

UNITED STATES BANKRUPTCY COURT

Northern DISTRICT OF Georgia

Atlanta Division

In re: LaVie Care Centers, LLC (Group 2)

§  
§  
§  
§

Debtor(s)

Case No. 24-55507

Lead Case No. 24-55507

☒ Jointly Administered

**Post-confirmation Report**

Chapter 11

Quarter Ending Date: 06/30/2025

Petition Date: 06/02/2024

Plan Confirmed Date: 12/05/2024

Plan Effective Date: 06/01/2025

This Post-confirmation Report relates to: ☒ Reorganized Debtor

☐ Other Authorized Party or Entity:

Name of Authorized Party or  
Entity

/s/Daniel Simon

Signature of Responsible Party

08/26/2025

Date

Daniel Simon

Printed Name of Responsible Party

1180 Peachtree St. NE, Suite 3350, Atlanta, GA 30309

Address

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.



245550725082600000000002

Debtor's Name LaVie Care Centers, LLC (Group 2)

Case No. 24-55507

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

|                                        | Current Quarter | Total Since Effective Date |
|----------------------------------------|-----------------|----------------------------|
| a. Total cash disbursements            | \$1,356         | \$0                        |
| b. Non-cash securities transferred     | \$0             | \$0                        |
| c. Other non-cash property transferred | \$0             | \$0                        |
| d. Total transferred (a+b+c)           | \$1,356         | \$0                        |

**Part 2: Preconfirmation Professional Fees and Expenses**

|        |                                                                                                         |           |                  |                     |                      |                 |  |
|--------|---------------------------------------------------------------------------------------------------------|-----------|------------------|---------------------|----------------------|-----------------|--|
| a.     |                                                                                                         |           | Approved Current | Approved Cumulative | Paid Current Quarter | Paid Cumulative |  |
|        | Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i> |           |                  |                     |                      |                 |  |
|        | <i>Itemized Breakdown by Firm</i>                                                                       |           |                  |                     |                      |                 |  |
|        |                                                                                                         | Firm Name | Role             |                     |                      |                 |  |
|        | i                                                                                                       |           |                  |                     |                      |                 |  |
|        | ii                                                                                                      |           |                  |                     |                      |                 |  |
|        | iii                                                                                                     |           |                  |                     |                      |                 |  |
|        | iv                                                                                                      |           |                  |                     |                      |                 |  |
|        | v                                                                                                       |           |                  |                     |                      |                 |  |
|        | vi                                                                                                      |           |                  |                     |                      |                 |  |
|        | vii                                                                                                     |           |                  |                     |                      |                 |  |
|        | viii                                                                                                    |           |                  |                     |                      |                 |  |
|        | ix                                                                                                      |           |                  |                     |                      |                 |  |
|        | x                                                                                                       |           |                  |                     |                      |                 |  |
|        | xi                                                                                                      |           |                  |                     |                      |                 |  |
|        | xii                                                                                                     |           |                  |                     |                      |                 |  |
|        | xiii                                                                                                    |           |                  |                     |                      |                 |  |
|        | xiv                                                                                                     |           |                  |                     |                      |                 |  |
|        | xv                                                                                                      |           |                  |                     |                      |                 |  |
|        | xvi                                                                                                     |           |                  |                     |                      |                 |  |
|        | xvii                                                                                                    |           |                  |                     |                      |                 |  |
|        | xviii                                                                                                   |           |                  |                     |                      |                 |  |
|        | xix                                                                                                     |           |                  |                     |                      |                 |  |
|        | xx                                                                                                      |           |                  |                     |                      |                 |  |
|        | xxi                                                                                                     |           |                  |                     |                      |                 |  |
|        | xxii                                                                                                    |           |                  |                     |                      |                 |  |
|        | xxiii                                                                                                   |           |                  |                     |                      |                 |  |
|        | xxiv                                                                                                    |           |                  |                     |                      |                 |  |
|        | xxv                                                                                                     |           |                  |                     |                      |                 |  |
|        | xxvi                                                                                                    |           |                  |                     |                      |                 |  |
| xxvii  |                                                                                                         |           |                  |                     |                      |                 |  |
| xxviii |                                                                                                         |           |                  |                     |                      |                 |  |
| xxix   |                                                                                                         |           |                  |                     |                      |                 |  |

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

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|    | xc                                                       |  |  |     |     |     |     |
|    | xcii                                                     |  |  |     |     |     |     |
|    | xciii                                                    |  |  |     |     |     |     |
|    | xciv                                                     |  |  |     |     |     |     |
|    | xcv                                                      |  |  |     |     |     |     |
|    | xcvi                                                     |  |  |     |     |     |     |
|    | xcvii                                                    |  |  |     |     |     |     |
|    | xcviii                                                   |  |  |     |     |     |     |
|    | xcix                                                     |  |  |     |     |     |     |
|    | c                                                        |  |  |     |     |     |     |
|    | ci                                                       |  |  |     |     |     |     |
| c. | All professional fees and expenses (debtor & committees) |  |  | \$0 | \$0 | \$0 | \$0 |

### Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

|                             | Total<br>Anticipated<br>Payments<br>Under Plan | Paid Current<br>Quarter | Paid Cumulative | Allowed Claims | % Paid of<br>Allowed<br>Claims |
|-----------------------------|------------------------------------------------|-------------------------|-----------------|----------------|--------------------------------|
| a. Administrative claims    | \$14,298,143                                   | \$0                     | \$0             | \$0            | 0%                             |
| b. Secured claims           | \$83,000,018                                   | \$0                     | \$0             | \$0            | 0%                             |
| c. Priority claims          | \$300,000                                      | \$0                     | \$0             | \$0            | 0%                             |
| d. General unsecured claims | \$22,310,972                                   | \$0                     | \$0             | \$0            | 0%                             |
| e. Equity interests         | \$0                                            | \$0                     | \$0             |                |                                |

### Part 4: Questionnaire

a. Is 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: 08/31/2025

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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**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](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/Daniel Simon

Daniel Simon

Signature of Responsible Party

Printed Name of Responsible Party

Partner, McDermott Will & Schulte

08/26/2025

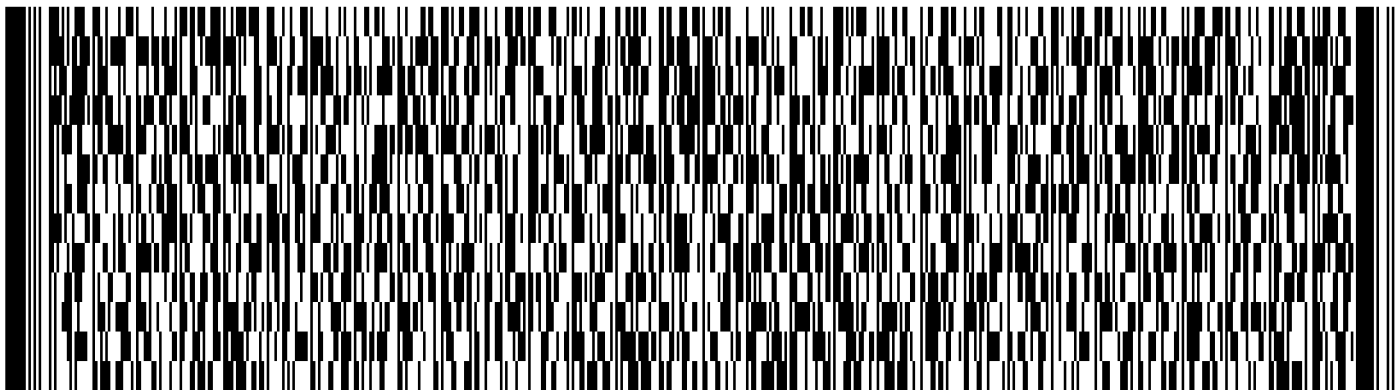
Title

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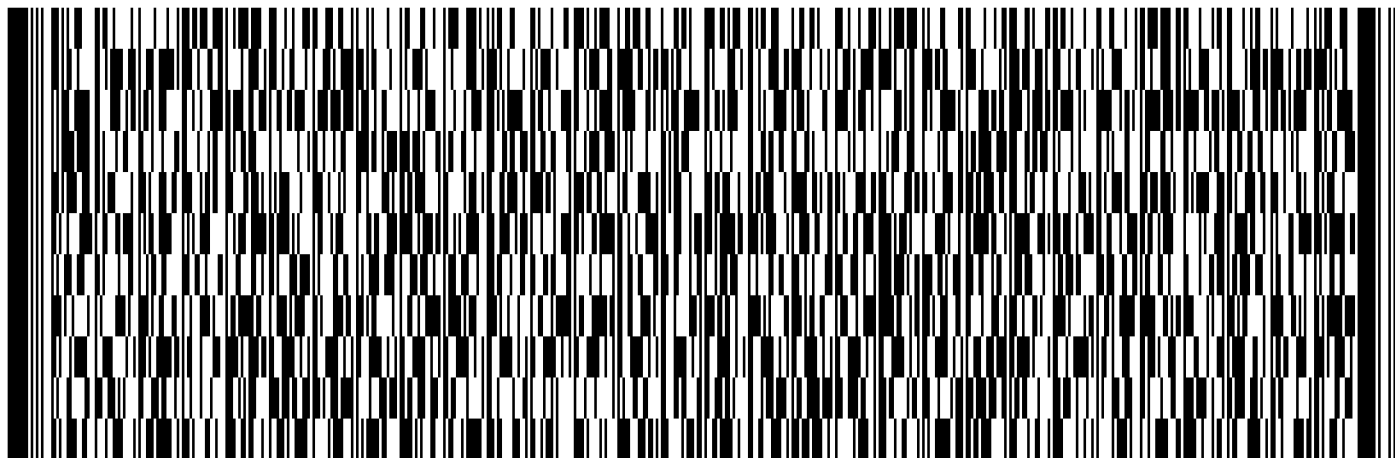


Debtor's Name LaVie Care Centers, LLC (Group 2)

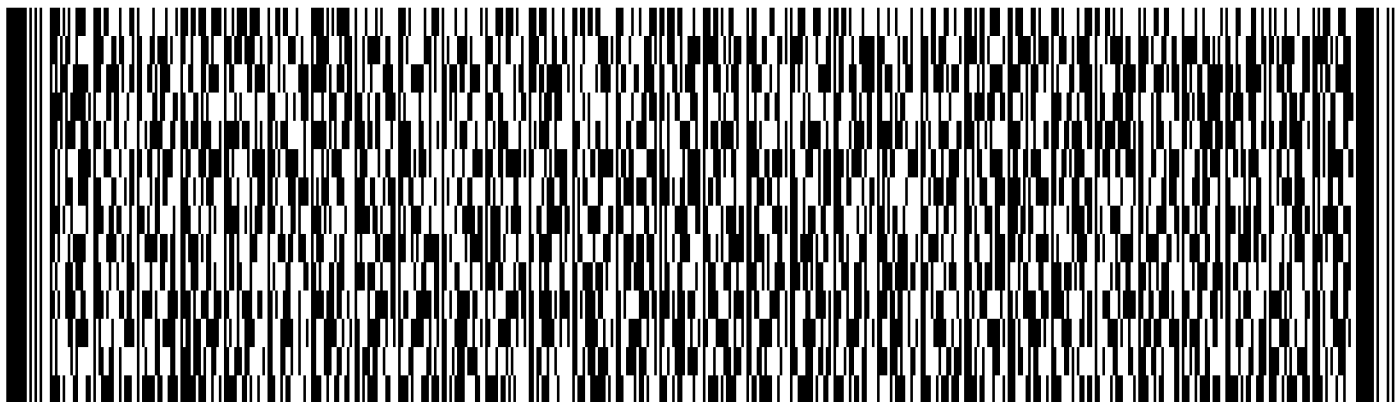
Case No. 24-55507



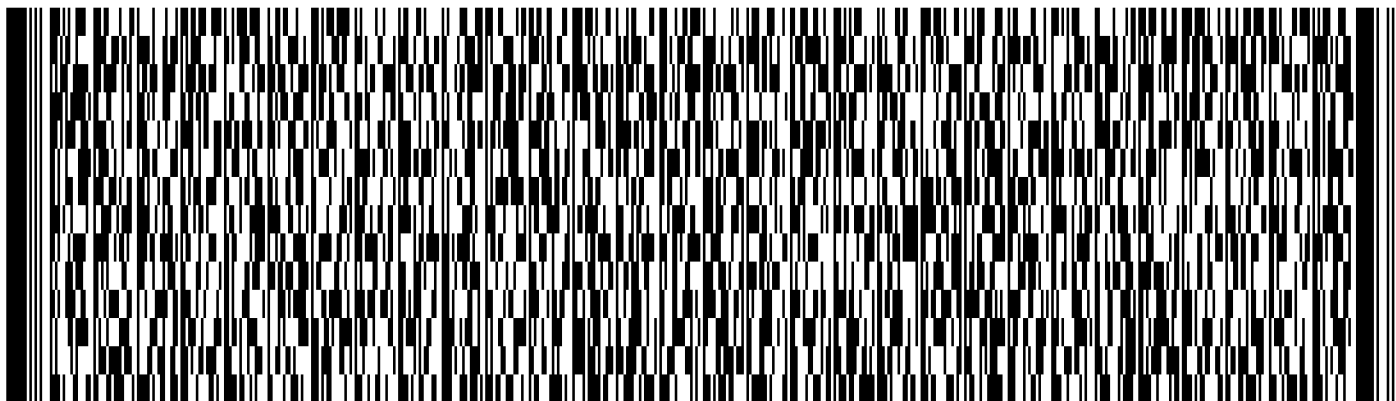
Page 1



Other Page 1



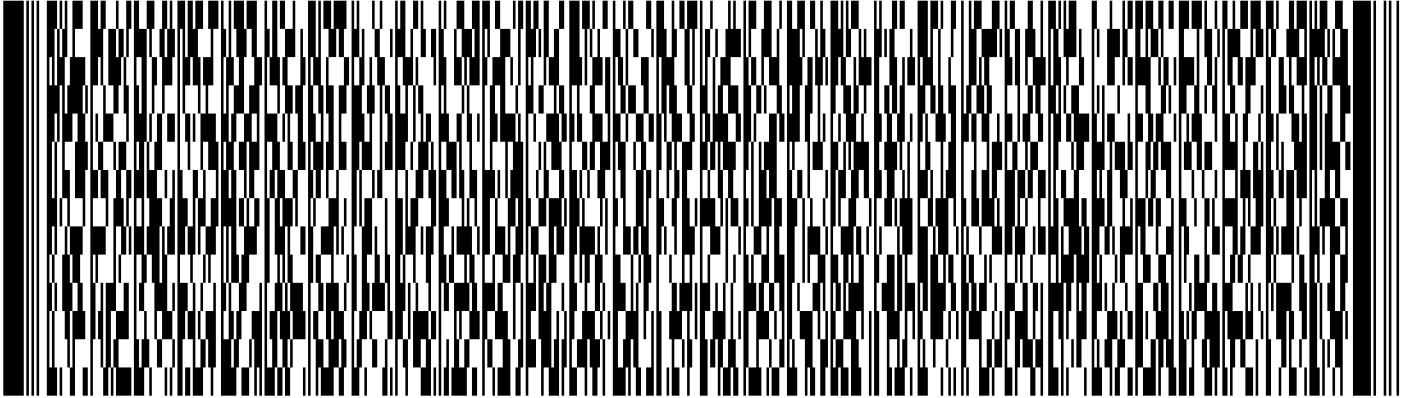
Page 2 Minus Tables



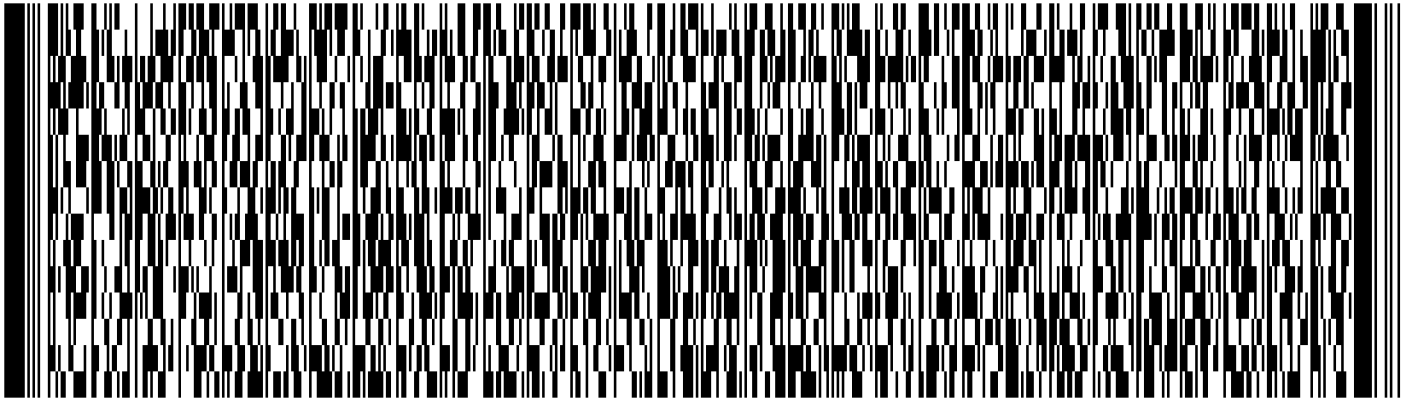
Bankruptcy Table 1-50

Debtor's Name LaVie Care Centers, LLC (Group 2)

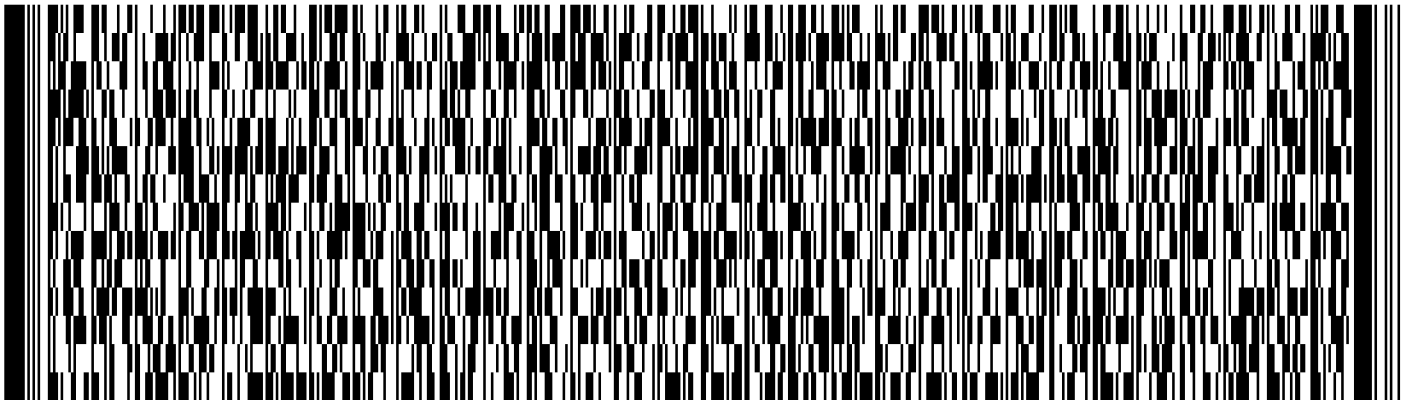
Case No. 24-55507



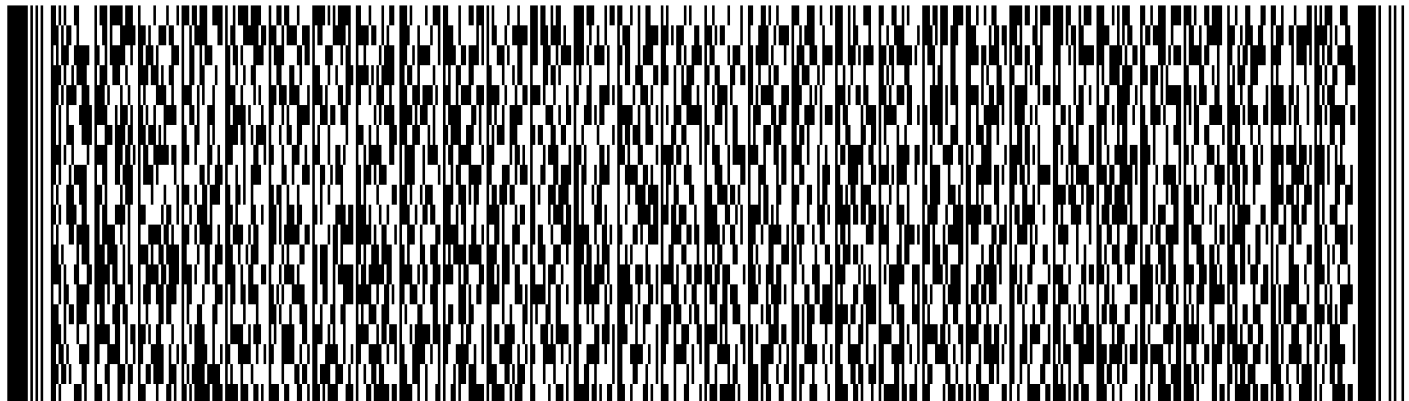
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page