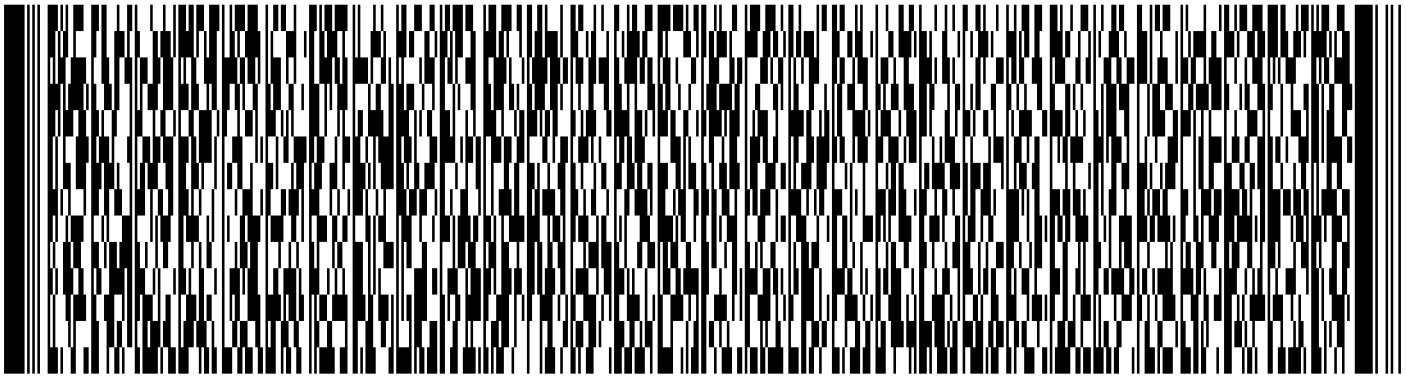
PageTwoPartTwo

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

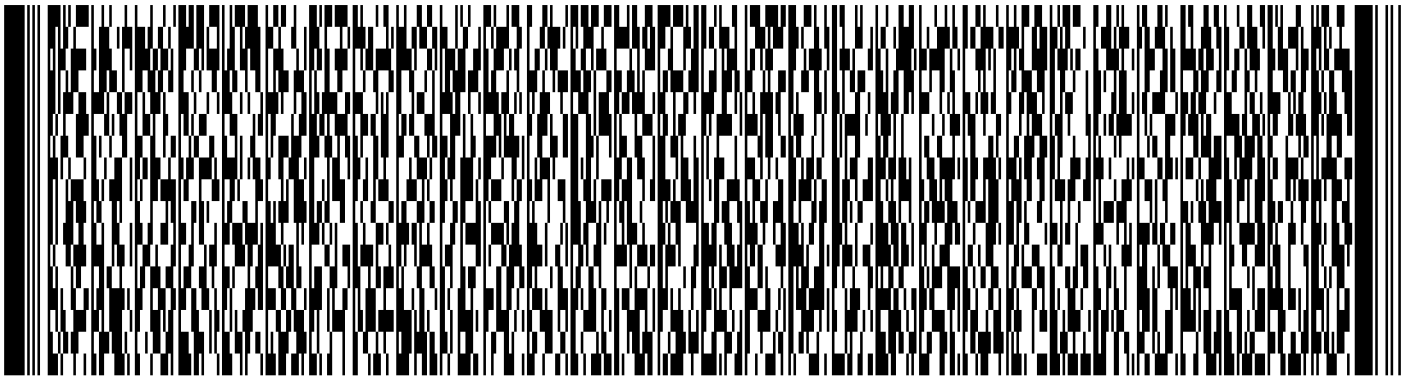
Case No. 24-34908



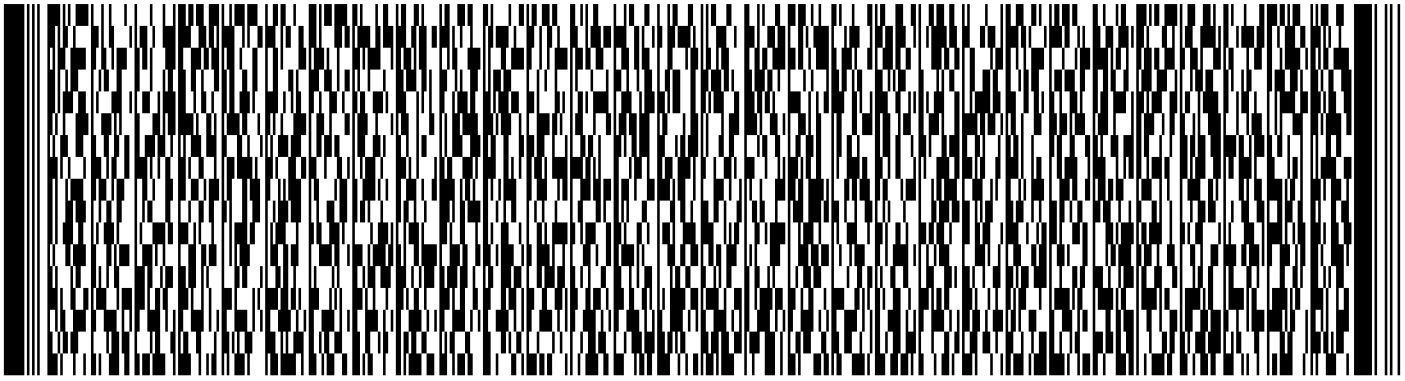
Bankruptcy1to50



Bankruptcy51to100



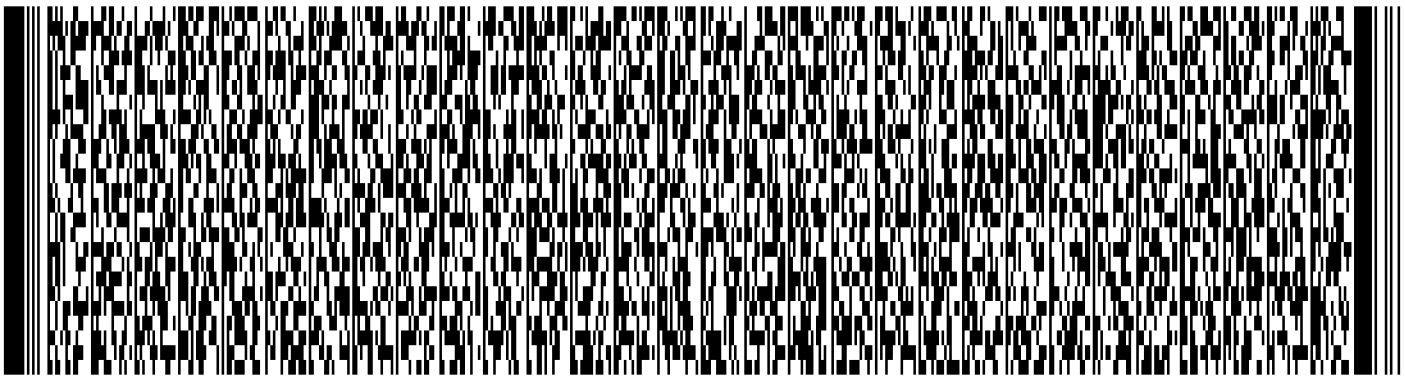
NonBankruptcy1to50



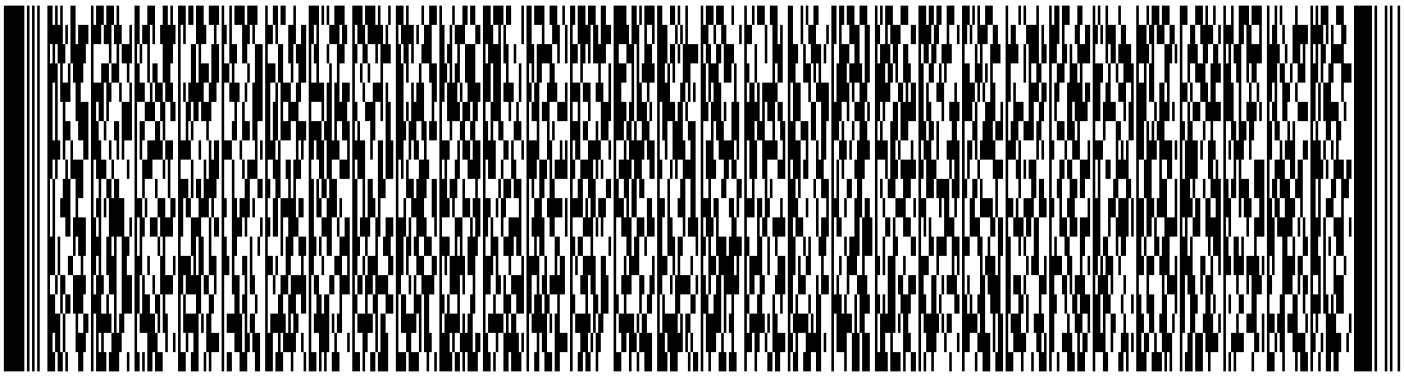
NonBankruptcy51to100

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

Case No. 24-34908



PageThree



PageFour

Global Wound Care Medical Group, a Professional Corporation
Case No. 24-34908
Exhibit A - Cash Receipts and Disbursements
Month Ended 3/31/26

	Operating Acct. [1] x-9783	Operating Acct. [2] x-0664	MRA Acct. [3] x-1896	TOTAL
Operating Receipts				
Collections of Net Sales	$ 36,191	$ 334,286	$ -	$ 370,477
Operating Disbursements				
COGS	-	-	-	$ -
Payroll and Payroll Taxes	-	(40,963)	-	(40,963)
Admin Expenses and Fees	(39)	(118)	-	(157)
Total Operating Disbursements	$ (39)	$ (41,081)	$ -	$ (41,120)
Net Cash Flow from Operations	**$ 36,152**	**$ 293,205**	**$ -**	**$ 329,357**
Non-Operating Receipts				
Non-Operating Receipts / DIP Financing	-	-	-	$ -
Non-Operating Disbursements				
Restructuring Disbursements	-	-	-	-
Total Non-Operating Cash Flow	**$ -**	**$ -**	**$ -**	**$ -**
Transfers In	-	260,557	-	260,557
Transfers Out	(260,557)	-	-	(260,557)
Beginning Cash	**$ 224,406**	**$ 4,995,993**	**$ -**	**$ 5,220,399**
(+) Total Receipts (Excl. Transfers)	36,191	334,286	-	370,477
(-) Total Disbursements (Excl. Transfers)	(39)	(41,081)	-	(41,120)
(+) Total Transfers In	-	260,557	-	260,557
(-) Total Transfers Out	(260,557)	-	-	(260,557)
Ending Cash	**$ -**	**$ 5,549,756**	**$ -**	**$ 5,549,756**

Notes:

[1] Pursuant to the Second Amended 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. 392), the Debtor closed account x-9783 on March 27, 2026.

[2] 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.

[3] 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 ■ March 1, 2026 - March 31, 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*	*Closing balance*
[redacted]9783	$224,405.67	$36,190.74	-$260,596.41	$0.00

Credits

Electronic deposits/bank credits

Effective date	*Posted date*	*Amount*	*Transaction detail*
	03/02	1,744.69	Hnb - Echo Hcclaimpmt 260302 xxxxx3572 TRN*1*1232503570*1341858379\
	03/04	13,305.23	Hnb - Echo Hcclaimpmt 260304 xxxxx3572 TRN*1*1233057337*1341858379\
	03/06	11,124.28	Caloptima Hcclaimpmt 042000019545514 TRN*1*42142841*1330599891~
	03/12	580.90	Hnb - Echo Hcclaimpmt 260312 xxxxx3572 TRN*1*1234264934*1341858379\
	03/13	3,458.78	Contra Costa Cou Hcclaimpmt 260312 76751 TRN*1*000000000074079*1946000509\
	03/16	2,577.40	Hnb - Echo Hcclaimpmt 260316 xxxxx3572 TRN*1*1234656171*1341858379\
	03/19	579.37	Hnb - Echo Hcclaimpmt 260319 xxxxx3572 TRN*1*1235252903*1341858379\
	03/20	2,820.09	Hnb - Echo Hcclaimpmt 260320 xxxxx3572 TRN*1*1235542364*1341858379\
		$36,190.74	**Total electronic deposits/bank credits**
		$36,190.74	**Total credits**

Debits

Electronic debits/bank debits

Effective date	*Posted date*	*Amount*	*Transaction detail*
	03/11	38.96	Client Analysis Srvc Chrg 260310 Svc Chge 0226 [redacted]9783
	03/27	0.00	Outstanding Items Close, Non-Int W/O Fee
	03/27	260,557.45	Account Close Cashier's Check
		$260,596.41	**Total electronic debits/bank debits**
		$260,596.41	**Total debits**

©2010 Wells Fargo Bank, N.A.
All rights reserved. Member FDIC.

Daily ledger balance summary

Date	Balance	Date	Balance	Date	Balance
02/28	224,405.67	03/11	250,540.91	03/19	257,737.36
03/02	226,150.36	03/12	251,121.81	03/20	260,557.45
03/04	239,455.59	03/13	254,580.59	03/27	0.00
03/06	250,579.87	03/16	257,157.99		
	Average daily ledger balance		**$210,549.51**		

This statement includes an account that has been closed and this is your final statement for that account.

If the account that has been closed is the primary account on the statement that includes multiple accounts (a "combined statement"), this is also the final combined statement. Going forward, you will receive separate statements for any accounts that remain open.

You will have 90 days to retrieve historical online documents for this account. Please note: Account documentation will not be available for online viewing if your account has been closed due to the charge off of an overdrawn balance.

Thank you for banking with Wells Fargo.

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.

©2010 Wells Fargo Bank, N.A.
All rights reserved. Member FDIC.

flagstar

Statement Period
From March 01, 2026
To March 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

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 March 01, 2026
To March 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 March 01, 2026	.00
1 Credits	26.91
1 Debits	26.91
Ending Balance as of March 31, 2026	.00

Deposits and Other Credits

Mar 25	FEE REVERSAL	26.91

Withdrawals and Other Debits

Mar 24	ANALYSIS FEE	26.91

Daily Balances

Feb 28	.00	Mar 25	.00
Mar 24	26.91-		

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

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

Statement Ending 03/31/2026

GLOBAL WOUND CARE MED

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
17 WILMONT MEWS STE 400
WEST CHESTER PA 19382-3243



Summary of Accounts



Convenience that fits your lifestyle. Security that gives you peace of mind.

	Account Number	Ending Balance
CASH MGMT CHECKING	XXXXXXXXX664	$5,549,755.61

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
02/28/2026	**Beginning Balance**	**$4,995,993.03**
	22 Credit(s) This Period	$594,843.57
	10 Debit(s) This Period	$41,080.99
03/31/2026	**Ending Balance**	**$5,549,755.61**

Account Activity

Post Date	Description	Debits	Credits	Balance
02/28/2026	**Beginning Balance**			**$4,995,993.03**
03/02/2026	DEPOSIT		$10,795.01	$5,006,788.04
03/02/2026	ACHTrans PAY PLUS FeeTransfer REF#120233085	$0.71		$5,006,787.33
03/03/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26058B100042775000* 1940360524~		$74.25	$5,006,861.58
03/03/2026	HCCLAIMPMT BSC Promise TRN* 1* 26058B100045152000* 1954468482~		$58,230.90	$5,065,092.48
03/04/2026	Outgoing Wire Transfer ADP INC	$12,313.33		$5,052,779.15
03/05/2026	DEPOSIT		$179,678.14	$5,232,457.29
03/05/2026	HCCLAIMPMT PAY PLUS TRN* 1* 840247271* 1041406317\		$595.44	$5,233,052.73
03/05/2026	Outgoing Wire Transfer ADP CLIENT TRUST	$13,494.37		$5,219,558.36
03/06/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26063B100021540800* 1940360524~		$122.68	$5,219,681.04
03/06/2026	ACHTrans PAY PLUS FeeTransfer REF#121428939	$9.82		$5,219,671.22
03/09/2026	HCCLAIMPMT UHC IN Dual TRN* 1* 26064B1000239893* 1203888112* 000004567\		$20.48	$5,219,691.70
03/09/2026	HCCLAIMPMT UnitedHealthcare TRN* 1* 61082596* 1952931460* 000095959\		$132.39	$5,219,824.09
03/11/2026	HCCLAIMPMT UnitedHealthcare TRN* 1* 26067B1000004348* 1860507074* 0000UHCEX\		$139.26	$5,219,963.35
03/13/2026	ADP PAYROLL FEES ADP FEES 542078049004	$802.19		$5,219,161.16
03/16/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26071B100040622800* 1940360524~		$196.93	$5,219,358.09
03/16/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26071B100040623000* 1940360524~		$259.21	$5,219,617.30
03/16/2026	Analysis Charges February 2026	$100.00		$5,219,517.30
03/17/2026	HCCLAIMPMT AETNA AS01 TRN* 1* 882607001036929* 1066033492\		$33.62	$5,219,550.92

CASH MGMT CHECKING - XXXXXXXXX664 (continued)

Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
03/17/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26072B100012613200* 1940360524~		$334.12	$5,219,885.04
03/18/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26075B100010956400* 1940360524~		$34.66	$5,219,919.70
03/18/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26075B100020066800* 1940360524~		$74.25	$5,219,993.95
03/18/2026	Outgoing Wire Transfer ADP INC	$12,313.33		$5,207,680.62
03/19/2026	DEPOSIT		$42,916.86	$5,250,597.48
03/19/2026	HCCLAIMPMT PAY PLUS TRN* 1* 848368301* 1391268299\		$53.98	$5,250,651.46
03/19/2026	HCCLAIMPMT BLUE SHIELD CA TRN* 1* 26076B100012707200* 1940360524~		$322.78	$5,250,974.24
03/19/2026	Outgoing Wire Transfer ADP CLIENT TRUST	$2,040.00		$5,248,934.24
03/20/2026	ACHTrans PAY PLUS FeeTransfer REF#124336126	$0.89		$5,248,933.35
03/23/2026	HCCLAIMPMT PAY PLUS TRN* 1* 846518451* 1841297547\		$384.96	$5,249,318.31
03/23/2026	HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3407882383* 1953760980\		$716.04	$5,250,034.35
03/24/2026	ACHTrans PAY PLUS FeeTransfer REF#124781325	$6.35		$5,250,028.00
03/26/2026	DEPOSIT		$39,170.16	$5,289,198.16
03/27/2026	DEPOSIT		$260,557.45	$5,549,755.61
03/31/2026	**Ending Balance**			**$5,549,755.61**

Daily Balances

Date	Amount	Date	Amount	Date	Amount
03/02/2026	$5,006,787.33	03/11/2026	$5,219,963.35	03/20/2026	$5,248,933.35
03/03/2026	$5,065,092.48	03/13/2026	$5,219,161.16	03/23/2026	$5,250,034.35
03/04/2026	$5,052,779.15	03/16/2026	$5,219,517.30	03/24/2026	$5,250,028.00
03/05/2026	$5,219,558.36	03/17/2026	$5,219,885.04	03/26/2026	$5,289,198.16
03/06/2026	$5,219,671.22	03/18/2026	$5,207,680.62	03/27/2026	$5,549,755.61
03/09/2026	$5,219,824.09	03/19/2026	$5,248,934.24		

Overdraft and Returned Item Fees

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



#0000 03/02/2026 $10,795.01



#0000 03/05/2026 $179,678.14



#0000 03/19/2026 $42,916.86



#0000 03/26/2026 $39,170.16



#0000 03/27/2026 $260,557.45

THIS PAGE LEFT INTENTIONALLY BLANK

MID PENN BANK®

FEE SCHEDULE
Effective February 24, 2026

Checking & Savings Account Services:

Checks/Deposit Tickets	Cost varies based on style
Endorsement Stamps	Cost varies
Check Copy (3 free copies per month)	$ 0.25
Counter Check	$ 1.00 each
Item Processing Fee of items improperly encoded or not machine readable	$ 1.00 per item
(This fee does not apply if the checks are purchased through Mid Penn Bank's check vendor.)	
Item Processing Fee of items presented on a closed account, and charged to another account	$ 2.00 per item
Multiple Mailing	$ 5.00 per cycle
Non-Sufficient Funds (NSF) Paid Item Fee-short $10 or more (NSF Fee Charge)	$40.00 per item
Non-Sufficient Funds (NSF) Returned Item Fee-short $10 or more (NSF Fee Charge)	$40.00 per item
(Non-Sufficient Funds Items include checks, withdrawals, ACH debits, transfers, electronic debits and any other fee or debit charged to the account, excluding ATM and one-time POS transaction.)	
Recurring Overdraft Fee (Overdraft Charge)	$3.00 per day
(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.)	
Returned Check Resubmitted (Resubmitted Item Fee)	$10.00 per item
Returned Check (Return Deposit Item Fee)	$10.00 per item
Returned Canadian Check	$10.00 plus costs per item
Special Handling Fee (For special services as agreed upon at request)	$25.00 per cycle
Stop Payment	$ 30.00

IRA/SEP Accounts:

External Transfer Out Fee	$50.00

ATM Card/Check Card Services:

Replacement Card Fee	$ 5.00

Safe Deposit Boxes:

Safe Deposit Boxes are available at a price range that varies depending on the size and location of the box.	
Box Drilling Fee	Cost varies (minimum $150.00)
Box Inventory/Delinquency (Attended by bank employee)	$75.00
Annual Rental Late Payment Fee (After 30 days late)	$10.00
Lost Key replacement (Plus box drilling fee if both keys are lost.)	$15.00 per key

Wire Transfers:

Incoming	$15.00
Incoming (Foreign)	$25.00
Outgoing	$30.00
Outgoing (Via Internet Banking)	$25.00
Outgoing (Foreign)	$50.00

Miscellaneous Services:

Visa Gift Card	$ 3.50
Escheat Proceedings	$50.00 per customer
Vinyl Zipper Bags	Cost varies
Official / Disbursement Check	$10.00
Levy, Domestic Relations Freeze, Writ of Execution Processing Fee	$200.00
Research Time & Account Reconcilement	$25.00/hour, 1 hour minimum
Foreign Currency (Purchase or Redemption)	$15.00 plus postage
Collection Item Fee	Cost Varies ($25.min)

THIS PAGE LEFT INTENTIONALLY BLANK

Global Wound Care Medical Group, a Professional Corporation
Case No. 24-34908
Exhibit C - Balance Sheet
Period Ended 03/31/2026

	3/31/26
Assets	
Current assets	
Cash & Cash Equivalents	$ 5,549,756
Inventory	-
Accounts Receivables, net [1]	40,820,818
Other Receivables	852,414
Prepaid Expenses	-
Prepaid Insurance	-
Other Assets [1]	300,308,318
Total current assets	**347,531,306**
Fixed assets	-
Total assets	**347,531,306**
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	36,460,138
Accounts Payable Post-Petition	136,794,993
Total current liabilities	**184,573,729**
Total Liabilities	**184,573,729**
Stockholders' equity	
Retained Earnings [3]	162,957,577
Total stockholders' equity	**162,957,577**
Total liabilities and stockholders' equity	**$ 347,531,306**

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 03/31/2026

	Month Ended 3/31/26
Revenue Biologics-Net	-
Revenue Medical Services-Net	-
Total Revenue-Net	-
Cost of Good Sold	-
Gross Profit	**-**
Operating Expenses	
Payroll and Payroll Taxes	(40,963)
Admin Expenses and Fees	(157)
Employee Benefits	-
Management Services [(1)]	-
Total Operating Expenses	**(41,120)**
Operating Profit /(Loss)	**(41,120)**
Interest Income/(Expense)	-
Other Income/(Expense)	-
Reorganization Items	(82,117)
Taxes	-
Profit /(loss) after Tax	**$ (123,237)**

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 Insider
*s*Period Ended 3/31/2026

Payee	Date of Payment	Amount	Reason for Payment
Ellington, Owen	03/06/2026	$ 12,313	Salary and Wages
Ellington, Owen	03/20/2026	$ 12,313	Salary and Wages
Total		$ 24,627	