UNITED STATES BANKRUPTCY COURT

DISTRICT OF Delaware

In re: Revolutionary Medical Devices, Inc. §
§
§
Debtor(s) §

Case No. 24-11222

Lead Case No. 24-11217

☒ Jointly Administered

# Post-confirmation Report

Chapter 11

Quarter Ending Date: 01/24/2025

Petition Date: 06/09/2024

Plan Confirmed Date: 11/14/2024

Plan Effective Date: 11/27/2024

This Post-confirmation Report relates to: ◉ Reorganized Debtor

○ Other Authorized Party or Entity: _____
Name of Authorized Party or Entity

/s/ PATRICK REILLEY
Signature of Responsible Party

PATRICK REILLEY
Printed Name of Responsible Party

03/07/2025
Date

500 Delaware Avenue, Suite 200
Wilmington, DE 19801
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.

Debtor's Name Revolutionary Medical Devices, Inc. Case No. 24-11222

**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 |

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

| | | | | Approved Current Quarter | Approved Cumulative | Paid Current Quarter | Paid Cumulative |
|---|---|---|---|---|---|---|---|
| a. | Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor *Aggregate Total* | | | | | | |
| | *Itemized Breakdown by Firm* | | | | | | |
| | | Firm Name | Role | | | | |
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Debtor's Name Revolutionary Medical Devices, Inc. Case No. 24-11222

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| b. | | | | Approved Current Quarter | Approved Cumulative | Paid Current Quarter | Paid Cumulative |
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| | Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor *Aggregate Total* | | | | | | |
| | *Itemized Breakdown by Firm* | | | | | | |
| | | Firm Name | Role | | | | |
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Debtor's Name Revolutionary Medical Devices, Inc. Case No. 24-11222

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Debtor's Name Revolutionary Medical Devices, Inc. Case No. 24-11222

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| 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 Anticipated Payments Under Plan | Paid Current Quarter | Paid Cumulative | Allowed Claims | % Paid of Allowed Claims |
|---|---|---|---|---|---|
| a. Administrative claims | $0 | $0 | $0 | $0 | 0% |
| b. Secured claims | $0 | $0 | $0 | $0 | 0% |
| c. Priority claims | $0 | $0 | $0 | $0 | 0% |
| d. General unsecured claims | $0 | $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: 01/24/2025

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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**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.**

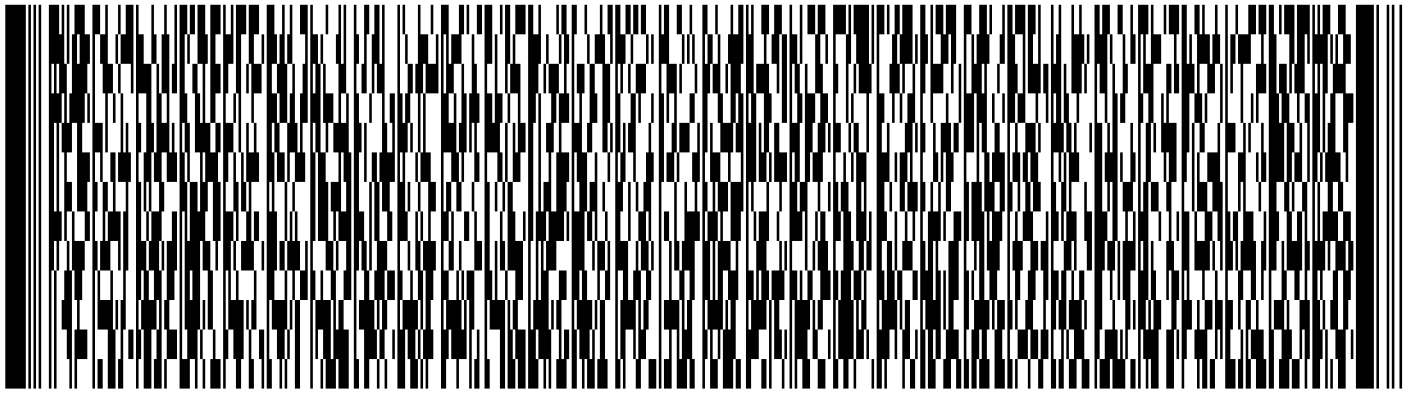
/s/ DAVID BARSE
Signature of Responsible Party

DAVID BARSE
Printed Name of Responsible Party

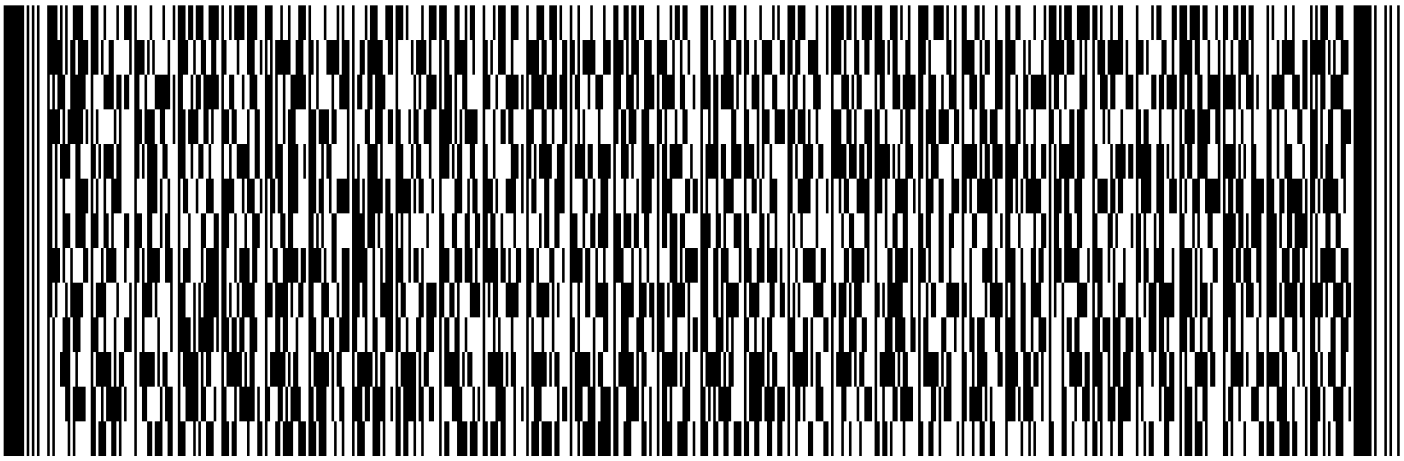
PLAN ADMINISTRATOR
Title

03/07/2025
Date

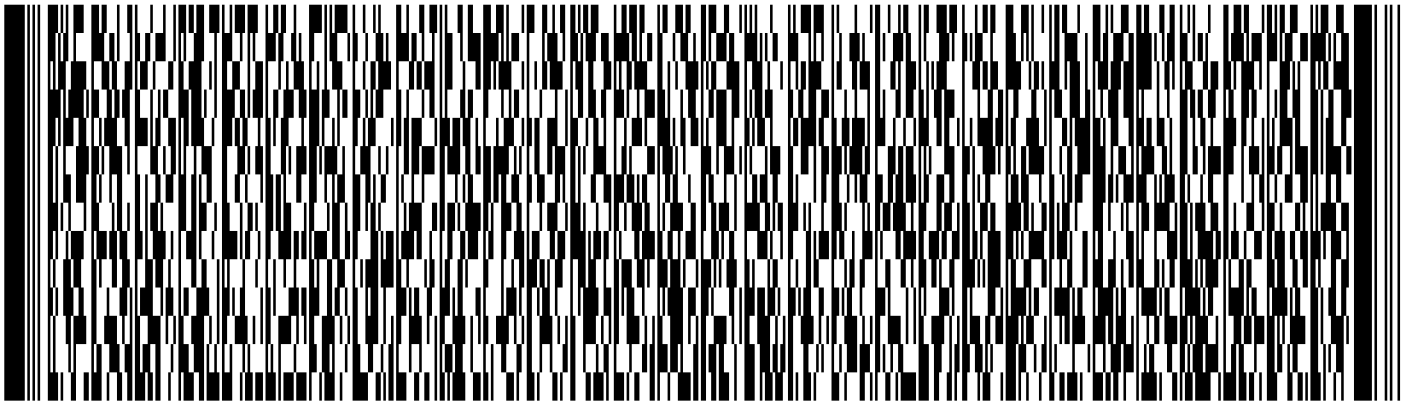
Debtor's Name Revolutionary Medical Devices, Inc. Case No. 24-11222



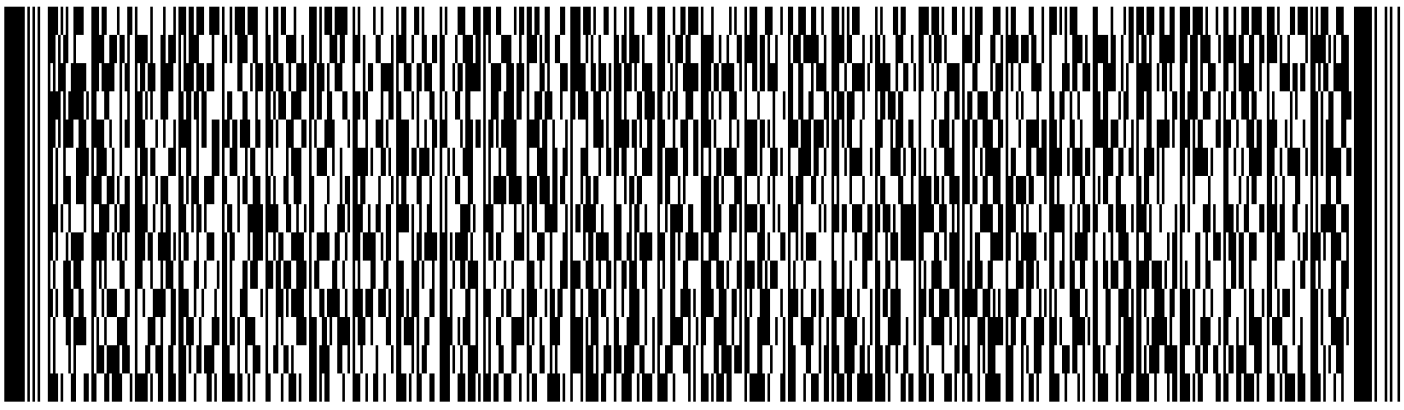
Page 1



Other Page 1

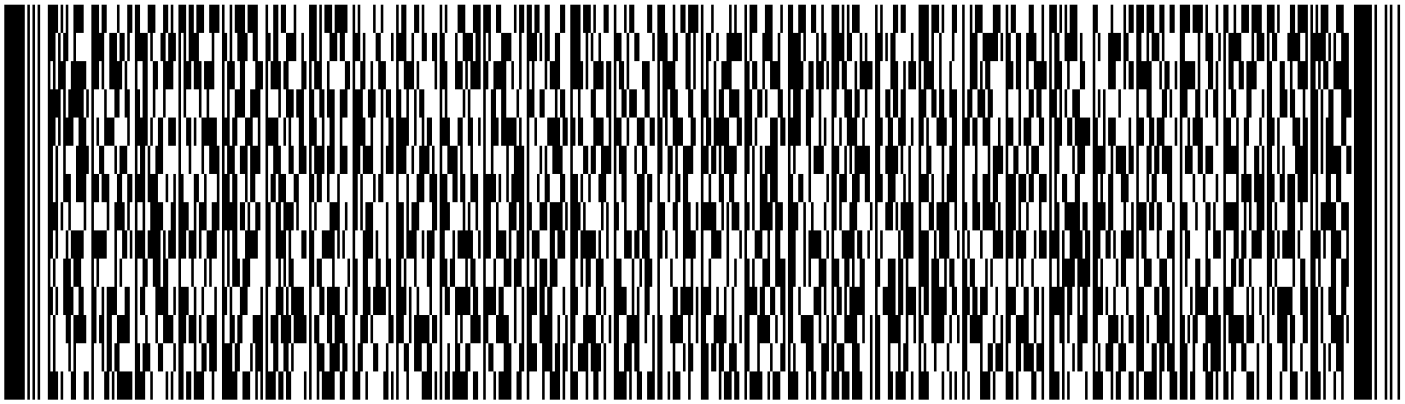


Page 2 Minus Tables

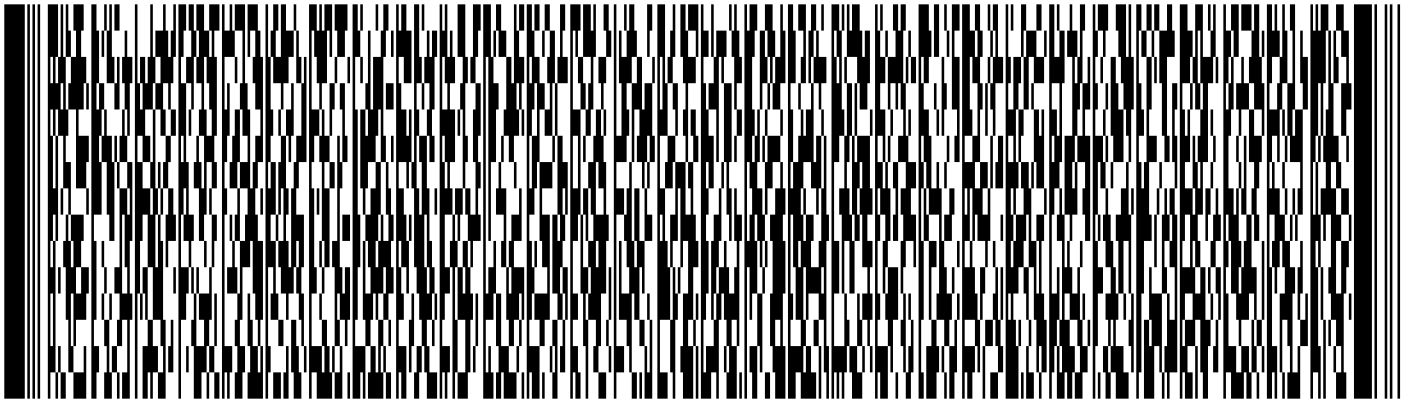


Bankruptcy Table 1-50

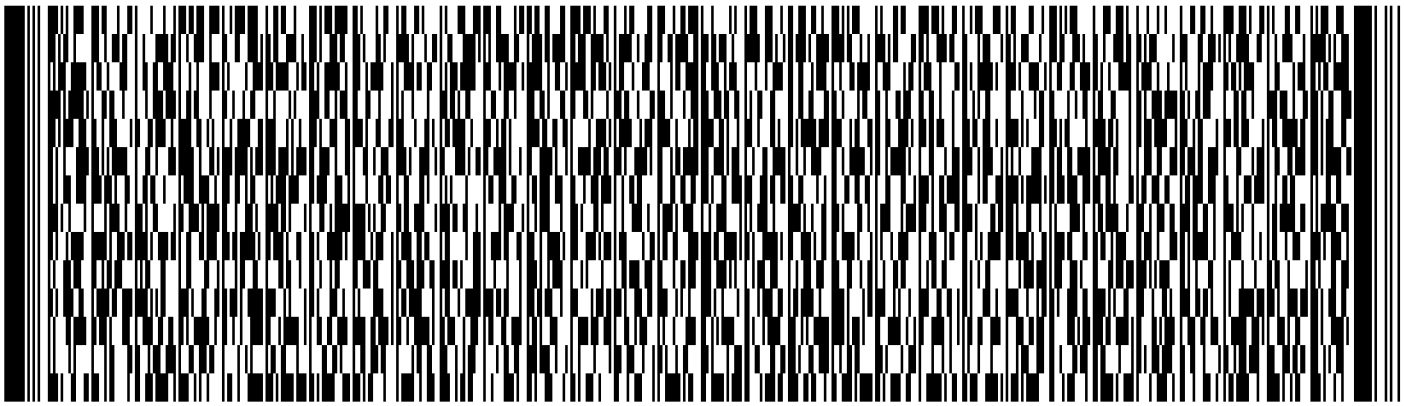
Debtor's Name Revolutionary Medical Devices, Inc. Case No. 24-11222



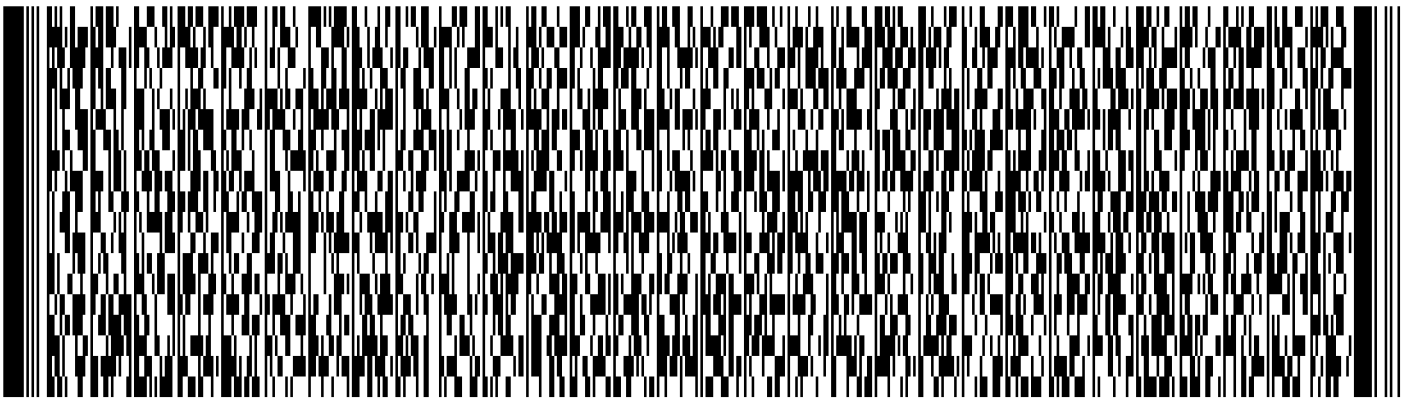
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page