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: 07/31/2026

Petition Date: 10/21/2024

Months Pending: 22

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

09/03/2026
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.

2434908260903000000000002

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	$5,567,456	
b.	Total receipts (net of transfers between accounts)	$101,927	$328,502,072
c.	Total disbursements (net of transfers between accounts)	$44,614	$339,075,945
d.	Cash balance end of month (a+b-c)	$5,624,769	
e.	Disbursements made by third party for the benefit of the estate	$0	$0
f.	Total disbursements for quarterly fee calculation (c+e)	$44,614	$339,075,945

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	$40,083,924
b.	Accounts receivable over 90 days outstanding (net of allowance)	$40,083,924
c.	Inventory (Book ○ Market ○ Other ◉ (attach explanation))	$0
d	Total current assets	$346,885,196
e.	Total assets	$346,885,196
f.	Postpetition payables (excluding taxes)	$172,848,265
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)	$172,848,265
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)	$184,166,864
o.	Ending equity/net worth (e-n)	$162,718,332

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	$42,374	
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	$59,345	
k.	Profit (loss)	$-101,718	$-52,883,438

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*			$8,483	$5,671,720	$0	$5,602,966
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i	Dentons US LLP	Lead Counsel	$0	$2,497,241	$0	$2,464,797
	ii	Verita Global LLC	Other	$8,483	$541,125	$0	$504,814
	iii	Ankura Consulting Group LLC	Financial Professional	$0	$2,307,190	$0	$2,307,190
	iv	Togut, Segal & Segal LLP	Special Counsel	$0	$312,200	$0	$312,200
	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

Case No. 24-34908

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

Case No. 24-34908

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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

Case No. 24-34908

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

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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)			$8,483	$5,671,720	$0	$5,602,966

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	$657	$3,108,201
d.	Postpetition employer payroll taxes paid	$1,076	$3,108,183
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

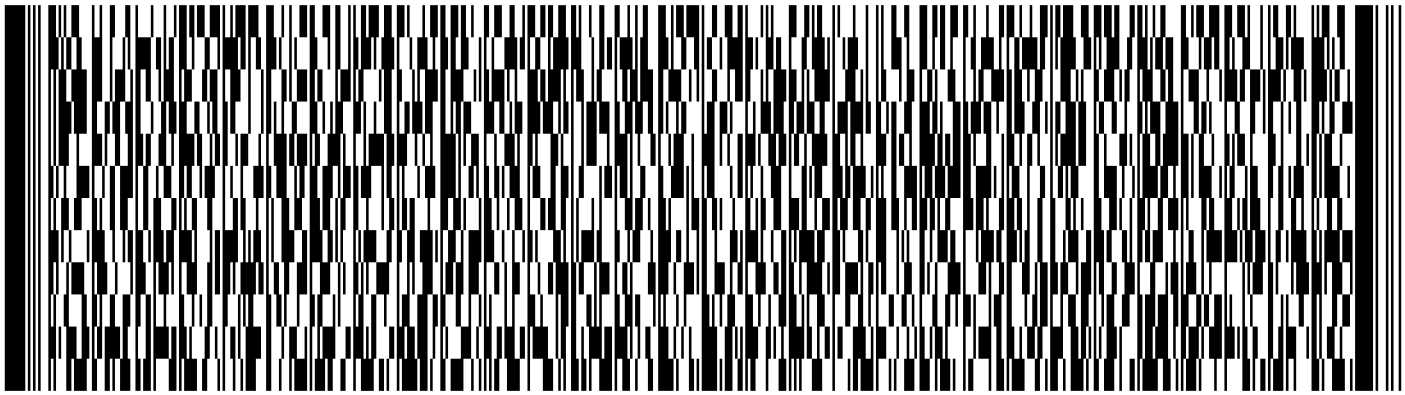
Louis E. Robichaux IV
Printed Name of Responsible Party

Chief Restructuring Officer
Title

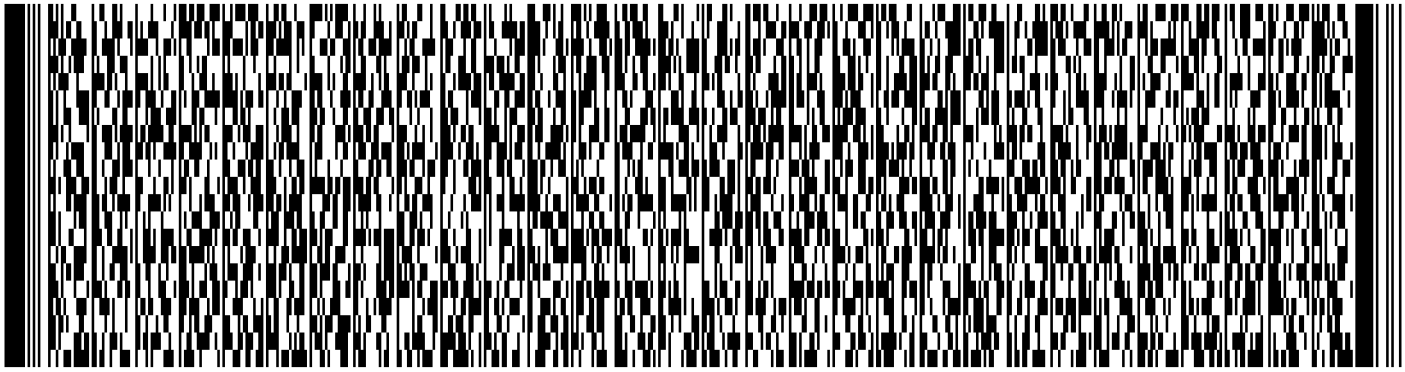
09/03/2026
Date

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

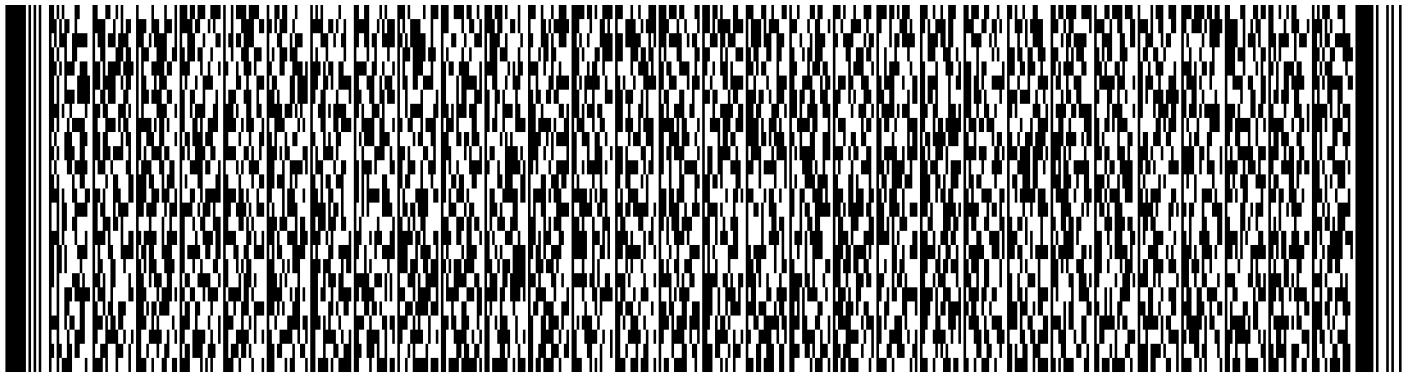
Case No. 24-34908



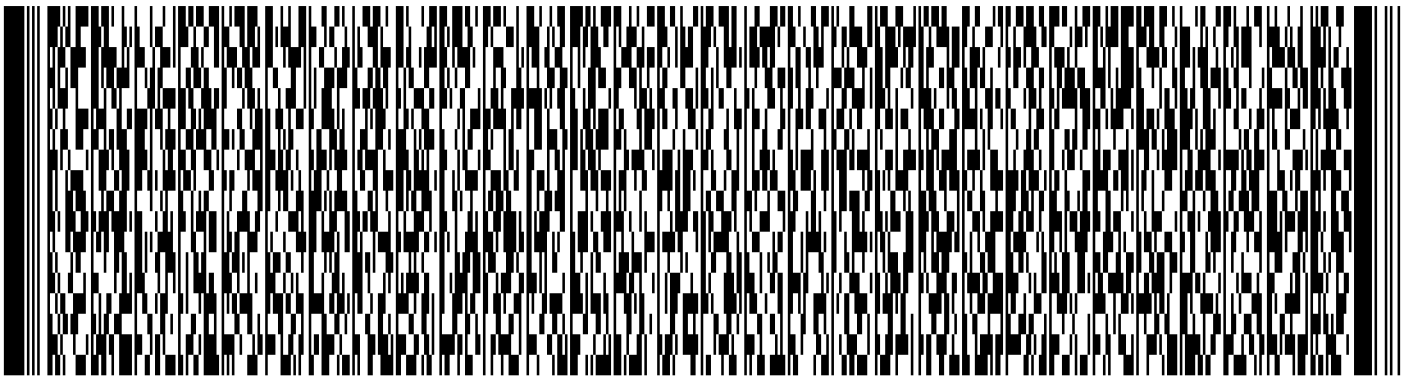
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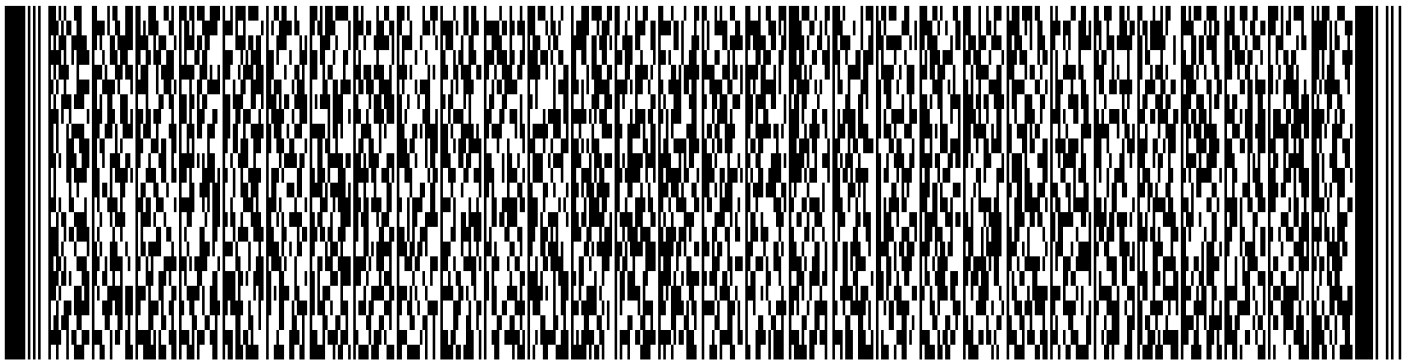
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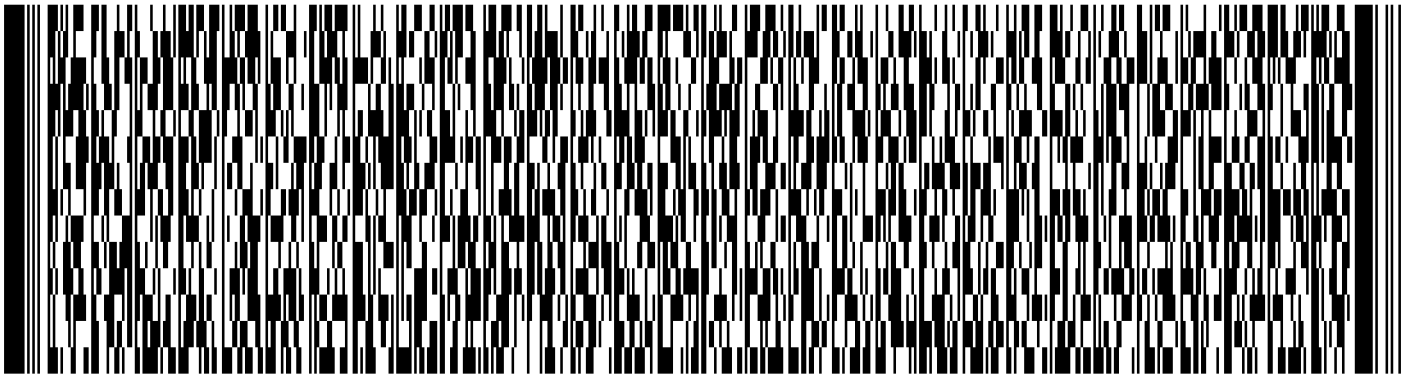
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Debtor's Name Global Wound Care Medical Group, a Professional Corporation

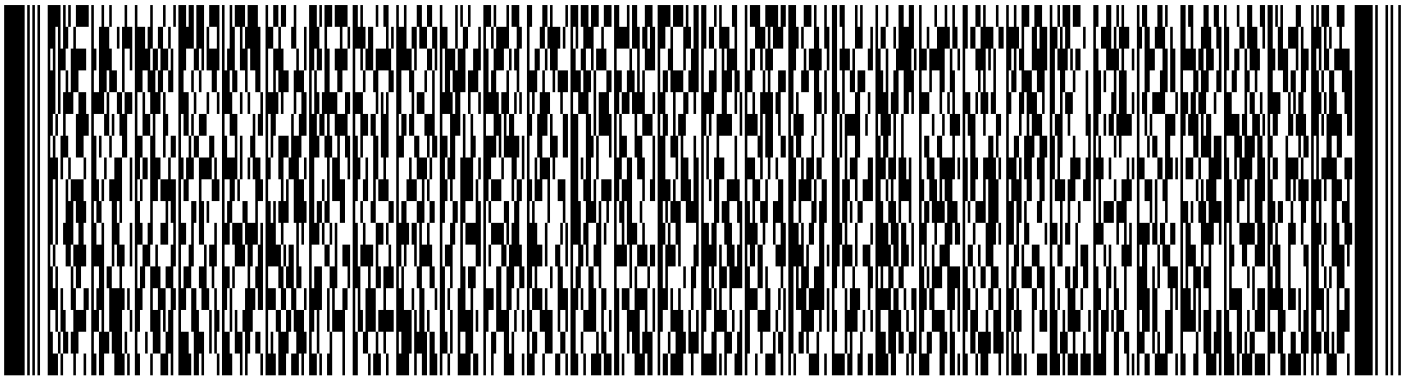
Case No. 24-34908



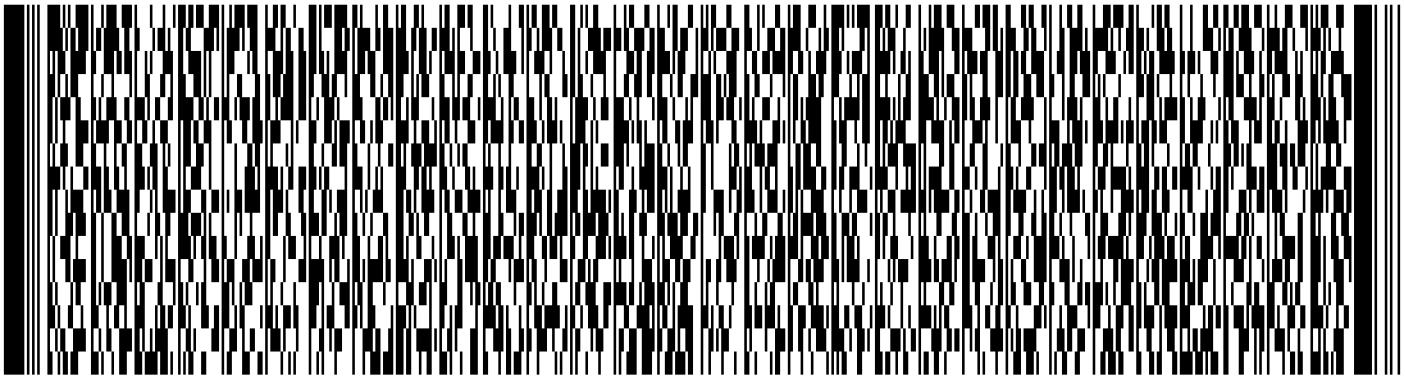
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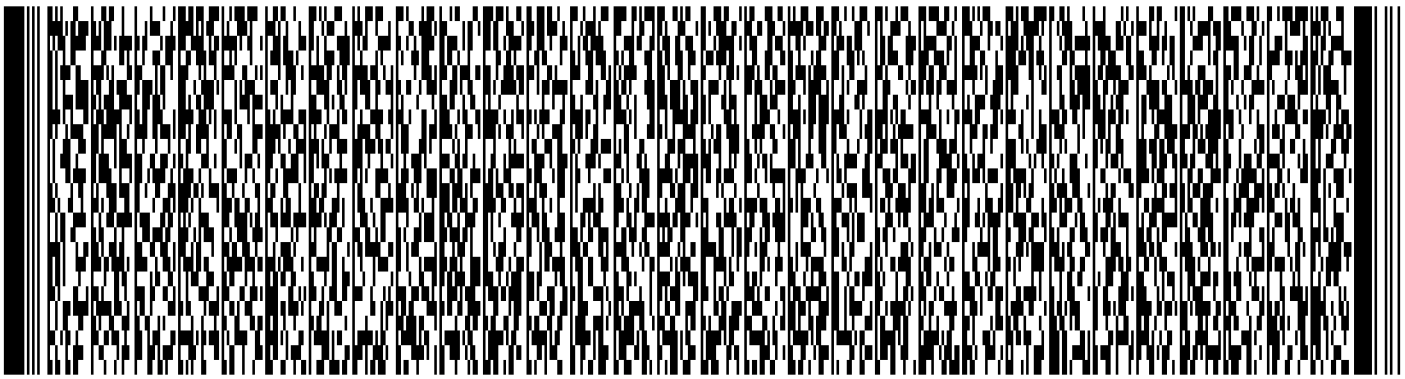
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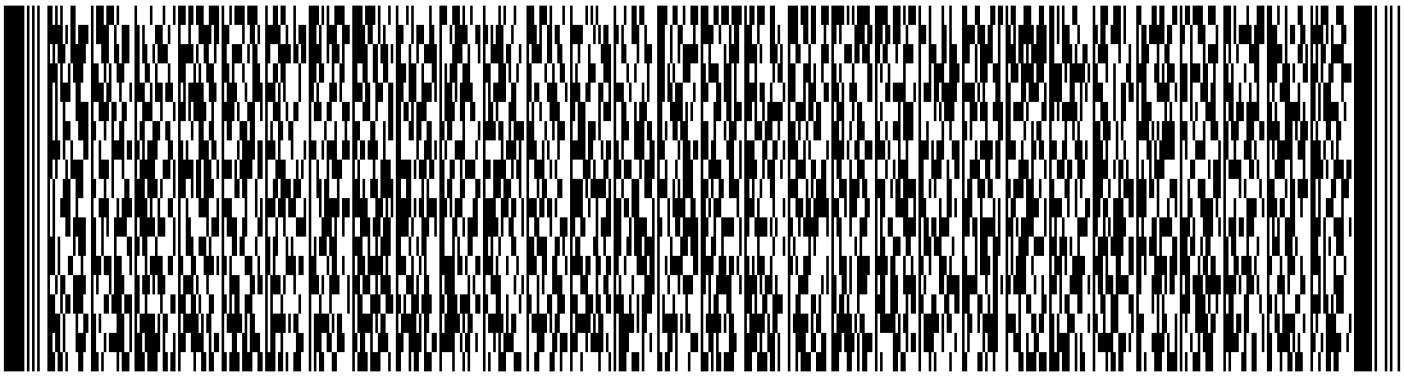
NonBankruptcy51to100

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

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 7/31/26

	Operating Acct. [1] x-9783	Operating Acct. [2] x-0664	Operating Acct. [3] x-069	MRA Acct. [4] x-1896	TOTAL
Operating Receipts					
Collections of Net Sales	$ -	$ 101,927	$ -	$ -	$ 101,927
Operating Disbursements					
COGS	-	-	-	-	$ -
Payroll and Payroll Taxes	-	(28,747)	-	-	(28,747)
Admin Expenses and Fees	-	(100)	-	-	(100)
Total Operating Disbursements	$ -	$ (28,847)	$ -	$ -	$ (28,847)
Net Cash Flow from Operations	**$ -**	**$ 73,080**	**$ -**	**$ -**	**$ 73,080**
Non-Operating Receipts					
Non-Operating Receipts / DIP Financing	-	-	-	-	$ -
Non-Operating Disbursements					
Restructuring Disbursements	-	-	(15,767)	-	(15,767)
Total Non-Operating Cash Flow	**$ -**	**$ -**	**$ (15,767)**	**$ -**	**$ (15,767)**
Transfers In	-	28,617	101,697	-	130,315
Transfers Out	-	(101,697)	(28,617)	-	(130,315)
Beginning Cash	**$ -**	**$ -**	**$ 5,567,456**	**$ -**	**$ 5,567,456**
(+) Total Receipts (Excl. Transfers)	-	101,927	-	-	101,927
(-) Total Disbursements (Excl. Transfers)	-	(28,847)	(15,767)	-	(44,614)
(+) Total Transfers In	-	28,617	101,697	-	130,315
(-) Total Transfers Out	-	(101,697)	(28,617)	-	(130,315)
Ending Cash	**$ -**	**$ -**	**$ 5,624,769**	**$ -**	**$ 5,624,769**

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. As of May 4, 2026, account x-0664 is a ZBA account with balances transferred to x-069.

[3] The Debtor established DIP account x-069 on May 4, 2026, and funds are transferred from ZBA account x-0664

[4] 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.

flagstar

Statement Period
From July 01, 2026
To July 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 July 01, 2026
To July 31, 2026
Page 2 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

MONOGRAM CHECKING [redacted]1896

Summary

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

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

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

Statement Ending 07/31/2026

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

Customer Number:XXXXXXXXX664

GLOBAL WOUND CARE MED GROUP
17 WILMONT MEWS STE 400
WEST CHESTER PA 19382-3243

Managing Your Accounts

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



Summary of Accounts



Secure. Convenient. Free. Enroll in e-Statements today!

	Account Number	Ending Balance
CASH MGMT CHECKING	XXXXXXXXX664	$0.00

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
07/01/2026	**Beginning Balance**	**$0.00**
	13 Credit(s) This Period	$130,544.15
	12 Debit(s) This Period	$130,544.15
07/31/2026	**Ending Balance**	**$0.00**

Account Activity

Post Date	Description	Debits	Credits	Balance
07/01/2026	**Beginning Balance**			**$0.00**
07/03/2026	HCCLAIMPMT ANTHEM BLUE IN5C TRN* 1* 3416455403* 1350781558\		$668.09	$668.09
07/03/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069	$668.09		$0.00
07/06/2026	Outgoing Wire Transfer ADP Client Trust	$1,764.94		-$1,764.94
07/06/2026	Outgoing Wire Transfer ADP	$12,450.86		-$14,215.80
07/06/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069		$14,215.80	$0.00
07/07/2026	DEPOSIT		$70,910.29	$70,910.29
07/07/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069	$70,910.29		$0.00
07/10/2026	HCCLAIMPMT ANTHEM BLUE CA5C TRN* 1* 3417041373* 1202994048\		$1.02	$1.02
07/10/2026	ADP PAYROLL FEES ADP FEES 926743651524	$617.44		-$616.42
07/10/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069		$616.42	$0.00
07/16/2026	DEPOSIT		$11,657.26	$11,657.26
07/16/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069	$11,657.26		$0.00
07/17/2026	Analysis Charges June 2026	$100.00		-$100.00
07/17/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069		$100.00	$0.00
07/20/2026	HCCLAIMPMT UnitedHealthcare TRN* 1* 61122253* 1952931460* 000095959\		$113.83	$113.83
07/20/2026	Outgoing Wire Transfer ADP Client Trust	$387.13		-$273.30
07/20/2026	Outgoing Wire Transfer ADP	$13,139.53		-$13,412.83
07/20/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXXX069		$13,412.83	$0.00

CASH MGMT CHECKING - XXXXXXXXX664 (continued)

Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
07/21/2026	DEPOSIT		$10,862.80	$10,862.80
07/21/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX069	$10,862.80		$0.00
07/23/2026	HCCLAIMPMT UnitedHealthcare TRN* 1* 61123256* 1952931460* 000095959\		$114.69	$114.69
07/23/2026	Outgoing Wire Transfer ADP CLIENT TRUST	$387.13		-$272.44
07/23/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX069		$272.44	$0.00
07/29/2026	DEPOSIT		$7,598.68	$7,598.68
07/29/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX069	$7,598.68		$0.00
07/31/2026	**Ending Balance**			**$0.00**

Daily Balances

Date	Amount	Date	Amount	Date	Amount
07/03/2026	$0.00	07/16/2026	$0.00	07/23/2026	$0.00
07/06/2026	$0.00	07/17/2026	$0.00	07/29/2026	$0.00
07/07/2026	$0.00	07/20/2026	$0.00		
07/10/2026	$0.00	07/21/2026	$0.00		

Overdraft and Returned Item Fees

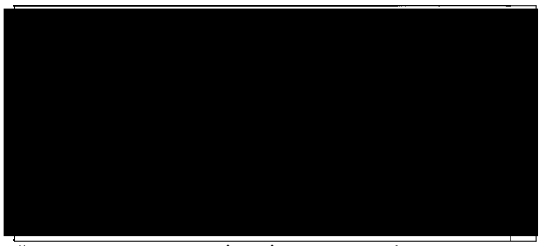
	Total for this period	Total year-to-date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00



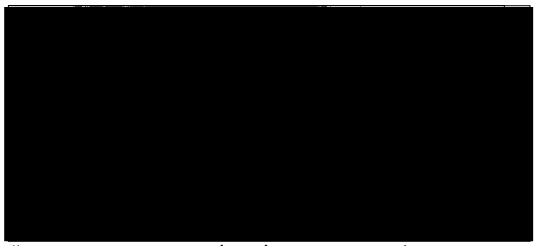
#0000 07/07/2026 $70,910.29



#0000 07/16/2026 $11,657.26



#0000 07/21/2026 $10,862.80



#0000 07/29/2026 $7,598.68

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

Statement Ending 07/31/2026

GLOBAL WOUND CARE MED **Page 1 of 4**
Customer Number:XXXXXXXXX069

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
DEBTOR IN POSSESSION
CASE NO: 24-34908
17 WILMONT MEWS STE 400
WEST CHESTER PA 19382-3243



Summary of Accounts



Secure. Convenient. Free. Enroll in e-Statements today!

	Account Number	Ending Balance
CASH MGMT CHECKING	XXXXXXXXX069	$5,624,768.72

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 - XXXXXXXXX069

Account Summary

Date	Description	Amount
07/01/2026	**Beginning Balance**	**$5,567,455.68**
	5 Credit(s) This Period	$101,697.12
	6 Debit(s) This Period	$44,384.08
07/31/2026	**Ending Balance**	**$5,624,768.72**

Account Activity

Post Date	Description	Debits	Credits	Balance
07/01/2026	**Beginning Balance**			**$5,567,455.68**
07/03/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664		$668.09	$5,568,123.77
07/06/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664	$14,215.80		$5,553,907.97
07/07/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664		$70,910.29	$5,624,818.26
07/10/2026	MISC DEBIT/OVER COUNTER W/D	$15,766.59		$5,609,051.67
07/10/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664	$616.42		$5,608,435.25
07/16/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664		$11,657.26	$5,620,092.51
07/17/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664	$100.00		$5,619,992.51
07/20/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664	$13,412.83		$5,606,579.68
07/21/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664		$10,862.80	$5,617,442.48
07/23/2026	TRANSFER TO CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664	$272.44		$5,617,170.04
07/29/2026	TRANSFER FROM CASH MGMT CHECKING ACCOUNT XXXXXXXXXXXXX664		$7,598.68	$5,624,768.72
07/31/2026	**Ending Balance**			**$5,624,768.72**

Daily Balances

Date	Amount	Date	Amount	Date	Amount
07/03/2026	$5,568,123.77	07/10/2026	$5,608,435.25	07/20/2026	$5,606,579.68
07/06/2026	$5,553,907.97	07/16/2026	$5,620,092.51	07/21/2026	$5,617,442.48
07/07/2026	$5,624,818.26	07/17/2026	$5,619,992.51	07/23/2026	$5,617,170.04

CASH MGMT CHECKING - XXXXXXXXX069 (continued)

Daily Balances (continued)

Date	Amount
07/29/2026	$5,624,768.72

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

Global Wound Care Medical Group, a Professional Corporation
Case No. 24-34908
Exhibit C - Balance Sheet
Period Ended 07/31/2026

	7/31/26
Assets	
Current assets	
Cash & Cash Equivalents	$ 5,624,769
Inventory	-
Accounts Receivables, net [1]	40,083,924
Other Receivables	852,419
Prepaid Expenses	-
Prepaid Insurance	-
Other Assets [1]	300,324,085
Total current assets	**346,885,196**
Fixed assets	-
Total assets	**346,885,196**
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	36,018,487
Accounts Payable Post-Petition	136,829,778
Total current liabilities	**184,166,864**
Total Liabilities	**184,166,864**
Stockholders' equity	
Retained Earnings [3]	162,718,332
Total stockholders' equity	**162,718,332**
Total liabilities and stockholders' equity	**$ 346,885,196**

Notes:

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

[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 07/31/2026

	Month Ended 7/31/26
Revenue Biologics-Net	-
Revenue Medical Services-Net	-
Total Revenue-Net	-
Cost of Good Sold	-
Gross Profit	**-**
Gross Profit Margin	
Operating Expenses	
Payroll and Payroll Taxes	(42,274)
Admin Expenses and Fees	(100)
Employee Benefits	-
Management Services [(1)]	-
Total Operating Expenses	**(42,374)**
Operating Profit /(Loss)	**(42,374)**
Interest Income/(Expense)	-
Other Income/(Expense)	-
Reorganization Items	(59,345)
Taxes	-
Profit /(loss) after Tax	**$ (101,718)**

Notes:

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

Global Wound Care Medical Group, a Professional Corporation
Case No. 24-34908
Exhibit E - Payments to Insiders
Period Ended 7/31/2026

Payee	Date of Payment	Amount	Reason for Payment
Ellington, Owen	7/10/2026	$ 12,451	Salary and Wages
Ellington, Owen	7/24/2026	$ 13,140	Salary and Wages
Total		$ 25,590	