

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re:

GLOBAL WOUND CARE MEDICAL GROUP, a  
Professional Corporation,<sup>1</sup>

Debtor.

Chapter 11

Case No. 24-34908 (CML)

**FOURTH MONTHLY FEE STATEMENT OF SUZANNE RICHARDS FOR  
SERVICES RENDERED AND FOR REIMBURSEMENT OF EXPENSES  
INCURRED AS PATIENT CARE OMBUDSMAN FOR THE PERIOD  
FROM NOVEMBER 1, 2025, THROUGH NOVEMBER 30, 2025**

Pursuant to the *Order Granting Debtor's Motion for an Entry of an Order Establishing Procedures for Interim Compensation and Reimbursement of Expenses for Retained Professionals* [Docket No. 68] (the "Interim Compensation Order"), Patient Care Ombudsman ("PCO") Suzanne Richards hereby submits this fourth monthly fee statement (the "Fee Statement") for compensation for services rendered and for reimbursement of expenses as the PCO for the period from November 1, 2025, through November 30, 2025 (the "Application Period"). A summary chart setting forth the compensation and expenses incurred during the Application Period is set forth below:

**SUMMARY CHART**

Name of Applicant:	Suzanne Richards	
Applicant's Role in Case:	Patient Care Ombudsman	
Date of Appointment:	11/04/2024 [Docket No. 46]	
	Beginning of Period	End of Period
Time period covered by this Application:	11/01/2025	11/30/2025

<sup>1</sup> The last four digits of the Debtor's tax identification number in the jurisdiction in which it operates is 3572.



Time period(s) covered by prior Applications:	11/01/2024	11/30/25
Total amounts paid in all prior Statements:		\$7,618.80
Total fees requested in this Application: (80% of \$1,687.50):		\$1,350.00
Total professional fees requested in this Application:		\$1,687.50
Total actual professional hours covered by this Application:		9.00
Average hourly rate for professional:		\$187.50
Total paraprofessional fees requested in this Application:		N/A
Total actual paraprofessional hours covered by this Application:		N/A
Reimbursable expenses sought in this Application:		\$943.68
Total to be Paid to Priority Unsecured Creditors:		Not yet known
Anticipated % Dividend to Priority Unsecured Creditors:		Not yet known
Total to be Paid to General Unsecured Creditors:		Not yet known
Anticipated % Dividend to General Unsecured Creditors:		Not yet known
Date of Confirmation Hearing:		Not yet set
Indicate whether plan has been confirmed:		No

### **OBJECTION DEADLINE**

**In accordance with the Interim Compensation Order, each Notice Party or any other party in interest will have until 4:00 p.m. (prevailing Central Time) on the day that is fourteen (14) days after the filing of this Fee Statement (“Objection Deadline”) to object to the requested fees and expenses in accordance with the procedures described in the Interim Compensation Order. Upon the expiration of the Objection Deadline, the Debtors are authorized to promptly pay the applicable Professional an amount equal to 80% of the fees and 100% of the expenses requested in the Fee Statement.**

**DETAIL FOR SERVICES RENDERED AND EXPENSES INCURRED**

1. On October 21, 2024, the Debtor commenced this proceeding with the filing of a voluntary petition under Chapter 11 of Title 11 of the Bankruptcy Code. The Debtor is authorized to continue to operate its business and manage its affairs as a debtor-in-possession. Pursuant to sections 1107(a) and 1108 of the Bankruptcy Code, no trustee or examiner has been appointed in the Chapter 11 case. No creditors committee has been appointed.

2. On November 4, 2024, Kevin M. Epstein, the United States Trustee for the Southern District of Texas, filed the *Notice of Appointment of Patient Care Ombudsman Under 11 U.S.C. § 333* [Docket No. 46], with a *Verified Statement and Affidavit of Disinterest* [Docket No. 46-1].

3. By this Fee Statement, the PCO requests payment of \$1,350.00 (80% of \$1,687.50) as compensation for reasonable and necessary legal services rendered and \$943.68 for reimbursement of actual and necessary expenses, for a total of \$2,293.68 for the Application Period.

4. In support of this Fee Statement, attached are the following exhibits:

- Exhibit A (Compensation related to one Project Category) is a schedule of the aggregate number of hours expended and fees incurred by the PCO;
- Exhibit B (Compensation for Professional) is a schedule of rates and the amount charged by the PCO for the services she rendered for which compensation is sought in this Fee Statement;
- Exhibit C (Expenses by Category) is a schedule of expenses incurred for which reimbursement is sought in this Fee Statement; and
- Exhibit D (Invoices) consists of the PCO's Invoice for services rendered and expenses incurred during the Application Period.

5. Although every effort has been made to include all fees and expenses incurred in the Application Period, some fees and expenses might not be included in this Fee Statement due

to delays caused by accounting and processing during the Application Period. Accordingly, the PCO reserves the right to seek allowance of such fees and expenses not included herein. Subsequent monthly fee statements will be submitted in accordance with the Interim Compensation Order.

### **NOTICE**

6. Pursuant to the Interim Compensation Order, notice of this Fee Statement will be provided to the following Notice Parties via electronic mail: (a) the Debtor: Global Wound Care Medical Group, a Professional Corporation, % Owen B. Ellington, M.D., 2400 Augusta Drive, Suite 369, Houston, Texas 77057 (oellington@thewoundpros.com); (b) Raymond Millien, General Counsel, Wound Pros Management Group, 5901 West Century Boulevard, Suite 250, Los Angeles, California 90045 (raymond.millien@woundpros.com); (c) the Office of the U.S. Trustee for the Southern District of Texas, Attn: Ha Nguyen, 515 Rusk Street, Suite 3516, Houston, Texas 77002 (ha.nguyen@usdoj.gov); and (d) any other parties that the Court may designate.

### **CONCLUSION**

Wherefore, the PCO respectfully requests payment and reimbursement of fees and expenses incurred during the Application Period in the total amount of \$2,293.68 consisting of (a) \$1,350.00, which is 80% of the fees incurred by the PCO for reasonable and necessary legal services, and (b) \$943.68, which is 100% of the actual and necessary expenses incurred, in accordance with the procedures set forth in the Interim Compensation Order.

Dated: December 16, 2025

Respectfully submitted,

/s/ Suzanne Richards

Suzanne Richards  
Patient Care Ombudsman  
SMR Healthcare Management, Inc.  
4525 Dean Martin Drive, Unit 2308  
Las Vegas, Nevada 89103  
+1 714 290 6226  
E-Mail: [suzannerichards94@gmail.com](mailto:suzannerichards94@gmail.com)

**CERTIFICATE OF SERVICE**

This is to certify that I have on December 16, 2025, caused a copy of the foregoing document to be served by the Electronic Case Filing System for the United States Bankruptcy Court for the Southern District of Texas.

/s/ Casey S. Doherty, Jr.

**EXHIBIT A**

**COMPENSATION BY PROJECT CATEGORY**

<b>Project Category</b>	<b>Month</b>	<b>Hours</b>	<b>Fees</b>
Work as Patient Care Ombudsman	November 2025	9.00	\$1,687.50
<b><i>TOTALS:</i></b>		<b>9.00</b>	<b>\$1,687.50</b>

**EXHIBIT B****COMPENSATION BY PROFESSIONAL**

<b>Name of Professional</b>	<b>Position</b>	<b>Month</b>	<b>Hourly Rate</b>	<b>Hours Billed</b>	<b>Fees</b>
Suzanne Richards	PCO	November 2025	\$175.00	7.00	\$1,225.00
Suzanne Richards	PCO	November 2025	\$250.00	1.25	\$312.50
Suzanne Richards	PCO	November 2025	\$200.00	.75	\$150.00
<b><i>TOTALS:</i></b>				<b>9.00</b>	<b>\$1,687.50</b>



**EXHIBIT C**

**EXPENSES BY CATEGORY**

<b>Expenses</b>	<b>Total</b>
Travel Related Expenses	\$943.68
<b><i>TOTALS:</i></b>	<b>\$943.68</b>

**EXHIBIT D**

**INVOICE FOR NOVEMBER**

**SMR Healthcare Management Inc**

4525 Dean Martin Dr

Unit 2308

Las Vegas, NV 89103-8118 USA

9098155051

suzannerichards94@gmail.com

**INVOICE****BILL TO**

Global Wound Care Medical

Group

PCO Case No- 24-34908

**INVOICE #** 1203**DATE** 11/18/2025**DUE DATE** 11/18/2025**TERMS** Due on receipt

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
<b>Travel Rate</b>	Travel from Nashville to Memphis	1	175.00	175.00
<b>Travel Rate</b>	Travel rate from Memphis to Ontario, California	6	175.00	1,050.00
<b>Executive On-Site Rate</b>	Review of process of warehouse in Memphis and meeting with Regional Warehouse Manager Denise Davis, Danette Davis, warehouse staff, Branden Milton, warehouse staff, and Vivian Sprouse, warehouse staff.	1.25	250.00	312.50
<b>Court Hearing</b>	11/17/25. Honorable Judge Lopez court hearing regarding wind down of company	0.50	200.00	100.00
<b>Virtual Meeting</b>	11/18/25. Meeting with Tania Moyron, Ray Millien, Josehua Mester, Dr Ellington, Samuel Maizel, and April Doughty regarding plan for wind down of company	0.25	200.00	50.00
				Subtotal: 1,687.50
<b>Expenses</b>	LYFT to Airport for flight to Memphis from Nashville	1	38.45	38.45
<b>Expenses</b>	Airflight to Memphis Warehouse for onsite review	1	846.83	846.83
<b>Expenses</b>	LYFT to Memphis Warehouse	1	20.81	20.81
<b>Expenses</b>	LYFT from Memphis Warehouse to Airport	1	23.59	23.59
<b>Expenses</b>	Mileage from Ontario Airport to home	20	0.70	14.00
				Subtotal: 943.68

**BALANCE DUE****\$2,631.18**