### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	)-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
Α .	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В .	This return/report is for:	X first return/report	final retur	n/report		_		
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	▼ Form 5558		extension		DFVC progra	am	
	Shook box ii iiiiig dhaci.	special extension (enter description				☐ - · · · · · · · · · · · · · · · · ·		
Do	rt II   Pacia Plan Infor	mation—enter all requested information						
	Irt II   Basic Plan Information Name of plan	mation—enter all requested information	ation		1h	Three-digit		
	Name of plan II PATEL, M.D., P.A. DEFINED	BENEFIT PLAN			טו	plan number		
	, = , = , = =					(PN) ▶	002	
					1c	Effective date of		
						01/01/2	2009	
	•	ess (employer, if for single-employer	plan)		2b	Employer Ident		nber
KAJI	II PATEL, M.D., P.A.				20	(EIN) 59-322 Plan sponsor's		umbor
11 W	EST 23 STREET, SUITE B-1				20	850-74		umbei
	AMA CITY, FL 32405				2d	Business code	(see instruc	tions)
						621330		
	Plan administrator's name and II PATEL, M.D., P.A.	address (if same as Plan sponsor, e 11 WEST 23			3b	Administrator's 59-322		
TVAOI	WITATEL, WI.D., T.A.	PANAMA CI			3c	Administrator's		umber
						850-74	•	idiliboi
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
- 1	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		<b>1</b> c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a	<u> </u>		2
		t the end of the plan year		}				3
	·	rith account balances as of the end of		ļ	5b			2
С				The state of the s	5c			
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b		he annual examination and report of						_
		(See instructions on waiver eligibility					× Yes	No
Da		ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III   Financial Inform	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	000740
	Total plan assets		7a	0	-			260713
b	'		7b	0				0
<u> </u>	·	7b from line 7a)	7c	0				260713
8	Income, Expenses, and Trans			(a) Amount		(b)	Total	
а	Contributions received or rece (1) Employers		8a(1)	110239				
			8a(2)	0				
		s)		165291				
b	, ,	,	, ,	5404				
С	,	8a(2), 8a(3), and 8b)						280934
d		rollovers and insurance premiums						
			. 8d	18917				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	0				
f	Administrative service provide	rs (salaries, fees, commissions)	8f	0				
g	Other expenses		. 8g	1304				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h					20221
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i					260713
i	Transfers to (from) the plan (s	ee instructions)	. 8i	0				

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Part IV	Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	4B							
art	V	Compliance Questions						
10	Durir	ng the plan year:		Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	s the plan covered by a fidelity bond?	10c		X			
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X Yes	No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of I	ERISA?	Yes	X No
	`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiverMon	ıth					
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Ente	r the minimum required contribution for this plan year		⊢	12b			
С		r the amount contributed by the employer to the plan for this plan year			12c			
d	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		··· _	12d			_
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he plaı	n(s) to				
1	3c(1)	Name of plan(s):		130	c(2) EI	N(s)	13c(3)	<b>)</b> PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.		
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to the control of the control					ble, a Sch	edule
		edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/30/2010	CAMERON KELLY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For	cale	ndar plan year 2009	or fiscal plan y		01/01/2009	9	3300 01	and end	ina 12/31/	2009	
		nd off amounts to n			0.70.72000			and one	iiig 12/01/		
		ion: A penalty of \$1,			ing of this ron	ort unland range	مه ماطمع	aa ia aatabliab	a d		
			000 will be as	sessed for late fill	ing or this rep	ort unless reasc	illable ca				
		of plan ATEL, M.D., P.A. DE	EINED BENE	EIT DI ANI				B Three-dig	git	_	000
NAC	INI E	ATEL, IVI.D., F.A. DE	FINED BENE	TH FLAN				plan num	ber (PN)	<b>•</b>	002
								_			
		sponsor's name as sh	nown on line 2	2a of Form 5500 c	or 5500-SF			<b>D</b> Employer	Identificatio	n Number (EIN	1)
RAJ	NI P	ATEL, M.D., P.A.						59-3221888			
Ет	уре о	of plan: X Single	Multiple-A	Multiple-B		F Prior year pla	n size: 🛚	100 or fewer	101-500	More than	n 500
Dr	r4 I	Pacia Inform	otion				<u> </u>	_			
Pa	rt I	Basic Inform									
1_	Ent	er the valuation date:	:	Month	_ Day <u>31</u>	1 Year <u>2</u>	009				
2	Ass	sets:									
	а	Market value							2a		0
	b	Actuarial value							2b		0
3	Fur	nding target/participar	nt count break	kdown			(1) N	lumber of partici	pants	<b>(2)</b> Fur	nding Target
	а	For retired participa			n navment	3a	(-,-		0	(=) : :::	0
	b	For terminated vest			, , ,				0		0
				115							
	С	For active participa				0 (1)			_		000.47
		(1) Non-vested be	enefits								23347
		(2) Vested benefit	ts			3c(2)					0
		(3) Total active				3c(3)			2		23347
	d	Total				3d			2		23347
4	If th	ne plan is at-risk, che	ck the box an	d complete items	(a) and (b)			П			
	_	Funding target disre							4a		
	a	0 0	0 0.		•				та		
	b	Funding target refle at-risk for fewer tha							4b		
5	⊏##	ective interest rate		•					5		6.13 %
	_										82959
6		get normal cost							6		02939
		nt by Enrolled Actua	•	and the other works about a second		h - dul				. Fash assessible d	
	accord		d regulations. In m	ny opinion, each other a	assumption is reas						such other assumptions, in
	combir	ation, offer my best estimate	e of anticipated ex	perience under the pla	n.						
S	IGN	N									
	ER									08/20/2010	)
			Signs	ature of actuary						Date	
JAS	ON C	AO	Oigin	ature or actuary						08-07282	
								<del>-</del>			
DEN	CION	LOEDVICES INC	Type or p	rint name of actua	ary				Most rec	ent enrollment	
PEN	3101	I SERVICES, INC.								305-595-550	
7700		CENDALL BONG OF		Firm name				Te	elephone nu	ımber (includin	ig area code)
		(ENDALL DRIVE, SU L 33156-7565	JITE 405								
	, .										
			Α .	droop of the firm				_			
			Add	dress of the firm							
If the	actu	ary has not fully refle	cted any regu	ulation or ruling pr	omulgated un	nder the statute i	n comple	eting this schedu	ıle, check th	ne box and see	·
instru											Ц

Page <b>2-</b> 1
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Pa	rt II	Begin	ning of year	carryove	er and prefunding ba	lances							
								<b>(a)</b> C	arryover balanc	е	(b)	Prefund	ng balance
7		-	0 1 7		cable adjustments (Item 13					0			0
8	Portion ι	used to d	offset prior year's	funding req	juirement (Item 35 from pri	or year)				0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)						0			0
10	Interest	on item	9 using prior year	's actual ret	turn of%								
11	Prior yea	ar's exce	ess contributions t	o be added	I to prefunding balance:								
	<b>a</b> Exce	ss contr	ibutions (Item 38	from prior y	/ear)								0
	<b>b</b> Intere	est on (a	a) using prior year	's effective	rate of%								0
	<b>C</b> Total	available	e at beginning of c	urrent plan y	ear to add to prefunding bal	ance							0
	<b>d</b> Porti	on of (c)	to be added to p	refunding ba	alance								0
12	Reduction	n in bal	ances due to elec	tions or dee	emed elections					0			0
13	Balance	at begir	nning of current ye	ear (item 9 -	+ item 10 + item 11d – item	12)				0			0
P	art III	Fun	ding percenta	ages									
14	Funding	target a	ttainment percent	age								14	0.00 %
					je							15	0.00 %
	Prior yea	ar's fund	ing percentage fo	r purposes	of determining whether ca	rryover/pre	efund	ling balan	ces may be use			16	82.93 %
17					s less than 70 percent of th							17	0.00 %
P	art IV	Con	tributions an	d liauidit	ty shortfalls						<u> </u>		
				•	ear by employer(s) and em	plovees:							
	(a) Date	;	(b) Amount p	aid by	(c) Amount paid by employees		Dat		(b) Amount p		(		int paid by oyees
	/20/2009	,	Jp.Gy 5.	5855	0	(		,	0	(0)		ор.	3,000
	/29/2009			500	0								
10	/05/2009			50000	0								
	2/02/2009			17573	0								
12	2/29/2009			3000	0								
02	2/18/2010			33311	0								
		ı				Totals	<b>&gt;</b>	18(b)		110239	18(c)		0
19	Discount	ed emp	loyer contributions	s – see inst	ructions for small plan with	a valuatio	n dat	te after the	e beginning of th	ne year:		•	
			-		imum required contribution					. 19a			0
	<b>b</b> Contri	butions	made to avoid res	strictions ad	ljusted to valuation date					. 19b			0
	<b>C</b> Contril	outions a	allocated toward m	inimum requ	uired contribution for current	year adjus	ed to	valuation	date	. 19c			110878
20	Quarterly	contrib	utions and liquidi	ty shortfalls	:								
	a Did th	e plan h	ave a "funding sh	ortfall" for th	he prior year?								Yes X No
	<b>b</b> If 20a	is "Yes,	" were required q	uarterly inst	tallments for the current ye	ar made ir	a tin	nely manr	ner?				Yes No
	<b>C</b> If 20a	is "Yes,	" see instructions	and comple	ete the following table as a	pplicable:						_	<del>-</del>
				1	Liquidity shortfall as of e	nd of Qua	rter c						
		(1) 1s	st		(2) 2nd			(3)	3rd			(4) 4t	1
				1		1				I			

Pa	rt V Assumptio	ns used to determine f	unding target and ta	rget n	ormal cost		
21	Discount rate:						
	<b>a</b> Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %		3rd segment: 6.77 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Pres	cribed - separate	Substitute	)
Pa	rt VI Miscellane	ous items					
	Has a change been m	nade in the non-prescribed act	·		•		· · · · · · ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions r	egarding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes X No
27		or (and is using) alternative fui				27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '	contributions allocated toward			' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		djusted, if applicable (see inst				31	82959
32	Amortization installme		•		Outstanding Bala	ance	Installment
	a Net shortfall amort	tization installment				23347	3909
	<b>b</b> Waiver amortization	on installment				0	0
33		approved for this plan year, en Day Year				33	0
34		ment before reflecting carryove				34	86868
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash require	rement (item 34 minus item 35	j)			36	86868
37		ed toward minimum required co	•	•		37	110878
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	36 over i	em 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	0

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

> Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning C	01/01/2	009 and ending		12/31/2009
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
_	This return/report is for: X first return/report	final retur			
	an amended return/report	] i	ı year return/report (less than 12 m	antha)	
_	<u> </u>	·	, ,	Ontris)	
C	Check box if filing under: X Form 5558	ı	extension		DFVC program
	special extension (enter description	on)			
Pa	urt II Basic Plan Information—enter all requested inform	ation			
	Name of plan			1b	Three-digit
	Rajni Patel, M.D., P.A. Defined Benefit	Plan			plan number
				10	(PN) 002
				10	Effective date of plan 01/01/2009
2a	Plan sponsor's name and address (employer if for single-employer	· nlan\		2h	Employer Identification Number
	Plan sponsor's name and address (employer, if for single-employer Rajni Patel, M.D., P.A.	Piuriy			(EIN) 59-3221888
				2c	Plan sponsor's telephone number
	11 West 23 Street, Suite B-1				(850)747-0168
	5		77 20405	2d	Business code (see instructions) 621330
32	Panama City Plan administrator's name and address (if same as Plan sponsor, e	stor "Cam	FL 32405	2h	Administrator's EIN
Ja	rian administrator s name and address (ii same as rian sponsor, e same	mei Sam	= )	30	Administrator's EIN
				3c	Administrator's telephone number
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	PN
5a	Total number of participants at the beginning of the plan year			+	1 3
b	Total number of participants at the end of the plan year			J	
				<u>5b</u>	
С	Total number of participants with account balances as of the end o complete this item)			. 5c	
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No
	Are you claiming a waiver of the annual examination and report of				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ∐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 5	500.	
	rt III   Financial Information	T	· · · · · · · · · · · · · · · · · · ·		
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year
	Total plan assets			<u> </u>	260,713
b	Total plan liabilities	. 7b		0	C
С	Net plan assets (subtract line 7b from line 7a)	7с		0	260,713
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		1100	20	
	(1) Employers	. 8a(1)	110,2	39	
	(2) Participants	. 8a(2)	<u> </u>		
	(3) Others (including rollovers)		165,2	$\neg$	
b	Other income (loss)		5,4	04	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			280,934
d	Benefits paid (including direct rollovers and insurance premiums	سه ا	18,9	17	
_	to provide benefits)	. 8d	10,9	<del>-  </del>	
e e	Certain deemed and/or corrective distributions (see instructions)			픣	
† ~	Administrative service providers (salaries, fees, commissions)		1 3	<u> </u>	
g	Other expenses	_ <u> </u>	1,3	V4	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			$\perp$	20,221
i	Net income (loss) (subtract line 8h from line 8c)			_ _	260,713
Ĭ	Transfers to (from) the plan (see instructions)	. 8j		이	

Form	5500	¢E.	2001	n

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			raye.z-						
Par				-					
9a	If the plan provides pension benefits, enter the applicable pension fee	ature codes from t	he List of Plan Char	acteri	stic Co	des in	the instruc	ions:	
b	1A 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B	ture codes from th	e List of Plan Char	acteris	tic Co	des in	the instruct	ons:	
Part					_		· · · ·		
10	During the plan year:		<del></del> -		Yes	No	7		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time i	period described in	10a	res	X		Amount	
b	Were there any nonexempt transactions with any party-in-interest? ( on line 10a.)	sactions reported	10b		Х	<b>-</b>			
C	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty?	elity bond, that wa	s caused by fraud	10d		X	· · · · · · · · · · · · · · · · · · ·		
æ	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an ins	urance carrier,	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as o						<u>.</u>		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and	29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or	one of the	10h 10i					
Part	Pension Funding Compliance		***************************************	101		<del></del>	MARIA TANGKA	Haranger.	erasera
11	s this a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ir	structions and com	plete S	Schedi	ule SB	(Form		
12	5500))							X Yes Yes	No X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being a granting the waiver.  Du completed line 12a, complete lines 3, 9, and 10 of Schedule M	mortized in this pl	Mont	tions, th	and e	nter th Day	e date of th	e letter rulir Year	
	Enter the minimum required contribution for this plan year					12b			
C	Enter the amount contributed by the employer to the plan for this plan	year	**************************	•••••	L	12c			
•	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•••••				12d			
-e	Mill the minimum funding amount reported on line 12d be met by the	funding deadline?.			<u></u>	<u></u>	Yes	No 📗	N/A
Part \	A.1.2.44					<u> </u>			
	las a resolution to terminate the plan been adopted during the plan y					••••		Yes	X No
	f "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year	·····		L	13a			
	Nere all the plan assets distributed to participants or beneficiaries, tra	***************************************				ntrol 		Yes 2	X No
	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify th	e plan	(s) to				
13	c(1) Name of plan(s):				13c	(2) Ell	V(s)	13c(3) F	'N(s)
								1	
		<del></del>		_				_	
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	e cane	se ie o	stahli	shed		<u></u>
Under SB or	penalties of perjury and other penalties set forth in the instructions, I a Schedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	declare that I have	eyamined this retur	rn/ren	ort inc	dudina	if appliagh	le, a Sched lowledge al	iule nd
SIGN	· ·	· <u>·</u> ··································	Raini Patol	M.	n		·		
HERE									
(SIGN	PLAD	9125/10	Rajni Patel			iiig as	Pian admin	Suator	
SIGN HERE	Signature of employer/plan sponsor	<del>-, -, -</del>							
wish ear	al originature of employer/plaif sponsor	Date	Enter name of inc	aividu	al sign	ing as	employer o	r plan spon	sor

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning	01/01/2009	and endi	ng	12/3	1/2009
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this re	eport unless reaso	nable cause is establishe	d.		
A Name of plan		B Three-dig	it		
		plan numi	per (PN)	•	002
Date in the second project plants					
Rajni Patel, M.D., P.A. Defined Benefit Pl	an				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer I	dentification	on Number (E	EIN)
Rajni Patel, M.D., P.A.		59-3221	888		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year plan	n size: 🛛 100 or fewer	] 101-50	0 More th	nan 500
Part I Basic Information					
1 Enter the valuation date: Month 12 Day	31 Year _	2009			
2 Assets:					
a Market value			. 2a		0
<b>b</b> Actuarial value			. 2b		0
3 Funding target/participant count breakdown		(1) Number of particip		(2) F	Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment	3a	(.)	0	(-/ -	0
b For terminated vested participants			0		0
C For active participants:					
(1) Non-vested benefits	3c(1)				23,347
(2) Vested benefits				<del></del>	25,547
(3) Total active	- · · · ·		2		23,347
d Total			2		
		П	4		23,347
(-)					The state of the s
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding at-risk for fewer than five consecutive years and disregarding			4b		
5 Effective interest rate	-		5		6.13 %
6 Target normal cost			. 6		82,959
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is re	schedules, statements a	nd attachments, if any, is comple	e and accura	ite. Each prescrib	ed assumption was applied in
combination, offer my best estimate of anticipated experience under the plan.	easonable (taking into ac	count the expendence of the plant	and reasonab	ne expectations)	and such other assumptions, in
SIGN T				5/	/
HERE Jason (ago				0 8/20	12010
Signature of actuary				Date	70-00
Jason Cao				08-0728	32
Type or print name of actuary			Most re	cent enrollme	
Pension Services, Inc.				305)595-	
· · · · · · · · · · · · · · · · · · ·					ding area code)
7700 N. Kendall Drive, Suite 405		10			
W.	20156 5565				
Miami FL Address of the firm	33156-7565				
Address of the film					
If the actuary has not fully reflected any regulation or ruling promulgated	under the statute in	n completing this schedu	e, check t	he box and s	ee
instructions  For Panaryork Reduction Act Nation and OMR Control Numbers and	a tha inaturations	for Form 5500 or 5500	CF	Cabadu	- CD /Farra FF00) 2000

Pag		2	Г
rag	е	4-	

	Pa	art II	Begin	ning of year o	arryove	r and prefunding ba	lances							
Portion used to offset prior year's funding requirement (Item 35 from prior year)   0   0   0   0   0   0   0   0   0	L	united the same to						(a) (	Carryover balance		(b) Pre	fundii	ng balai	nce
9   Amount remaining (Item 7 minus item 8)   0   0   0   0   0   0   0   0   0	7		25.00	170 10 10 10 10 10		1.70	1.7			0				0
10 Interest on item 9 using prior year's actual return of	8									0				0
10 Interest on item 9 using prior year's actual return of %	9	Amount r	emainir	ng (Item 7 minus it	em 8)					0				0
a Excess contributions to be added to prefunding balance:  a Excess contributions (lem 38 from prior year).  b Interest on (a) using prior year's effective rate of 0.00 %.  c Total available at beginning of current plan year to add to prefunding balance.  d Portion of (c) to be added to prefunding balance.  12 Reduction in balances due to elections or deemed elections.  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10													
b Interest on (a) using prior year's effective rate of 0.00%	11													
c Total available at beginning of current plan year to add to prefunding balance		a Exces	ss contr	ibutions (Item 38 f	rom prior y	ear)								0
d   Portion of (c) to be added to prefunding balance		<b>b</b> Intere	st on (a	) using prior year's	s effective r	rate of0.00 %								C
12   Reduction in balances due to elections or deemed elections		<b>c</b> Total	available	e at beginning of cu	irrent plan y	ear to add to prefunding bala	ance							C
13   Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)		<b>d</b> Portio	on of (c)	to be added to pre	efunding ba	alance								C
Part III Funding percentages  14 Funding target attainment percentage	12	Reductio	n in bal	ances due to elect	ions or dee	emed elections				0				C
14 Funding target attainment percentage       14 0.00 %         15 Adjusted funding target attainment percentage       15 0.00 %         16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement       16 82.93 %         17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage       17 0.00 %         Part IV       Contributions and liquidity shortfalls         18 Contributions made to the plan for the plan year by employer(s) and employees: <ul> <li>(a) Date (MM-DD-YYYY)</li> <li>(b) Amount paid by employer(s)</li> <li>(c) Amount paid by employer(s)</li> <li>(d) Amount paid by employer(s)</li> <li>(e) Amount paid by employer(s)</li> <li>(f) Amount paid by employer(s)</li> <li>(g) Amount paid by employer(s)</li> </ul> 09/20/2009       5,855       0	13	13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)						0				C		
15   Adjusted funding target attainment percentage   15   .00 %	P	art III	Fund	ding percenta	ges									
15   Adjusted funding target attainment percentage   15   0.0 %	14	Funding	target a	ttainment percenta	age						1	4		00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 Contributions and liquidity shortfalls  19 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employees  09/20/2009 5,855 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2000000										1	5		00 %
Part IV Contributions and liquidity shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY)	16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce							duce	1	6			
18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (C) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (MM-DD-YYYY) (d) Amount paid by employees (MM-DD-YYYY) (e) Amount paid by employees (d) Amount paid by employees (employees (d) Amount paid by employees (employees (d) Amount paid by employer (d) Amount	17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										7		
18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by (MM-DD-YYYY) (mM-DD-YYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	P	art IV	Con	tributions and	l liauidit	v shortfalls								
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (c) Amount paid by employees (d) Amount paid by employer(s) (e) Amount paid by employees (d) Amount paid by employer(s) (e) Amount paid by employers (e) Amount paid by employer(s) (e) A	5234538695	Market State State Control Control					oloyees:							
10/05/2009   500   0		(a) Date		(b) Amount pa	aid by	(c) Amount paid by	(a) [							
10/05/2009 50,000 0 12/02/2009 17,573 0 12/29/2009 3,000 0 0 12/18/2010 33,311 0 Totals ▶ 18(b) 110,239 18(c) 0 18(c) 19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contribution from prior years. 19a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.9	9/20/20	009		5,855	0								
12/02/2009 17,573 0 0  12/29/2009 3,000 0 0  02/18/2010 33,311 0 Totals ► 18(b) 110,239 18(c) 0  19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contribution from prior years. 19a 0  b Contributions made to avoid restrictions adjusted to valuation date 19b 0  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 110,878  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year? Yes No b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No c If 20a is "Yes," see instructions and complete the following table as applicable:	0.9	9/29/20	009		500	0						100000000000000000000000000000000000000		
12/29/2009 3,000 0  02/18/2010 33,311 0  Totals ► 18(b) 110,239 18(c) 0  19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contribution from prior years. 19a 0  b Contributions made to avoid restrictions adjusted to valuation date 19b 0  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 110,878  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year? 19 No 19 No 19 Contributions and complete the following table as applicable: 190 No 19	10	)/05/20	009	5	50,000	0								
Totals	12	2/02/20	009	1	17,573	0								
Totals ► 18(b) 110,239 18(c) 0  19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contribution from prior years. 19a 0  b Contributions made to avoid restrictions adjusted to valuation date 19b 0  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 110, 878  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year? 19e No	12	2/29/20	009		3,000	0								
Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contribution from prior years.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c 110, 878  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  C If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of Quarter of this plan year	02	2/18/20	010	3	33,311	0								
a Contributions allocated toward unpaid minimum required contribution from prior years.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c 110,878  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?							Totals ▶	18(b)	110,2	239 1	18(c)			0
b Contributions made to avoid restrictions adjusted to valuation date	19	Discounte	ed empl	oyer contributions	- see instr	ructions for small plan with	a valuation	date after th	ne beginning of the year	:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Contrib	outions	allocated toward u	npaid minir	num required contribution f	from prior ye	ears	198	1				C
Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?		<b>b</b> Contrib	outions	made to avoid res	trictions ad	justed to valuation date			191	)				0
a Did the plan have a "funding shortfall" for the prior year?		<b>c</b> Contrib	utions a	Illocated toward mir	nimum requ	ired contribution for current y	ear adjusted	d to valuation	190 date 190	;			11	0,878
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  C If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of Quarter of this plan year	20	Quarterly	contrib	utions and liquidity	y shortfalls:									
C If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of Quarter of this plan year		a Did the	e plan h	ave a "funding sho	ortfall" for th	ne prior year?							Yes	X No
Liquidity shortfall as of end of Quarter of this plan year		<b>b</b> If 20a i	is "Yes,	" were required qu	arterly insta	allments for the current yea	ar made in a	timely man	ner?				Yes	No
		<b>c</b> If 20a i	s "Yes,	see instructions a	and comple	te the following table as ap	plicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th						Liquidity shortfall as of e		er of this pla	n year	- Landa			manufacture of the	
			(1) 1s	t		(2) 2nd		(3)	3rd		(4)	4th		

Pa	rt V Assumptio	ins used to determine t	unding target and target	normal cost					
21		no used to determine i	anding target and target	normal cost					
	a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segment		N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)			21b	0			
22	Weighted average ret	tirement age			. 22	65			
23	Mortality table(s) (see	e instructions)	escribed - combined P	escribed - separate	Substitute	е			
Pa	rt VI Miscellane	ous items							
24			uarial assumptions for the currer			· · · · · ·			
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruction	s regarding required attac	chment	Yes 🛛 No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment.	Yes 🛛 No			
27			nding rules, enter applicable code		27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribution	s for prior years					
28	Unpaid minimum requ	uired contribution for all prior ye	ears		. 28	0			
29	A Company of the Comp	contributions allocated toward	29	0					
30	Remaining amount of	unpaid minimum required cor	tributions (item 28 minus item 29	)	. 30	0			
Pa	rt VIII Minimum	required contribution t	for current year						
31			ructions)		. 31	82,959			
32	Amortization installme	ents:		Outstanding Bal	ance	Installment			
	a Net shortfall amorti	ization installment			23,347	3,909			
	<b>b</b> Waiver amortizatio	n installment			0	0			
33			ter the date of the ruling letter gr) and the waived amount		33	0			
34			er/prefunding balances (item 31 -		34	86,868			
			Carryover balance	Prefunding bala	ince	Total balance			
35	Balances used to offs	et funding requirement		0	0	0			
36	Additional cash requir	rement (item 34 minus item 35	)		36	86,868			
37			ontribution for current year adjust		37	110,878			
38			ear (see instructions)			0			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 over	r item 37)	. 39	0			
40	Unpaid minimum requ	uired contribution for all years .			40	0			

### Continuation of 2009 Form 5500 Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

Plan Name	Rajni	Patel,	M.D.,	P.A.	Defined	Benefit	Plan	EIN:	59-3221888
Plan Spons	or's Nar	ne Ra	jni Pat	el, N	M.D., P.A	A.		PN:	002

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid
09/20/2009	5,855	by employees	(IVIIVI-DD-1111)	by employer(s)	by employees
09/29/2009	500	0			
10/05/2009	50,000	0			
12/02/2009	17,573	0			
12/29/2009	3,000	0			
02/18/2010	33,311	0			
		*****			
	***************************************				

### Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameRajni Patel, M.D., P.A. Defined Benefit PlanEIN: 59-3221888Plan Sponsor's NameRajni Patel, M.D., P.A.PN: 002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
09/20/2009	5,855	2009	6.13	5,953
09/29/2009	500	2009	6.13	508
10/05/2009	50,000	2009	6.13	50,714
12/02/2009	17,573	2009	6.13	17,650
12/29/2009	3,000	2009	6.13	3,000
02/08/2010	33,311	2009	6.13	33,046
				33,01

### Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Rajni Patel, M.D., P.A. Defined Benefit Plan	EIN:	59-3221888
Plan Sponsor's Name Rajni Patel, M.D., P.A.	PN:	002
The weighted average retirement age is equal to the normal retirement age of65	<u>.</u>	
List the rate of retirement at each age and describe the methodology used to compute retirement age, including a description of the weight applied at each potential retirement	_	hted average

### Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameRajni Patel, M.D., P.A. Defined Benefit PlanEIN: 59-3221888Plan Sponsor's NameRajni Patel, M.D., P.A.PN: 002

Type of Base	Present Value of Any Remaining	Valuation Date	Years	Amortization Installment
Type of Base Shortfall	Installments 23,347	Valuation Date 12/31/2009	Remaining 7	2 000
SHOLLIATI	23,347	12/31/2009	/	3,90
			-	
****				
			<del>                                     </del>	
			-	
W. C.				
		***************************************		
			<del>                                     </del>	
			<del> </del>	
			<del>                                     </del>	

### Schedule SB, Part V - Statement of Actuarial Assumptions

### **Target Assumptions:**

### **Options:**

Male Nonannuitant:

2009 Nonannuitant Male

Yes

Female Nonannuitant:

2009 Nonannuitant Female

No

Setback

Setback

0

0

0

Male Annuitant:

2009 Annuitant Male

Lump sums use proposed regulations: No

Female Annuitant:

2009 Annuitant Female

Actuarial Equivalent Floor

1st

4.41

0.00

None

None

0.00%

0.00%

0.00%

None

None

Mortality

None

None

Use discount rate transition:

Applicable months from valuation month:

plan year

Probability of lump sum:

100.00%

1

2nd

4.57

0.00

Use optional combined mortality table for small plans:

Use pre-retirement mortality:

Yes

Lookback months: Nonannuitant:

Stability period:

None

Current:

Override:

Male:

Male:

Male:

Male:

Female:

Female:

Female:

Female:

Late Retirement Rates

Marriage Probability

Expense loading:

**Disability Rates** 

Annuitant:

2009 Applicable

3rd

4.27

0.00

	<u>1st</u>	2nd	3rd
Segment rates:	4.71	6.67	6.77
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.71	6.67	6.77
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00%

Female: 0.00%

Withdrawal

Male: None

Female: None

Withdrawal-Select

Male: None

Female: None

**Early Retirement Rates** 

Male:

None

Female: None

**Subsidized Early Retirement Rates** 

Male:

None

Female:

None

Name of Plan:

Rajni Patel, M.D., P.A. Defined B

Plan Sponsor's EIN:

59-3221888

Plan Number:

002

Plan Sponsor's Name: Rajni Patel, M.D., P.A

## Page 1

Name of Plan:Rajni Patel, M.D., P.A. Defined Benefit PlanPlan Sponsor's EIN:59-3221888Plan Number:002Plan Sponsor's Name:Rajni Patel, M.D., P.A

# Schedule SB, Part V - Summary of Plan Provisions

				Death	21 0 0 Date of even		0	
				Disability			None None	None None
Service/Participation Requirements	rs: Hours worked s: 1,000		on pation	Subsidized Early			Actuarial Equivalence Actuarial Equivalence	None None
Service/Participa	Definition of years: Continuing hours: Excluded classes:		403(b) Cafeteria Other Prior to participation 415 prior to participation	Early		& setback	Actuarial Equivalence Actuarial Equivalence	None None
ements	21 0 12 ity: No		on excluding:	Normal	65 0 5 Date of event	Benefit Reduction / Mortality table & setback	:: ale:	
Eligibility Requirements	Age (yrs): Age (months): Wait (months): Two year eligibility:	Earnings	Total compensation excluding:	Retirement	Age: Service: Participation: Defined:	Benefit Reduction	Male: Female:	Rates - Male: Rates - Female:

# Schedule SB, Part V - Summary of Plan Provisions

50.00% REACT Benefits Percentage: Use Social Security Retirement Age: No Vesting Schedule:

Pre-retirement death benefit

100.00% Percentage of accrued benefit: Hours Worked

Vesting Definition:

Death Benefit Payment method: Face + PVAB - Curr. CV

Years 50.00% 0.00% Percent Joint and contingent Life only Annuity Normal: QJSA:

Significant Changes in Plan Provisions Since Last Valuation

Rajni Patel, M.D., P.A. Defined Benefit Plan 59-3221888

Plan Sponsor's Name: Rajni Patel, M.D., P.A

Plan Sponsor's EIN:

Plan Number:

Name of Plan:

## Page 3

# Schedule SB, Part V - Summary of Plan Provisions

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Benefit formula Pension Formula:

Unit benefit non-integrated Type of Formula: Effective Date:

01/01/2009

Percent Unit type:

Accrual 0.00% Maximum total percent: Unit based on:

for remaining yrs for next for 1st None 10.00% None Tiers based on: Second tier: First tier:

None None

Total years:

None 99 01 Future years: Maximum credit: Past years: Third tier:

Apply exclusion to accrued benefit: Current Compensation Final Average Projection method: Averaging

Annualize short compensation years: Include compensations based Annualize short plan years:

Accrual on years of:

0

In the last: Excluding:

Highest:

Based on:

## Accrual

Frozen:

Fractions based on: N/A Hours worked Definition of years: Precision: Terminated 1000 Retired Disabled 1000 **Died** 1000 Continuing 1000

Limit current credit 1000 Accrual credit:

Rajni Patel, M.D., P.A. Defined Benefit Plan Name of Plan:

59-3221888 Plan Sponsor's EIN:

Plan Number:

Plan Sponsor's Name: Rajni Patel, M.D., P.A

# Schedule SB, Part V - Summary of Plan Provisions

Years based on:ParticipationCap/floor years:Maximum past accrual years:0.0000Cap or floor:Method:Unit accrualAccrual % per year:

Floor 0.00% No

Apply 415 before accrual:

Rajni Patel, M.D., P.A. Defined Benefit Plan 59-3221888 002

Plan Number: 002 Plan Sponsor's Name: Rajni Patel, M.D., P.A

Name of Plan: Plan Sponsor's EIN: Page 4

### Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameRajni Patel, M.D., P.A. Defined Benefit PlanEIN: 59-3221888Plan Sponsor's NameRajni Patel, M.D., P.A.P.A.

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
09/20/2009	5,855	2009	6.13	5,953
09/29/2009	500		6.13	508
10/05/2009	50,000		6.13	50,714
12/02/2009	17,573	2009	6.13	17,656
12/29/2009	3,000		6.13	3,001
02/08/2010	33,311	2009	6.13	33,046
02,00,2010	33,311	2007	0.13	55,015
			_	

### Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Rajni Pate	el, M.D., P.A. Defined Benefit Plan	EIN:	59-3221888
Plan Sponsor's Name	Rajni Patel, M.D., P.A.	PN:	002
The weighted average ret	irement age is equal to the normal retirement age of65	<u> </u>	
	at each age and describe the methodology used to compute description of the weight applied at each potential retirem	U	hted average

### Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameRajniPatel, M.D., P.A.Defined BenefitPlanEIN:59-3221888Plan Sponsor's NameRajniPatel, M.D., P.A.PN:002

Type of Base Shortfall	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	23,347	12/31/2009	7	3,909
			† †	- ,
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