#### UNITED STATES BANKRUPTCY COURT

	DISTRICT OF De	laware
Debtor(s)		Case No. 24-10164  Lead Case No. 24-10164
Post-confirmation Report		Chapter 11
Quarter Ending Date: 12/31/2024		Petition Date: 02/04/2024
Plan Confirmed Date: 06/28/2024		Plan Effective Date: 06/28/2024
This Post-confirmation Report relates to: (	Other Authorized Party or Entity:	Name of Authorized Party or Entity
/ Eladio Gil	Eladio G	
ignature of Responsible Party 2/03/2025	Printed N	Name of Responsible Party
2/03/2023		

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Address



9725 NW 117th Ave, Miami, FL 33178

Debtor's Name Cano Health, Inc.

Case No. 24-10164

### Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

	reconfirmation Professional		Approved	Approved	Paid Current	Paid
-	D 6 1 16 0 4 1		Current Quarter	Cumulative	Quarter	Cumulative
i i	Professional fees & expenses (bank incurred by or on behalf of the debt	ruptcy) or Aggregate Total				
I	Itemized Breakdown by Firm					
	Firm Name	Role				
i	i					
i	i					
i	ii					
i	v					
V	V					
V	vi					
V	vii					
V	viii					
i	X					
х	X .					
Х	кi					
Х	xii					
Х	xiii					
Х	xiv					
Х	XV					
Х	xvi					
Х	xvii					
Х	kviii					
Х	xix					
х	xx					
x	xxi					
X	xxii					
x	xxiii					
x	xxiv					
X	xxv					
x	xxvi					
X	xxvii					
X	xxviii					
	xxix					

Case 24-10164-KBO Doc 1544 Filed 02/04/25 Page 3 of 10 Debtor's Name Cano Health, Inc. Case No. 24-10164 xxx xxxi xxxii xxxiii xxxiv xxxv xxxvi xxxvii xxxvii xxxix x1 xli xlii xliii xliv xlv xlvi xlvii xlviii xlix li lii liii liv lv lvi lvii lviii lix 1x lxi lxii lxiii lxiv lxv lxvi lxvii

lxviii lxix lxx lxxi

# Case 24-10164-KBO Doc 1544 Filed 02/04/25 Page 4 of 10

Debtor's Name Cano Health, Inc. Case No. 24-10164 lxxii lxxiii lxxiv lxxv lxxvi lxxvii lxxviii lxxix 1xxx lxxxi lxxxii lxxxiii lxxxiv lxxxv lxxxvi lxxxvi lxxxvi lxxxix хc xci xcii xciii xciv xcv xcvi xcvii xcviii xcix ci

				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total						
	Itemize	d Breakdown by Firm					
		Firm Name	Role				
	i						
	ii						
	iii						
	iv						
	v						
	vi						

Debtor's Name Cano Health, Inc. Case No. 24-10164 vii viii ix хi xii xiii xiv ΧV xvi xvii xviii xix XX xxi xxii xxiii xxiv XXV xxvi xxvii xxviii xxix XXX xxxi xxxii xxxiii xxxiv XXXV xxxvi xxxvii xxxvii xxxix x1 xli xlii xliii xliv xlv xlvi xlvii

xlviii

Debtor's Name Cano Health, Inc. Case No. 24-10164 xlix 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 lxxix lxxx lxxxi lxxxii lxxxiii lxxxiv lxxxv lxxxvi lxxxvi lxxxvi

lxxxix хc

# Case 24-10164-KBO Doc 1544 Filed 02/04/25 Page 7 of 10

	Case 22	1-10104-KBO D	OC 1344 FIIE	u 02/02	1/23 Fa	ge / Ul IU	
Debtor's Name Cano	Health, Inc.					Case No. 24-101	64
xci							
xcii							
xciii							
xciv							
xcv							
xcvi							
xcvii							
xcviii							
xcix							
c							
ci							
c. All profession	onal fees and ex	penses (debtor & commi	ittees)	\$0		0 \$0	\$0
Part 3: Recoveries o	f the Holders of	Claims and Interests u Total Anticipated Payments Under Plan	nder Confirmed Pla Paid Current Quarter		umulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative cl	aims	\$0	\$0		\$0	\$0	0%
b. Secured claims		\$0	\$0		\$0	\$0	
c. Priority claims		\$0	\$0		\$0	\$0	
d. General unsecure	ed claims	\$0	\$0		\$0	\$0	0%
e. Equity interests		\$0	\$0		\$0		
Part 4: Questionnai	re						
a. Is this a final repo	ort?				`	Yes No O	

	UST Fo	rm 11-PCI	R(12/01)	/2021
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If yes, give date Final Decree was entered:

If no, give date when the application for Final Decree is anticipated:

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

Yes 

No

Case 24-10164-KBO Doc 1544 Filed 02/04/25 Page 8 of 10

Debtor's Name Cano Health, Inc. Case No. 24-10164

#### **Privacy Act Statement**

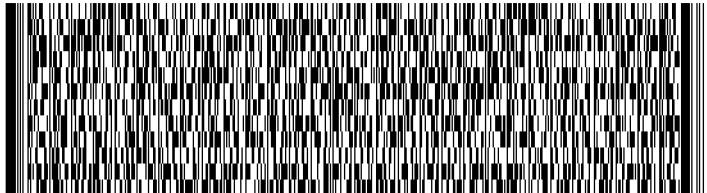
28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee'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 Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

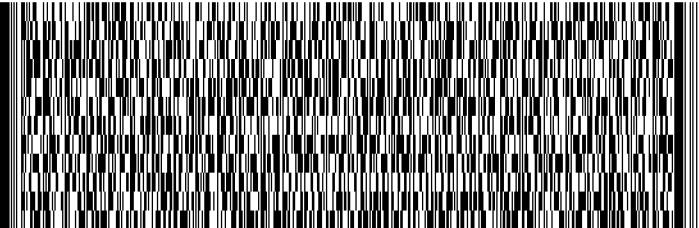
/s/ Eladio Gil	Eladio Gil
Signature of Responsible Party	Printed Name of Responsible Party
Chief Financial Officer	02/03/2025
Title	Date

Debtor's Name Cano Health, Inc.

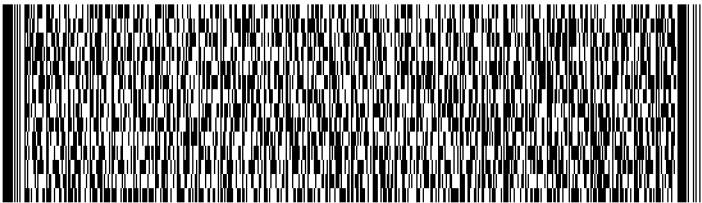
Case No. 24-10164



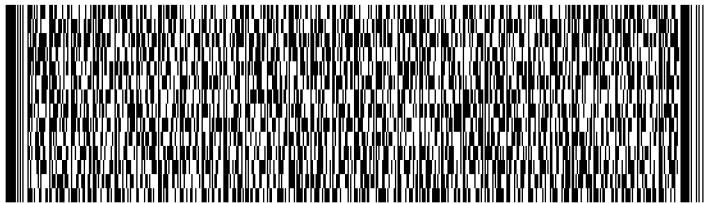
Page 1



Other Page 1



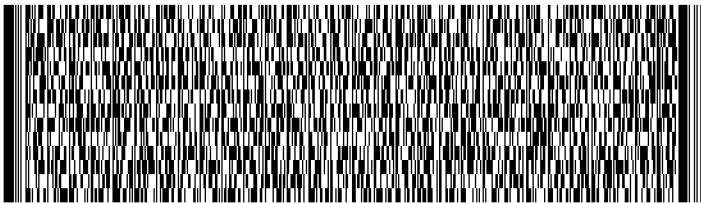
Page 2 Minus Tables



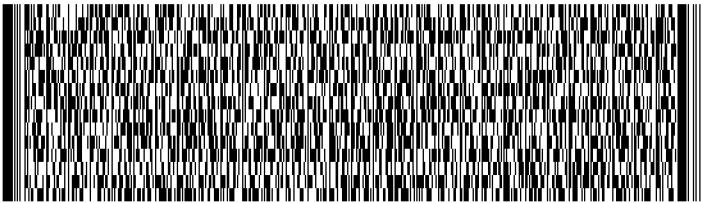
Bankruptcy Table 1-50

Debtor's Name Cano Health, Inc.

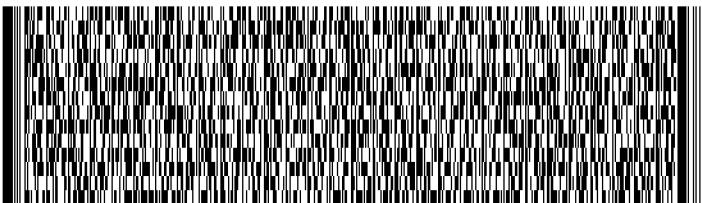
Case No. 24-10164



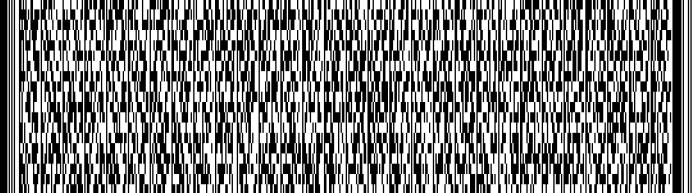
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3. Part 4. Last Page