Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pt Inspection	ublic		
Part I	Annual Report Iden	tification Information		<u> </u>	•			
For cale	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2009		and ending 12/31/2	009			
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or				
		a single-employer plan;	a DFE (s	pecify)				
		_						
B This	return/report is:	the first return/report;	the final r	eturn/report;				
		an amended return/report;	a short pl	lan year return/report (less th	an 12 months).			
C If the	C If the plan is a collectively-bargained plan, check here							
D Check box if filing under: X Form 5558; X automatic extension;			c extension;	the DFVC program;				
special extension (enter description)								
Part	II Basic Plan Inforn	nation—enter all requested informa	ation					
1a Nam	ne of plan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1b Three-digit plan	001		
MARION	N MEDICAL ASSOCIATES PA	A PROFIT SHARING PLAN			number (PN) ▶			
					1c Effective date of plants of plant	an		
2a Plar	sponsor's name and address	s (employer, if for a single-employer p	olan)		2b Employer Identifica	ation		
	ress should include room or s		,		Number (EIN)			
MARION	N MEDICAL ASSOCIATES PA	A			59-2951256			
					2C Sponsor's telephor number	Sponsor's telephone		
0540.00	U OATH AVE DD	27.2			352-732-5622			
	V 24TH AVE RD FL 34471	OCALA, F	24TH AVE RD L 34471	2d Business code (see				
			instructions) 621111					
					021111			
	<u> </u>	complete filing of this return/repor				dulaa		
		penalties set forth in the instructions, I as the electronic version of this return						
						-		
SIGN	Filed with authorized/valid ele	ectronic signature.	09/30/2010	QIMAT GOYAL				
HERE	Signature of plan adminis	trator	Date	Enter name of individual signing as plan administrator				
				The state of marriadal of	J 22 F.2 30			
SIGN								
HERE	Signature of employer/pla	ın sponsor	Date	Enter name of individual si	gning as employer or plan sp	onsor		
		•			<u> </u>	-		
SIGN			1	1				

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)	Page	2		
MA	Plan administrator's name and address (if same as plan sponsor, enter "Sam RION MEDICAL ASSOCIATES PA 0 SW 24TH AVE RD			59-	Iministrator's EIN 2951256 Iministrator's telephone
	ALA, FL 34471				ımber 2-732-5622
4	If the name and/or EIN of the plan sponsor has changed since the last return/the plan number from the last return/report:	report filed for this	s plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	2
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, 6b	, 6c , and 6d).		
а	Active participants			6a	2
b	Retired or separated participants receiving benefits			6b	C
С	Other retired or separated participants entitled to future benefits			6c	C
d	Subtotal. Add lines 6a, 6b, and 6c			. 6d	2
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits		. 6e	(
f	Total. Add lines 6d and 6e			. 6f	2
g	Number of participants with account balances as of the end of the plan year (complete this item)			. 6g	2
	Number of participants that terminated employment during the plan year with less than 100% vested			. 6h	(
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer pla	ins complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature code 2E The plan provides welfare benefits, enter the applicable welfare feature codes				
9a 10	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are at	(1) (2) (3) (4)	t arrangement (check all that Insurance Code section 412(e)(3) in Trust General assets of the spree indicated, enter the numbers.	insurand	ce contracts
	Pansion Schodules	h Ganaral Sa			,

(1)

(2)

(3)

(4)

(5)

(6)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(1) (2)

(3)

H (Financial Information)

A (Insurance Information)C (Service Provider Information)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

and ending 12/31/2009
B Three-digit plan number (PN) 001
D Employer Identification Number (EIN)
59-2951256

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I | Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	354425	420191
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	354425	420191
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	0	
	(2) Participants	. 2a(2)	0	
	(3) Others (including rollovers)	. 2a(3)	0	
b	Noncash contributions	. 2b	0	
С	Other income	. 2c	65766	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		65766
е	Benefits paid (including direct rollovers)	. 2e	0	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions).	. 2h	0	
i	Other expenses	. 2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		0
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		65766
	Transfers to (from) the plan (see instructions)	. 2I		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	0
b	Employer real property	3b		X	0
	Real estate (other than employer real property)			X	0
d	Employer securities	3d		X	0
е	Participant loans	3e		X	0

Page 2- 1
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Schedule I (F	orm 5500) 2	2009
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	_		Yes	No		Amoun	t
3f Lo	pans (other than to participants)	3f		X			0
g Ta	angible personal property	3g		X			0
Part	II Compliance Questions						
4 [Ouring the plan year:		Yes	No		Amour	nt
de	as there a failure to transmit to the plan any participant contributions within the time period escribed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully prior to the instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			0
b w	ere any loans by the plan or fixed income obligations due the plan in default as of the close of plan ear or classified during the year as uncollectible? Disregard participant loans secured by the articipant's account balance.	4b		X			0
	ere any leases to which the plan was a party in default or classified during the year as accollectible?	4c		X			0
	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions ported on line 4a.)	4d		X			0
e w	as the plan covered by a fidelity bond?	4e		X			0
	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by aud or dishonesty?	4f		X			0
_	d the plan hold any assets whose current value was neither readily determinable on an established arket nor set by an independent third party appraiser?	4g		X			0
	d the plan receive any noncash contributions whose value was neither readily determinable on an stablished market nor set by an independent third party appraiser?	4h		X			0
	d the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel real estate, or partnership/joint venture interest?	4i		X			0
•	ere all the plan assets either distributed to participants or beneficiaries, transferred to another plan, brought under the control of the PBGC?	4j		X			
ac	re you claiming a waiver of the annual examination and report of an independent qualified public ecountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 atement. (See instructions on waiver eligibility and conditions.)	4k	X				
I H	as the plan failed to provide any benefit when due under the plan?	41		X			0
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	4m		X			
	4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of e exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X			
	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? f "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	es 🔀 l	No A	Amount:		0
	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideransferred. (See instructions.)	entify t	he plan	ı(s) to w	hich assets	s or liabilit	ies were
Ę	5b(1) Name of plan(s)			5b(2)	EIN(s)		5b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I	Annual Report Identi	fication Information				
	ndar plan year 2009 or fiscal pla			and ending	12/31/2009	
A This	return/report is for:	a multiemployer plan;	=	e-employer plan; or		
		a single-employer plan;	a DFE (s	specify)		
D ***:		the first return/report;	П.,, е.,,			
B This	return/report is:	an amended return/report;		return/report;		
C 25.11.		<u>.</u>		lan year return/report (les:		
		plan, check here				
D Ched	ck box if filing under:	⊠ Form 5558;		c extension;	the DFVC program;	
5		special extension (enter de				
Part	II □ Basic Plan Informa ne of plan	tion—enter all requested inform	ation			
	•	IATES PA PROFIT SHARI	NC DLAN		1b Three-digit plan number (PN) ▶	001
	"" (1011 WEDIO) (E) (0000	IAILOTATION TONAN	ING FLAIN		1c Effective date of	plan
			····		1/1/1991	
	n sponsor's name and address (differs should include room or suit	employer, if for a single-employer	plan)		2b Employer Identif	ication
	RION MEDICAL ASSOCI				Number (EIN) 59295125	6
		MILLO J A			2c Sponsor's teleph	
	$\label{eq:constraints} \mathcal{L}_{i}(x) = \mathcal{L}_{i}(x) + \frac{1}{2} \sum_{i=1}^{n} \frac{1}{2} \sum_{i=$			ji L	number	
351	10 SW 24TH AVE RD				352732562	
			\$ 100 miles		2d Business code (see
oc	ALA	FL	344	71	621111	
351	I0 SW 24TH AVE RD					
OC	ALA	FL	3447	71		
····		/				
		mplete filing of this return/repo				
Under pe statemer	enalties of perjury and other pen nts and attachments, as well as t	alties set forth in the instructions, hejelectronic version of this return	i declare that I have n/report, and to the b	examined this return/repor est of my knowledge and b	rt, including accompanying so belief, it is true, correct, and c	hedules, omplete.
		4	01 1			
SIGN HERE		1/m	19/25/2010			
	Signature of plan administra	tór '	Date	Enter name of individual	I signing as plan administrator	
	! X		ala train			
SIGN HERE		1000	9/25/2010			
	Signature of employer/plan s	ponsor	Date	Enter name of individual	i signing as employer or plan	sponsor
		•				
SIGN HERE						
	Signature of DFE		Date	Enter name of individual	l signing as DFF	

3a	Plan administrator's name and address (if same as plan sponsor, enter MARION MEDICAL ASSOCIATES PA	"Same")		3b A	dministrator's EIN
	MANUAL MEDICAL ASSOCIATES PA			3c A	592951256 dministrator's telephone
	3510 SW 24TH AVE RD			n	umber 3527325622
	OCALA FL	34	1471		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report:	eturn/report filed	for this plan, enter the na	ıme, EIN and	4b EIN
а —	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	2
6	Number of participants as of the end of the plan year (welfare plans com				
a	Active participants				2
С	Retired or separated participants receiving benefits				0
d	Other retired or separated participants entitled to future benefits				0
e	Subtotal. Add lines 6a, 6b, and 6c.				2
f	Deceased participants whose beneficiaries are receiving or are entitled to				0
g	Total. Add lines 6d and 6e. Number of participants with account balances as of the end of the plan ye complete this item)	ear (only defice	d contribution plans		2
h	Number of participants that terminated employment during the plan year less than 100% vested.	with accrued be	nefits that were		0
7	Enter the total number of employers obligated to contribute to the plan (o	only multiemploy	er plans complete this ite	m) 7	
	If the plan provides pension benefits, enter the applicable pension feature 2E f the plan provides welfare benefits, enter the applicable welfare feature co				
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts	(1)	penefit arrangement (chec		
	(2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	(2)	Code section 41:		e contracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	e attached, and	General assets of where indicated, enter the	of the sponsor se number attach	ned. (See instructions)
а	Pension Schedules		ral Schedules		
	 (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money 	(1)	 1	i Information)	
	Purchase Plan Actuarial Information) - signed by the plan		F-1	I Information – S	Small Plan)
	actuary actuary	(3) (4)		e Information) Provider Informa	etion\
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	D (DFE/Par	Provider Informa ticipating Plan I	nformation)
	mornidation / - signed by the plan actuary	(6)	G (Financia	I Transaction Sc	chedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE

Part I **Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:	and Liabilities: (a) Beginning of Year		41.75
а	Total plan assets	1a		(b) End of Year
b	Total plan liabilities		354425	420191
_			0	0
	Net plan assets (subtract line 1b from line 1a)	1c	354425	420191
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	O	
	(2) Participants		0	
	(3) Others (including rollovers)		0	
þ	Noncash contributions		0	
C	Other income	2c	65766	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		65766
е	Benefits paid (including direct rollovers)	2e	0	00700
f	Corrective distributions (see instructions)	2f	0	
g	Certain deemed distributions of participant loans (see instructions)		0	
h	Administrative service providers (salaries, fees, and commissions)	2h	0	
i	Other expenses	2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
1	Transfers to (from) the plan (see instructions)			65766
3	Specific Assets (6the alankati	1	[4] [[8] [[4] [[4] [[4] [[4] [[4] [[4] [0

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

_			Yes	No	Amount
a	Partnership/joint venture interests	3a		×	0
b	Employer real property	3b		x	0
C	Real estate (other than employer real property)	3с		×	0
	Employer securities			X	0
	Participant loans			Х	0

3f	Loans (other than to portionants)	····	Yes	No		Amount
g	(±1.1c) that to participants/	3f		x		0
9	Tangible personal property	3g		X	0	
P	art II Compliance Questions					
4	During the plan year:		Τ.,	Τ		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully	Aud y Di Arri	Yes	No		Amount
h	corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		×		0
Ð	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.					
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4b		×		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4c		×		
е	Was the plan covered by a fidelity bond?	4d	 	×		0
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4e		×		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4f		×		0
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		×		0
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4h		×		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4i		×		0
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? if "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4j 4k	<u> </u>	X		
I	Has the plan failed to provide any benefit when due under the plan?	41		×		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		×		0
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		×		
5а	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	⊃ Ye	s MN		\mount:	
ōb	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identransferred. (See instructions.)					
	5b(1) Name of plan(s)				EIN(s)	
			·	0.0(2)	LIN(O)	5b(3) PN(s)
·						

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Form **5558**(Rev. January 2008) Department of the Treasury Internal Revenue Service

Identification

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions) MARION MEDICAL ASSOCIATES PA	B											
	Number, street, and room or suite no. (if a P.O. box, see instructions) 3510 SW 24TH AVE RD		Employer identification number (EIN). 59 2951256										
	City or town, state, and ZIP code		Social	security			74.						
	OCALA FL 34471	Social security number (SSN)											
С	Plan name	Plan number			Plan year ending—								
					MM	YYYY							
1	MARION MEDICAL ASSOCIATES PA PROFIT SHARING PLAN	0	0	1	12	31	2009						
2													
3													
ĔΪ	Extension of Time to File Form 5500 or Form 5500-EZ (s	see ins	truct	ions)		I							
4													
1	I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.												
	The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2% months after the normal due date.												
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ t	filed aft	er the	due da	ate for the p	lans listed in	C above.						
ote	A signature is not required if you are requesting an extension to file Form 5500 c				• . •								
	Extension of Time to File Form 5330 (see instructions)				· · · · · · · · · · · · · · · · · · ·								
2	I request an extension of time until/ to file Form 5330.												
	You may be approved for up to a six (6) month extension to file Form 5330, after	the no	rmal d	ue date	of Form 533	0.							
а	Enter the Code section(s) imposing the tax	>	а	<u> </u>									
b	Enter the payment amount attached				🏲	b							
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a State in detail why you need the extension				▶	С							
							·						
			·										
				·									

der hori	penalties of perjury, I declare that to the best of my knowledge and belief, the statements zed to prepare this application.	made o	n this i	form are	true, correct,	and complete,	and that I ar						
	ture ► C L												
	Cat No. 1000CT	<u> </u>	Date •	-	1301	r0							