Case 24-10164-KBO Doc 1565 Filed 04/21/25 Page 1 of 10 Docket #1565 Date Filed: 04/21/2025

UNITED STATES BANKRUPTCY COURT

	DISTRICT OF Delaware
In re: Cano Health, Inc.	§ Case No. 24-10164 § Lead Case No. 24-10164
Debtor(s)	§ ⊠ Jointly Administered
Post-confirmation Report	Chapter 11
Quarter Ending Date: 03/31/2025	Petition Date: <u>02/04/2024</u>
Plan Confirmed Date: 06/28/2024	Plan Effective Date: <u>06/28/2024</u>
This Post-confirmation Report relates to: • Reorg	Authorized Party or Entity:
	Name of Authorized Party or Entity
/s/ Jennifer Kuhn Signature of Responsible Party	Jennifer Kuhn Printed Name of Responsible Party
04/21/2025	
Date	0725 NW 117th Ava Miami FI 33178

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



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

	nfirmation Professional		Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Pai Cumul
Profess	sional fees & expenses (bank	ruptcy)	Current Quarter	Cumulative	Quarter	Cumul
	d by or on behalf of the deb	for Aggregate Total				
Itemize	ed Breakdown by Firm	_				
	Firm Name	Role				
i 						
ii 						
iii						
iv						
v .						
vi						
vii						
viii						
ix						
X						
xi						
xii						
xiii						
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Case 24-10164-KBO Doc 1565 Filed 04/21/25 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

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Name Cano Health, Inc.	Case No. 24-10	164
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xc		
xci		
xcii		
xciii		
xciv		
xcv		
xcvi		
xcvii		
xcviii		
xcix		
С		
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			Aggregate Total				
	Itemized Breakdown by Firm							
		Firm Name	R	ole				
	i							
	ii							
	iii							
	iv							
	v							
	vi							

Debtor's Name Cano Health, Inc. Case No. 24-10164 vii viii ix X 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

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	Case 2	4-10104-KBO L	OC 1303 FIIE	u 04/21/23	raye 1	01 10	
Debto	r's Name Cano Health, Inc.				Case	e No. 24-1016	54
	xci						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						
	xcix						
	c						
	ci						
c.	All professional fees and ex	xpenses (debtor & comm	ittees)	\$0	\$0	\$0	5
Part 3	3: Recoveries of the Holders of	f Claims and Interests u	ınder Confirmed Pla	n			
		Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumula	tive Allov	wed Claims	% Paid of Allowed Claims
a. A	dministrative claims	\$0	\$0		\$0	\$0	0%
b. Se	ecured claims	\$0	\$0		\$0	\$0	0%
c. Pı	riority claims	\$0	\$0		\$0	\$0	0%
	eneral unsecured claims	\$0	\$0		\$0	\$0	0%
e. E	quity interests		\$0		\$0		
Part_	4: Questionnaire						
					V	No 💿	
a. Is	s this a final report?				Yes () No (•)	

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

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Debtor's Name Cano Health, Inc.

Case No. 24-10164

Privacy Act Statement

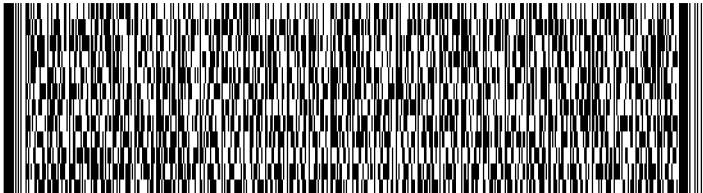
28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing 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.

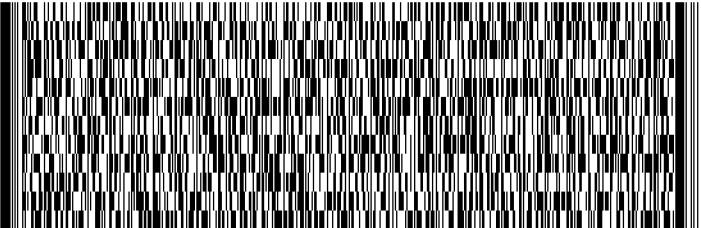
/s/ Jennifer Kuhn	Jennifer Kuhn
Signature of Responsible Party	Printed Name of Responsible Party
Interim Chief Financial Officer	04/21/2025
Title	Date

Debtor's Name Cano Health, Inc.

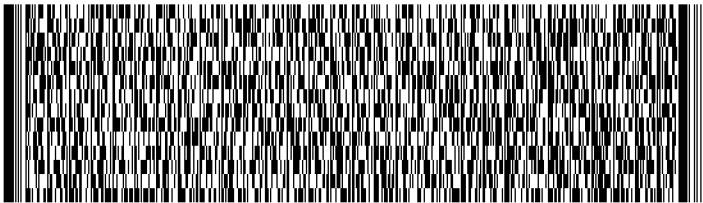
Case No. 24-10164



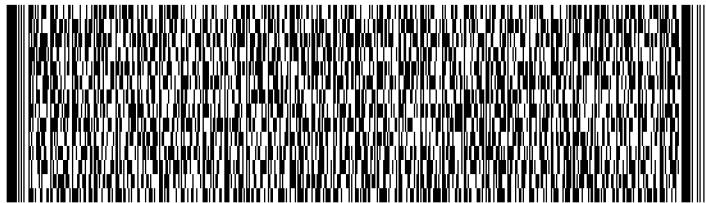
Page 1



Other Page 1



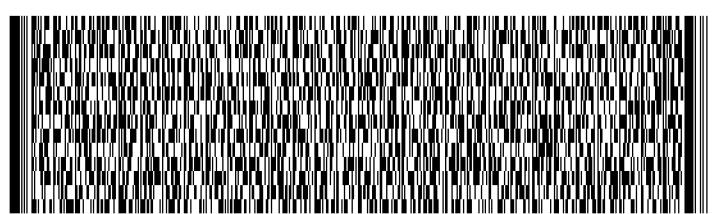
Page 2 Minus Tables



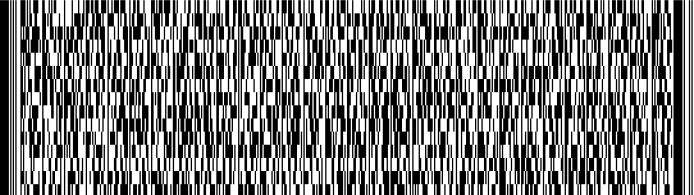
Bankruptcy Table 1-50

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Debtor's Name Cano Health, Inc.



Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50

Non-Bankruptcy Table 51-100

Part 3. Part 4. Last Page