

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION**

In re:

**THE VILLAGES HEALTH SYSTEM, LLC,¹

Debtor.**

CHAPTER 11

CASE NO.: 25-04156 (LVV)

**NOTICE OF OPT-IN PROCEDURE TO OBTAIN ADDITIONAL NOTICE
FOR THE VILLAGES HEALTH SYSTEM, LLC'S BANKRUPTCY CASE**

TO: All persons and entities who may be interested in the bankruptcy case filed by the Villages Health System, LLC ("Debtor").

PLEASE TAKE NOTICE THAT:

On July 3, 2025 (the "Petition Date"), the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Middle District of Florida (the "Court").

On July 11, 2025, the Court entered the *Order Granting Debtor's Emergency Motion for Entry of an Order: (I) Approving the Form and Manner of Notifying Creditors of the Commencement of this Chapter 11 Case; (II) Establishing Employee Notice Procedures; (III) Establishing Scope of Notice; (IV) Approving the Opt-In Procedure for Additional Notice; and (V) Granting Related Relief* [Doc. No. 64] (the "Order"). The Order limits the types of future notice you will receive in connection with this bankruptcy case. If you wish to receive additional notifications of motions, orders, and other occurrences in this bankruptcy case, you should follow the opt-in procedure set forth herein.

**UNLESS YOU OPT IN TO RECEIVE ADDITIONAL SERVICE USING THE
PROCEDURE DESCRIBED IN THIS NOTICE, YOU WILL ONLY RECEIVE
NOTICE OF CERTAIN LIMITED MATTERS IN THIS BANKRUPTCY CASE.**

If you do not opt in to receive additional service, you will only receive notice of (i) the deadlines to file proofs of claim against the Debtor; (ii) the time fixed for filing objections to any disclosure statement and any hearing to consider approval of the disclosure statement on a final basis; (iii) the time fixed for accepting, rejecting, or objecting to confirmation of a plan or

¹ The address of the Debtor is 600 Sunbelt Road, The Villages, Florida 32159. The last four digits of the Debtor's federal tax identification number is 6436.

any modification thereof and the hearing thereon; (iv) the entry of an order confirming a plan; and (v) a hearing regarding the dismissal or conversion of the chapter 11 case.

If you would like to opt in to receive additional service, please (1) complete the form located on this website: <https://cases.stretto.com/thevillageshealth>, clicking the “File an Opt-In Form” button at the top of the page and following the ensuing directions; or (2) complete the form at the bottom of this page and return it to the Debtor’s claims and noticing agent at the following address:

The Villages Health System, LLC, et al., Opt-In Processing
c/o Stretto
410 Exchange, Suite 100
Irvine, CA 92602

Online Opt-In Instructions

To properly submit your Opt-In Form online, you must visit <https://cases.stretto.com/thevillageshealth>, click on the “File an Opt-In Form” button at the top of the page and follow the instructions provided. This process is the sole manner in which Opt-In Forms will be accepted via electronic or online transmission. Opt-In Forms submitted by facsimile, e-mail or other means of electronic transmission will not be accepted.

Holders who submit their Opt-In Form electronically should NOT also submit a paper Opt-In Form.

The Villages Health System, LLC Bankruptcy – Opt-In Form

Please complete and submit the below form in order to be included in the Creditor Matrix of The Villages Health System, LLC. You will then receive documents in the case whenever they are issued to the general population of creditors and parties in interest. By filling out this form below, you consent to receive service via email.

Name: _____

Email Address: _____

Signature: _____

Date: _____

Please check here if you prefer notices by first class mail, only, and complete the following:

Address: _____
