

**Fill in this information to identify the case:**Debtor Name Pioneer Health Systems LLC

United States Bankruptcy Court for the: District of Delaware

Case number: 24-10279-JKS☐ Check if this is an amended filing

## Official Form 425C

**Monthly Operating Report for Small Business Under Chapter 11**

12/17

Month: 6/1/24-6/30/24Date report filed: 07/22/2024  
MM / DD / YYYYLine of business: Healthcare - OrthopedicsNAISC code: 5511

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Colin Chenault DocuSigned by: COLIN CHENULT  
Original signature of responsible party: C724E52CEC1F49C...  
Printed name of responsible party: Colin Chenault

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Do you plan to continue to operate the business next month?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Did you pay your employees on time?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Have you timely filed all other required government filings?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Have you timely paid all of your insurance premiums?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.**

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name Pioneer Health Systems LLCCase number 24-10279-JKS

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**\$ 143,970.16

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.\$ 10,000.00**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.- \$ 88,160.82**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.+ \$ -78,160.82**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 65,809.34**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**\$ 5,558.60*(Exhibit E)*

Debtor Name Pioneer Health Systems LLCCase number 24-10279-JKS**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 0.00  
(Exhibit F)

**5. Employees**

26. What was the number of employees when the case was filed? 0  
27. What is the number of employees as of the date of this monthly report? 0

**6. Professional Fees**

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 98,174.58  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 165,110.59  
30. How much have you paid this month in other professional fees? \$ 0.00  
31. How much have you paid in total other professional fees since filing the case? \$ 4,075.00

**7. Projections**

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	<b>Projected</b>	—	<b>Actual</b>	=	<b>Difference</b>
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. <b>Cash receipts</b>	\$ <u>342,633.00</u>	—	\$ <u>10,000.00</u>	=	\$ <u>332,633.00</u>
33. <b>Cash disbursements</b>	\$ <u>342,633.00</u>	—	\$ <u>88,160.82</u>	=	\$ <u>254,472.18</u>
34. <b>Net cash flow</b>	\$ <u>0.00</u>	—	\$ <u>-78,160.82</u>	=	\$ <u>78,160.82</u>
35. Total projected cash receipts for the next month:					\$ <u>168,104.92</u>
36. Total projected cash disbursements for the next month:					- \$ <u>173,914.26</u>
37. Total projected net cash flow for the next month:					= \$ <u>-5,809.34</u>

Debtor Name Pioneer Health Systems LLC

Case number 24-10279-JKS

## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☒ 39. Bank reconciliation reports for each account.
- ☒ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☒ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

# **EXHIBIT A**

EXHIBIT A TO MONTHLY OPERATING REPORT

3. Some invoices are, or have been paid, slightly beyond terms, but nominally.

# **EXHIBIT C**

<b>Date</b>	<b>Vendor</b>	<b>Amount</b>	<b>purpose</b>
6/3/2024	Account Transfer from xx7758	10,000.00	DIP interest



# **EXHIBIT D**

<b>Date</b>	<b>Vendor</b>	<b>Amount</b>	<b>purpose</b>
6/4/2024	David Hassinger	6,203.56	DIP interest
6/10/2024	Epiq	45,651.26	claims agent
6/10/2024	David Hassinger	24,583.33	monthly independent contractor payment
6/17/2024	Connie Miller	2,000.00	consulting fee
6/27/2024	David Hassinger	5,462.50	DIP interest
6/27/2024	Principal	994.10	insurance premium
6/17/2024	Chase	3,266.07	Account analysis settlement charges
		88,160.82	

# **EXHIBIT E**

Vendor	Invoice #	Date	Due Date	Aging	Open Balance
Baum Glass Jayne Carwile & Peters PLLC	38200	3/6/2024	4/5/2024	56	4,926.10
Baum Glass Jayne Carwile & Peters PLLC	38401	4/9/2024	5/9/2024	22	632.50
					5,558.60

# **EXHIBIT G**



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218 - 2051

June 01, 2024 through June 28, 2024

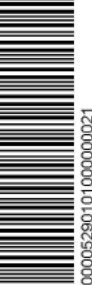
Account Number: [REDACTED] 0095

### Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00000529 WBS 201 141 18124 NNNNNNNNNN 1 000000000 C1 0000

PIONEER HEALTH SYSTEMS LLC  
US TRUSTEE ESCROW ACCOUNT  
3300 DALLAS PKWY  
STE 200  
PLANO TX 75093-7849



## Commercial Checking Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		\$60,000.00	
Deposits and Credits	0	\$0.00	
Withdrawals and Debits	0	\$0.00	
Checks Paid	0	\$0.00	
<b>Ending Ledger Balance</b>		<b>\$60,000.00</b>	

Your service charges, fees and earnings credit have been calculated through account analysis.

\* Annual Percentage Yield Earned - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest is left in the account.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

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JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218 - 2051

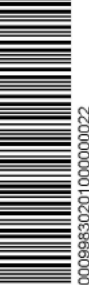
June 01, 2024 through June 28, 2024  
Account Number: [REDACTED] 1168

### CUSTOMER SERVICE INFORMATION

If you have any questions about your statement, please contact your Customer Service Professional.

00009983 DDA 201 212 18124 NNNNNNNNNN 1 000000000 60 0000

PIONEER HEALTH SYSTEMS LLC  
DEBTOR IN POSSESSION  
3300 DALLAS PKWY  
STE 200  
PLANO TX 75093-7849



### CHECKING SUMMARY

Commercial Checking

	INSTANCES	AMOUNT
<b>Beginning Balance</b>		<b>\$83,970.16</b>
Deposits and Additions	1	10,000.00
Electronic Withdrawals	5	- 84,894.75
Other Withdrawals, Fees & Charges	1	- 3,266.07
<b>Ending Balance</b>	<b>7</b>	<b>\$5,809.34</b>

### DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
06/03	Online Transfer From Chk ...7758 Transaction#: 20960593650	\$10,000.00
<b>Total Deposits and Additions</b>		<b>\$10,000.00</b>





June 01, 2024 through June 28, 2024  
Account Number: [REDACTED] 1168

## ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
06/04	Orig CO Name:Bill.Com Orig ID:1204895317 Desc Date: CO Entry Descr:Payables Sec:CCD Trace#:021000026011187 Eed:240604 Ind ID:015Lhzitmb2Dhdj Ind Name:Pioneer Health Systems David Hassinger Bill.Com 015Lhzitm B2Dhdj Multiple Invoices Trn: 1566011187Tc	\$6,203.56
06/10	Orig CO Name:Bill.Com Orig ID:1204895317 Desc Date: CO Entry Descr:Payables Sec:CCD Trace#:021000029570184 Eed:240610 Ind ID:015Jqthleh2Kdsw Ind Name:Pioneer Health Systems Multiple Payments Bill.Com Payables 015Jqthleh2Kdsw Trn: 1629570184Tc	70,234.59
06/17	Orig CO Name:Bill.Com Orig ID:1204895317 Desc Date: CO Entry Descr:Payables Sec:CCD Trace#:021000029823336 Eed:240617 Ind ID:015Meqqqwf2T9Vz Ind Name:Pioneer Health Systems Connie J Miller Consulting, LLC Bil L.Com 015Meqqqwf2T9Vz Inv 2024-06-1 4 Trn: 1699823336Tc	2,000.00
06/27	Orig CO Name:Bill.Com Orig ID:1204895317 Desc Date: CO Entry Descr:Payables Sec:CCD Trace#:021000029413540 Eed:240627 Ind ID:015Npyders375Bp Ind Name:Pioneer Health Systems David Hassinger Bill.Com 015Npyder S375Bp Inv 06.24 Dip Loan Int Trn: 1799413540Tc	5,462.50
06/27	Orig CO Name:Principal-Ccapnl Orig ID:9Indpnleft Desc Date:062524 CO Entry Descr:Prin Finansec:CCD Trace#:091000019413538 Eed:240627 Ind ID:463611100200024 Ind Name:Pioneer Health Systems Cca Billing Trn: 1799413538Tc	994.10
<b>Total Electronic Withdrawals</b>		<b>\$84,894.75</b>

## OTHER WITHDRAWALS, FEES & CHARGES

DATE	DESCRIPTION	AMOUNT
06/17	Account Analysis Settlement Charge	\$3,266.07
<b>Total Other Withdrawals, Fees &amp; Charges</b>		<b>\$3,266.07</b>

Your service charges, fees and earnings credit have been calculated through account analysis.

## DAILY ENDING BALANCE

DATE	AMOUNT
06/03	\$93,970.16
06/04	87,766.60
06/10	17,532.01
06/17	12,265.94
06/27	5,809.34



June 01, 2024 through June 28, 2024  
Account Number: [REDACTED] 1168

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

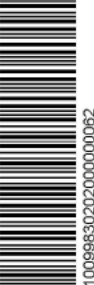
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts,** see your deposit account agreement or other applicable agreements that govern your account for details.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS:** Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

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June 01, 2024 through June 28, 2024  
Account Number: [REDACTED] 1168

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07/02/24

**Pioneer Health System LLC  
Reconciliation Summary**

**1021 · Chase Bank - 0095, Period Ending 06/30/2024**

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	<u>Jun 30, 24</u>
Beginning Balance	60,000.00
Cleared Balance	60,000.00
Register Balance as of 06/30/2024	60,000.00
Ending Balance	60,000.00

5:29 AM

07/02/24

**Pioneer Health System LLC****Reconciliation Detail****1021 · Chase Bank - 0095, Period Ending 06/30/2024**

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Type	Date	Num	Name	Clr	Amount	Balance
<b>Beginning Balance</b>						60,000.00
Cleared Balance						60,000.00
Register Balance as of 06/30/2024						60,000.00
<b>Ending Balance</b>						<b>60,000.00</b>

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5:25 AM

07/02/24

**Pioneer Health System LLC**  
**Reconciliation Summary**  
**1020 · Chase Bank, Period Ending 06/30/2024**

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	<u>Jun 30, 24</u>
Beginning Balance	83,970.16
Cleared Transactions	
Checks and Payments - 6 items	-88,160.82
Deposits and Credits - 1 item	10,000.00
	<u>                    </u>
Total Cleared Transactions	-78,160.82
	<u>                    </u>
Cleared Balance	<b>5,809.34</b>
	<u>                    </u>
Register Balance as of 06/30/2024	5,809.34
Ending Balance	5,809.34

5:25 AM

07/02/24

**Pioneer Health System LLC****Reconciliation Detail****1020 · Chase Bank, Period Ending 06/30/2024**

Type	Date	Num	Name	Clr	Amount	Balance
<b>Beginning Balance</b>						83,970.16
<b>Cleared Transactions</b>						
<b>Checks and Payments - 6 items</b>						
General Journal	06/04/2024	Inter Co		X	-6,203.56	-6,203.56
General Journal	06/10/2024	Accrual		X	-70,234.59	-76,438.15
Check	06/17/2024			X	-3,266.07	-79,704.22
General Journal	06/17/2024	06.17		X	-2,000.00	-81,704.22
General Journal	06/27/2024	06.27		X	-5,462.50	-87,166.72
Check	06/27/2024			X	-994.10	-88,160.82
Total Checks and Payments					-88,160.82	-88,160.82
<b>Deposits and Credits - 1 item</b>						
Transfer	06/03/2024			X	10,000.00	10,000.00
Total Deposits and Credits					10,000.00	10,000.00
Total Cleared Transactions					-78,160.82	-78,160.82
Cleared Balance					-78,160.82	5,809.34
Register Balance as of 06/30/2024					-78,160.82	5,809.34
<b>Ending Balance</b>					<b>-78,160.82</b>	<b>5,809.34</b>



**DOC Corporate Group LLC Consolidated**  
**Month and Year to Date Operating Statements by Entity**  
**For the Period Ended June 30, 2024**

	Month-to-Date					
	Pioneer	DCG	DOC LLC	DOCTX3	PAS	Total
<b><u>Revenue</u></b>						
Service Income	-	-	-	3,220,237	347,671	3,567,908
PT Revenue	-	-	-	1,425,986	400,613	1,826,599
Surgical Revenue	-	-	-	1,036,933	71,739	1,108,672
Pain Management	-	-	-	375,002	188,576	563,578
Telehealth Revenue	-	-	-	420	-	420
Management Fees	136,000	-	-	-	-	136,000
Service Revenue Adjustments	-	-	-	(2,130,543)	(208,946)	(2,339,489)
PT Revenue Adjustments	-	-	-	(1,030,748)	(240,744)	(1,271,492)
Surgical Revenue Adjustments	-	-	-	(682,120)	(43,043)	(725,164)
Pain Management Adjustments	-	-	-	(284,394)	(113,146)	(397,539)
Managed Services Agreement Revenue	-	-	-	-	-	-
Refunds	-	-	(2,123)	-	-	(2,123)
Total Net Revenue	136,000	-	(2,123)	1,930,773	402,720	2,467,370
<b><u>Cost of Goods Sold</u></b>						
Cost of Sales	-	-	47,571	-	-	47,571
Cost of Sales - Surgical	-	-	7,630	-	-	7,630
Cost of Sales - PT	-	-	-	-	-	-
Cost of Sales - PM	-	-	343	-	-	343
Total Cost of Goods Sold	-	-	55,544	-	-	55,544
% of Revenues	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%
<b>Gross Margin</b>	<b>136,000</b>	<b>-</b>	<b>(57,667)</b>	<b>1,930,773</b>	<b>402,720</b>	<b>2,411,826</b>
% of Revenues	100.0%	0.0%	0.0%	100.0%	100.0%	97.7%
<b><u>Sales &amp; Marketing:</u></b>						
Advertising and Promotion	-	-	532	-	-	532
Social and Electronic	-	-	63,656	-	-	63,656
Production	-	-	-	-	-	-
Marketing Expenses	-	-	1,329	-	-	1,329
Travel - Marketing	-	-	1,700	-	-	1,700
Meals & Entertainment - Marketing	-	120	3,780	-	-	3,900
Salaries & Wages	-	-	35,908	-	-	35,908
Payroll Tax Expense	-	-	2,662	-	-	2,662
Employee Benefits	-	-	756	-	-	756
Total Sales & Marketing	-	120	110,323	-	-	110,443
% of Revenues	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%
<b><u>G&amp;A Labor:</u></b>						
Salaries and Wages	-	363,714	863,285	-	-	1,226,999
Payroll Tax Expense	-	26,478	52,554	-	-	79,032
Employee Benefits	-	51,906	75,232	-	-	127,139
Worker's Comp Insurance	-	-	2,283	-	-	2,283
Employee Related Expenses	-	406	799	-	-	1,205
HR Services & Payroll Processing Fees	-	5,218	-	-	-	5,218
Contract Labor	24,583	17,710	80,564	-	-	122,857
Total G&A Labor Costs	24,583	465,432	1,074,718	-	-	1,564,733
% of Revenues	18.1%	0.0%	0.0%	0.0%	0.0%	63.4%





**DOC Corporate Group LLC Consolidated**  
**Month and Year to Date Operating Statements by Entity**  
**For the Period Ended June 30, 2024**

	Month-to-Date					Total
	Pioneer	DCG	DOC LLC	DOCTX3	PAS	
<b><u>Facility &amp; Telecom:</u></b>						
Rent Expense	-	5,306	99,959	-	-	105,265
Property Taxes and Insurance	-	-	29,060	-	-	29,060
Repairs and Maintenance	-	875	35,682	-	-	36,557
Utilities	-	50	9,770	-	-	9,820
Total Facility & Telecom Costs	-	6,231	174,472	-	-	180,702
% of Revenues	0.0%	0.0%	0.0%	0.0%	0.0%	7.3%
<b><u>General &amp; Administrative:</u></b>						
Recruiting Expenses	-	1,031	549	-	-	1,580
Recruiting Expenses - PM	-	-	-	-	-	-
Bank Service Charges	3,266	-	9	-	-	3,275
Merchant Service Bank Fees	-	-	21,484	-	-	21,484
Computer Expenses	-	-	1,048	-	-	1,048
Internet	-	50	9,377	-	-	9,427
Software Expenses	-	636	41,208	-	-	41,844
IT Services	-	13,504	7,768	-	-	21,272
Conferences and Education	-	-	69	-	-	69
Professional Memberships	-	-	145	-	-	145
Business Licenses & Credentials	-	1,368	5,730	-	-	7,098
Dues and Subscriptions	3,457	3,739	1,275	-	-	8,470
Business Insurance	994	5,191	52,810	-	-	58,995
Office Expenses	-	45	18,853	-	-	18,899
Postage Expenses	-	-	66	-	-	66
Medical Supplies	-	-	14,906	-	-	14,906
Uniforms	-	59	1,709	-	-	1,768
Managed Services Agreement Fees	-	-	-	-	-	-
Professional Fees	2,000	-	10,091	-	-	12,091
Accounting Services	-	16,852	-	-	-	16,852
Legal Fees	-	-	179	-	-	179
Franchise Tax Expense	-	-	10,000	-	-	10,000
Telecommunications	-	1,715	5,670	-	-	7,385
Travel Expense	592	4,335	6,345	-	-	11,272
Meals and Entertainment	-	415	1,870	-	-	2,285
Bad Debt Expense	-	-	-	52,801	-	52,801
Restructuring Expense	42,526	-	-	-	-	42,526
Total General and Admin.	52,834	48,940	211,161	52,801	-	365,737
% of Revenues	38.8%	0.0%	0.0%	2.7%	0.0%	14.8%
<b>Total Operating Expenses</b>	<b>77,418</b>	<b>520,722</b>	<b>1,570,675</b>	<b>52,801</b>	<b>-</b>	<b>2,221,616</b>
% of Revenues	56.9%	0.0%	0.0%	2.7%	0.0%	90.0%
<b>Operating Income (EBITDA)</b>	<b>58,583</b>	<b>(520,722)</b>	<b>(1,628,342)</b>	<b>1,877,972</b>	<b>402,720</b>	<b>190,210</b>
% of Revenues	43.1%	0.0%	0.0%	97.3%	100.0%	7.7%
Depreciation Expense	-	2,316	58,082	-	-	60,398
Interest Expense	5,463	243	1,679	-	-	7,385
Other Income	-	-	(22,029)	-	-	(22,029)
<b>Net Income</b>	<b>53,120</b>	<b>(523,281)</b>	<b>(1,666,075)</b>	<b>1,877,972</b>	<b>402,720</b>	<b>144,457</b>
% of Revenues	39.1%	0.0%	0.0%	97.3%	100.0%	5.9%
Managed Services Agreement Revenue	-	-	-	-	-	-
<b>Adjusted Operating Income (EBITDA)</b>			<b>(1,628,342)</b>	<b>1,877,972</b>	<b>402,720</b>	<b>652,350</b>



**DOC Corporate Group LLC Consolidated  
Combining Balance Sheet by Entity  
June 30, 2024**

**Cash**

	Pioneer	DOC Corp Group	DOC LLC	DOCTX3	Sean Hassinger	PAS Services PLLC	ICT	Total
Chase Bank	5,809	27,794	81,751	472,731	-	115,688	-	703,774
Chase Bank - 6730	60,000	-	2,466	-	-	-	-	62,466
Chase Medical - 9552	-	14,351	12,000	-	-	-	-	26,351
Cash in Drawer	-	-	475	-	-	-	-	475
Bill.com Money Out Clearing	-	-	1,845	-	-	-	-	1,845
Total Cash	65,809	42,145	98,538	472,731	-	115,688	-	794,912

**Accounts Receivable**

Accounts Receivable	-	-	230,299	6,372,397	-	18,009,375	-	24,612,071
AR-Other	1,165,184	-	-	-	-	-	-	1,165,184
Nore Receivable	583,662	-	-	-	-	-	-	583,662
Allowance for Contractual Adjustments	-	-	(155,721)	(4,328,144)	-	(11,085,860)	-	(15,569,725)
Allowance for Doubtful Accounts	-	-	(61,497)	(1,763,191)	-	-	-	(1,824,688)
Total Accounts Receivable	1,748,845	-	13,081	281,061	-	6,923,515	-	8,966,503

**Other Current Assets**

Prepaid Expenses	14,520	22,223	37,712	-	-	-	-	74,455
Prepaid Insurance	-	12,625	12,614	-	-	-	-	25,239
Inventory	-	-	129,309	-	-	-	-	129,309
Total Other Current Assets	14,520	34,848	179,635	-	-	-	-	229,003

**Fixed Assets**

Construction in Process	-	-	389,180	-	-	-	-	389,180
Furniture and Office Equipment	-	151,115	820,692	-	-	-	-	971,808
Machinery & Equipment (Clinic)	-	-	2,044,704	-	-	-	-	2,044,704
Leasehold Improvements	-	-	6,540,330	-	-	-	-	6,540,330
Software	-	-	287,481	-	-	-	-	287,481
Vehicles	-	55,033	-	-	-	-	-	55,033
Total Fixed Assets	-	206,148	10,082,387	-	-	-	-	10,288,535
Accumulated Depreciation	-	(142,648)	(5,551,814)	-	-	-	-	(5,694,462)
Net Fixed Assets	-	63,500	4,530,573	-	-	-	-	4,594,073
ROU Asset	-	-	11,257,317	-	-	-	-	11,257,317
Total Net Fixed Assets	-	63,500	15,787,890	-	-	-	-	15,851,390

**Other Assets**

Prepaid Security Deposit - LT	-	2,631	145,991	-	-	-	-	148,622
Lease Asset - Direct Costs	-	-	6,187	-	-	-	-	6,187
Digital Record	-	-	1,702	-	-	-	-	1,702
Investment - DOC LLC	(23,329,063)	-	-	-	-	-	-	(23,329,063)
Investment in DCG	310,729	-	-	-	-	-	-	310,729
Investment in DOCTX	(393,340)	-	-	-	-	-	-	(393,340)
Investment in PAS	1,887,172	-	-	-	-	-	-	1,887,172
Investment in SHMD	(17,584)	-	-	-	-	-	-	(17,584)
Investment in ICT	566,166	-	-	-	-	-	-	566,166
InterCo DOC LLC /DCG	-	1,241,677	(1,241,677)	-	-	-	-	-
InterCo DOC LLC /DOCTX3	-	-	(7,717,612)	7,717,612	-	-	-	-
InterCo DOC LLC /Sean Hassinger	-	-	17,584	-	(17,584)	-	-	-
InterCo DOC LLC /KIRE	-	-	(55,707)	-	-	-	-	(55,707)
InterCo DOC LLC /PAS Services PLLC	-	-	2,756,417	-	-	(2,756,417)	-	-
InterCo DCG /PHS LLC	1,914,084	(1,914,084)	-	-	-	-	-	-
InterCo DOC LLC /ICT LLC	-	-	(656,828)	-	-	-	656,828	-
InterCo DOC LLC /PHS LLC	(531,186)	-	531,186	-	-	-	-	-
Total Other Assets	(19,593,022)	(669,775)	(6,212,758)	7,717,612	(17,584)	(2,756,417)	656,828	(20,875,115)
Total Assets	(17,763,848)	(529,281)	9,866,387	8,471,404	(17,584)	4,282,786	656,828	4,966,693



**DOC Corporate Group LLC Consolidated  
Combining Balance Sheet by Entity  
June 30, 2024**

	Pioneer	DOC Corp Group	DOC LLC	DOCTX3	Sean Hassinger	PAS Services PLLC	ICT	Total
<b><u>Current Liabilities</u></b>								
Accounts Payable	628,276	25,183	1,711,442	-	-	-	-	2,364,901
Other Liabilities	439,000	-	-	-	-	-	-	439,000
Employee Medical Expense Liability	-	810,501	-	-	-	-	-	810,501
Accrued Expenses	-	85,773	1,684,991	-	-	-	-	1,770,765
Payroll Liabilities	-	1,040,622	-	-	-	-	-	1,040,622
401K Liability	-	25,380	-	-	-	-	-	25,380
Lease Liability	-	-	11,880,584	-	-	-	-	11,880,584
Chase Credit Card - 9922	-	-	-	-	-	-	-	-
Current Portion - Note Payable	2,188,789	-	127,635	-	-	-	-	2,316,424
PPP Loan	-	-	-	-	-	-	-	-
Current Portion - Capital Lease Payable	-	-	45,696	-	-	-	-	45,696
Total Current Liabilities	3,256,065	1,987,459	15,450,348	-	-	-	-	20,693,871
<b><u>Long Term Liabilities</u></b>								
Notes Payable	3,209,073	-	28,769	-	-	-	-	3,237,842
Convertible Notes	2,532,819	-	-	-	-	-	-	2,532,819
Convertible Note - Blake Lyman	50,000	-	-	-	-	-	-	50,000
Convertible Note - Brandi Jones	50,000	-	-	-	-	-	-	50,000
Capital Leases Payable	-	-	38,252	-	-	-	-	38,252
Note Payable - David Hassinger	2,023,670	-	-	-	-	-	-	2,023,670
Note Payable - James P Griffin	658,258	-	-	-	-	-	-	658,258
Note Payable - Sean Hassinger	1,081,831	-	-	-	-	-	-	1,081,831
Note Payable - J Guy Conces	-	-	1,500,000	-	-	-	-	1,500,000
Total Long Term Liabilities	9,605,652	-	1,567,021	-	-	-	-	11,172,673
<b><u>Equity</u></b>								
Owner Contributions	-	-	10,735,107	-	-	-	-	10,735,107
Retained Earnings	(30,625,564)	(2,516,740)	(17,886,088)	8,471,404	(17,584)	4,282,786	656,828	(37,634,958)
Total Shareholders Equity	(30,625,564)	(2,516,740)	(7,150,981)	8,471,404	(17,584)	4,282,786	656,828	(26,899,851)
Total Liabilities and Equity	(17,763,848)	(529,281)	9,866,387	8,471,404	(17,584)	4,282,786	656,828	4,966,693



**DOC Corporate Group LLC Consolidated**  
**Rolling Twelve Months Cash Flows Statements**  
**As of June 30, 2024**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Last 12 Months
<b><u>Cash From Operating Activities</u></b>													
Net Income	2,069,479	(111,946)	(271,453)	(95,806)	(126,069)	1,772,618	(260,844)	(286,964)	(79,865)	228,950	260,772	144,457	3,243,330
Non-Cash Adjustments to Net Income													
Depreciation	65,164	64,661	65,534	67,461	66,930	66,930	62,919	62,919	62,826	62,646	61,118	60,398	769,506
ROU Asset	148,708.20	149,382.96	150,064.63	150,751.29	151,441.08	345,023.59	76,448.63	76,797.66	77,150.59	77,506.46	77,863.89	78,223.21	1,559,362
Changes in Certain Assets and Liabilities													
Accounts Receivable, net	576,446	(364,898)	(156,653)	(387,852)	(327,982)	(916,218)	(177,897)	(314,693)	(234,644)	(366,613)	(126,809)	(186,598)	(2,984,412)
Other Current Assets	8,745	14,164	1,007	(23,730)	(7,967)	(24,130)	44,118	(33,709)	48,747	11,328	(2,230)	52,417	88,762
Trade Payables	(1,303,103)	274,721	231,964	375,802	121,519	119,591	32,940	140,316	59,730	(245,076)	(15,044)	(93,550)	(300,190)
Other Current Liabilities	3,683	2,290,676	(10,302)	65,088	18,497	370,683	274,995	(2,210,209)	480,444	283,207	(133,049)	(204,028)	1,229,684
Total Cash Flows From Operating Activities	1,569,122	2,316,761	10,161	151,714	(103,631)	1,734,498	52,680	(2,565,542)	414,387	51,949	122,623	(148,680)	3,606,042
<b><u>Cash From Investing Activities</u></b>													
Purchases/Sales of Fixed Assets, Net	(623,352)	(6,588)	(105,698)	(285,922)	0	(9,174)	211,890	(2,580)	(3,707)	(4,978)	(17,558)	(8,373)	(856,041)
Change in Other Assets	324	(16,495)	324	324	324	72,692	323	324	324	324	14,694	324	73,805
Total Cash Flows From Investing Activities	(623,029)	(23,083)	(105,375)	(285,598)	324	63,519	212,213	(2,256)	(3,384)	(4,655)	(2,864)	(8,050)	(782,237)
<b><u>Cash From Financing Activities</u></b>													
Proceeds/(Repayments) of Debt	(333,532)	(2,584,669)	864	(1,775)	2,419	(1,891,593)	3,391	2,183,620	(18,476)	69,120	(18,016)	(18,153)	(2,606,799)
Member Draws	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from Equity	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Flows From Financing Activities	(333,532)	(2,584,669)	864	(1,775)	2,419	(1,891,593)	3,391	2,183,620	(18,476)	69,120	(18,016)	(18,153)	(2,606,799)
Net Change in Cash Balances	612,561	(290,991)	(94,349)	(135,659)	(100,888)	(93,576)	268,284	(384,178)	392,528	116,415	101,743	(174,883)	217,006
Beginning Cash Balance	577,906	1,190,467	899,475	805,126	669,467	568,580	475,004	743,288	359,109	751,637	868,052	969,794	577,906
Ending Cash Balance	1,190,467	899,475	805,126	669,467	568,580	475,004	743,288	359,109	751,637	868,052	969,794	794,912	794,912

	Cash Out	Collections	PAS	Advance	DIP Loan	Balance
6/30/2024						706,240
7/1/2024	22,601	89,724	9,091			782,454
7/2/2024	1,400	89,724	9,091	45,000		924,870
7/3/2024	539,630	89,724	9,091			484,054
7/4/2024	-					484,054
7/5/2024	51,343	89,724	9,091			531,527
7/6/2024	-					531,527
7/7/2024	-					531,527
7/8/2024	9,079	89,724	9,091			621,263
7/9/2024	131,391	89,724	9,091			588,687
7/10/2024	99,055	89,724	9,091			588,446
7/11/2024	-	89,724	9,091			687,261
7/12/2024	719,964	89,724	9,091			66,112
7/13/2024	-					66,112
7/14/2024	-					66,112
7/15/2024	85,876	89,724	9,091			79,051
7/16/2024	600	89,724	9,091			177,266
7/17/2024	36,500	89,724	9,091			239,582
7/18/2024	347,000	89,724	9,091			(8,603)
7/19/2024	26,180	89,724	9,091			64,032
7/20/2024	-					64,032
7/21/2024	-					64,032
7/22/2024	22,195	89,724	9,091			140,652
7/23/2024	2,970	89,724	9,091			236,497
7/24/2024	40,500	89,724	9,091			294,812
7/25/2024	139,216	89,724	9,091			254,411
7/26/2024	42,922	89,724	9,091			310,304
7/27/2024	220					310,084
7/28/2024	-					310,084
7/29/2024	6,030	89,724	9,091			402,869
7/30/2024	-	89,724	9,091			501,684
7/31/2024	71,518	89,724	9,091			528,981
	2,396,191	1,973,932	200,000	45,000	-	(177,259)