## 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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pension Benefit G	uaranty Corporation	➤ Complete all entries in accor	dance witl	n the instructions to the Form 5500	O-SF.	mor			
calendar pla	n year 2009 or fis	scal plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
This return/re	eport is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participan	nt plan		
	•	first return/report	1			ы			
THIS TCTUITING	,port 13 101.	님 ' '	1	·	nthe)				
Check box if	filing under:	extension		☐ DFVC program	n				
		special extension (enter descripti	on)						
art II Ba	sic Plan Info	rmation—enter all requested inform	nation						
					1b	Three-digit			
M BEACH UF	ROLOGY ASSOC	IATES, PA 401(K) PROFIT SHARING	PLAN			plan number	001		
						\ /			
					1C				
					26				
			r pian)		20				
WIDEAGITOR	(OLOGI AOOOC	MATEO, TA			2c	1=1117			
STATE ROA	AD 7, SUITE 101					561-790			
					2d	Business code (s	ee instructions)		
						621111			
					3b				
M BEACH UP	ROLOGY ASSOC				20				
			,		30				
If the name a	nd/or FIN of the r	plan sponsor has changed since the la	st return/re	port filed for this plan, enter the					
				pertined for the plant, enter the	76	LIIV			
					4c	PN			
Total number	er of participants	at the beginning of the plan year			5a		44		
Total number	er of participants	at the end of the plan year			5b		42		
Total number	er of participants	with account balances as of the end of	f the plan y	ear (defined benefit plans do not					
complete th	is item)				5c		42		
Were all of	the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No		
							V vaa □ Na		
							X Yes No		
			orm 5500-	SF and must instead use Form 550	JU.				
		nation							
				, , , , , , , , , , , , , , , , , , ,		(b) End (			
					+		1184806		
•				0	)		0		
Net plan as:	sets (subtract line	e 7b from line 7a)	. 7с	840929	)		1184806		
Income, Exp	penses, and Trar	sfers for this Plan Year		(a) Amount		(b) To	otal		
			0-(4)	90207	,				
					-				
(2) Particip	ants		8a(2)	64939					
(A) Others			` '	0.1000	_				
(3) Others	(including rollove	rs)	` '	0.1000					
. ,			8a(3)	215402					
Other incom	ne (loss)	rs)	. 8a(3)				360738		
Other incom Total incom Benefits pai	ne (loss)e (add lines 8a(1 d (including direc	rs)), 8a(2), 8a(3), and 8b)trollovers and insurance premiums	8a(3) 8b 8c	215402	<u> </u>		360738		
Other incom Total incom Benefits pai to provide b	ne (loss)e (add lines 8a(1 d (including direcentifs)	), 8a(2), 8a(3), and 8b)trollovers and insurance premiums	8a(3) 8b 8c		<u> </u>		360738		
Other incom Total incom Benefits pai to provide b Certain dee	ne (loss)e (add lines 8a(1 d (including directed enefits)med and/or corre	rs)), 8a(2), 8a(3), and 8b)t rollovers and insurance premiums	8a(3) 8b 8c 8d 8d	215402	<u> </u>		360738		
Other incom Total incom Benefits pai to provide b Certain dee	ne (loss)e (add lines 8a(1 d (including directed enefits)med and/or corre	), 8a(2), 8a(3), and 8b)trollovers and insurance premiums	8a(3) 8b 8c 8d 8d	215402	2		360738		
Other incom Total incom Benefits pai to provide b Certain dee Administrati	ne (loss)e (add lines 8a(1 d (including directenefits)med and/or corrected service provides	rs)), 8a(2), 8a(3), and 8b)t rollovers and insurance premiums	8a(3) 8b 8c 8d 8e 8f	215402 16606	2		360738		
Other incom Total incom Benefits pai to provide b Certain dee Administrati Other exper	ne (loss)e (add lines 8a(1 d (including directenefits)med and/or correve service providuses	ns)	8a(3) 8b 8c 8d 8e 8d 8e	215402 16606	2		360738 16861		
Other incom Total incom Benefits pai to provide b Certain dee Administrati Other exper	ne (loss)e (add lines 8a(1 dd (including directenefits)med and/or correctes service providensesses (add lines 8c	ctive distributions (see instructions)	8a(3) 8b 8c 8d 8e 8f 8g	215402 16606	2				
	This return/re This r	Calendar plan year 2009 or fise.  This return/report is for: This return/report is for: Check box if filing under:  Check box if filing under:	Annual Report Identification Information calendar plan year 2009 or fiscal plan year beginning 01/01/200 This return/report is for:  Single-employer plan first return/report an amended return/report an amended return/report Form 5558 Special extension (enter description)  This return/report is for:  This return/report is for:  Single-employer plan first return/report an amended return/report  This return/report is for:  Single-employer plan first return/report  This return/report is for:  Single-employer plan first return/report  This return/report is for:  Single-employer plan first return/report  This return/report is for:  Special extension (enter description)  This return/report is for:  Form 5558 Special extension (enter description)  This return/report is for:  Special extension (enter description)  This return/report is for:  Special extension (enter description)  This return/report is for:  Special extension (enter description)  This return/report is form special extension (enter description)  This return/report is first return/report in first return/report in special extension (enter description)  This return/report is form special extension (enter description in amended return/report in first return/report in special extension (enter description in amended return/report in special extension (enter description in amended return/report in special extension (enter description in amended return/report in special extension (enter description  This return/report in amended return/report in special extension (enter description  This return/report in amended return/report in special extension (enter description  This return/report in amended return/report in special extension (enter description  This return/report in special extension (enter descript	Annual Report Identification Information calendar plan year 2009 or fiscal plan year beginning 01/01/2009 This return/report is for:   single-employer plan   multiple-employer plan   multiple-empl	Annual Report Identification Information   Calendar plan year 2009 or fiscal plan year beginning   01/01/2009   and ending   1   This return/report is for:   Single-employer plan   multiple-employer plan (not multiemployer)   This return/report is for:   If first return/report   If first return/report   If first return/report   If first return/report   short plan year return/report (less than 12 more)   Short plan year plan year plan year plan year plan year year year year year year year year	calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2 This return/report is for: single-employer plan multiple-employer plan (not multiemployer) This return/report is for: first return/report if first return/report if first return/report if short plan year return/report (less than 12 months)  Check box if filing under: Form 5558 automatic extension special extension (enter description)  art II Basic Plan Information—enter all requested information  Name of plan  MBEACH UROLOGY ASSOCIATES, PA 401(K) PROFIT SHARING PLAN  1c  Plan sponsor's name and address (employer, if for single-employer plan)  MBEACH UROLOGY ASSOCIATES, PA  2d  STATE ROAD 7, SUITE 101 LINGTON, FL 33449  2d  If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4c  Total number of participants at the beginning of the plan year.  Total number of participants at the end of the plan year.  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examinosion and report of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-67 (See instructions on waiver of an independent qualified public accountant (ICPA) under 29 CFR 2520.104-67 (See instructions on waiver of some seed of the plan sasets.  7a 840929  Plan Assets and Liabilities  7b 0 0  Net plan assets. (a) Beginning of Year  7a 840929  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	Annual Report Identification Information   calendar plan year 2009 or fiscal plan year beginning   0101/2009   and ending   12/31/2009		

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Chara	cteris	iic Coo	ies in	ine instruct	ions:	
Part '	V	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amoun	t
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				80000
		the plan have a loss, whether or not reimbursed by the plan's fideli		10d		X				
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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 of y	year end.)		10q	Χ				10055
		is is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	/I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Ye	es X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
		waiver of the minimum funding standard for a prior year is being am nting the waiver							he letter Year	-
If y	ou (	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	I skip to line 13.		Г		<u> </u>		
		er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan y				⊢	12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	·······			-	12d		<u> </u>	П
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?		г			Ye	es X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tran							Ye	es X No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne plai				1	
13	3c(1	) Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.	•	
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	10/06/2010	LARRY BUTCHE	R					
HERE								r		

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

		Identification Information									
For	calendar plan year 2009 or fis	scal plan year beginning	01/01/2	2009	and ending		12/31/200	)9			
Α	This return/report is for:	X single-employer plan	] multiple-	employer pl	an (not multiemployer)		one-participa	nt plan			
В	This return/report is for:	first return/report	final retu	rn/report							
		nths)									
С	Check box if filing under: X Form 5558 automatic extension						DFVC program				
	Ū	special extension (enter descript	ion)				_				
Pa	art II Basic Plan Info	rmation—enter all requested inform									
	Name of plan					1b	Three-digit				
	Palm Beach Urolog	y Associates, PA					plan number	0.01			
401(k) Profit Sharing Plan						10	(PN) ► Effective date or	001			
						10	01/01/200				
2a	Plan sponsor's name and ad Palm Beach Urolog	dress (employer, if for single-employery Associates, PA	r plan)				Employer Identi (EIN) 65-018				
							······	elephone number			
	3347 State Road 7	, Suite 101					(561)790-2				
	rz . 3 7 '			-	T 22440	2d	Business code ( 621111	see instructions)			
3a	Wellington Plan administrator's name an	d address (if same as Plan sponsor,	enter "Sam		L 33449	3b	Administrator's I	EIN			
	same			- ,							
			·· · · ·			30	Administrators	elephone number			
		plan sponsor has changed since the la per from the last return/report. Spons		port filed fo	r this plan, enter the	4b	EIN				
	name, Eliv, and the plan hum	er from the last return/report. Spons	or s name			4c	PN				
5a Total number of participants at the beginning of the plan year				5a		44					
b Total number of participants at the end of the plan year					5b		42				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c		42					
6a		during the plan year invested in eligi						X Yes No			
b	Are you claiming a waiver of	the annual examination and report o	f an indepe	ndent quali	fied public accountant (IC	PA)					
		(See instructions on waiver eligibility						X Yes   No			
Pa	rt III Financial Inform	ther 6a or 6b, the plan cannot use F	·01111 3300-	or and mu	st nisteau use Form 55	00.					
7	Plan Assets and Liabilities		W-W-ABARA W-W-7176	(a)	Beginning of Year		(b) End	of Year			
			7a	, , ,	840,92	9	,(5/	1,184,806			
b	•					0	*	0			
C	-	e 7b from line 7a)			840,92	29		1,184,806			
	Income, Expenses, and Tran				(a) Amount		(b) T	otal			
	Contributions received or rec				00.00	,	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Particular (State of Control of C			
	(1) Employers		8a(1)	<u> </u>	80,39						
	• •		. 8a(2)		64,93	39		The state of the s			
	· · · · · · · · ·	rs)	8a(3)	<u> </u>	0.7.5.11	VIII		The state of the s			
b	, ,		8b	/ A A A A A A A A A A A A A A A A A A A	215,40	12		260 720			
C	· · · · · · · · · · · · · · · · · · ·	), 8a(2), 8a(3), and 8b)	. 8c	01200100001700077000	The state of the s	200	a de companyo	360,738			
d		t rollovers and insurance premiums	8d		16,60	)6	The state of the s				
е	Certain deemed and/or corre	ctive distributions (see instructions)	. 8e				The second secon				
f	Administrative service provid	ers (salaries, fees, commissions)	. 8f		25	5		The second secon			
g	Other expenses		. 8g	i por deleta a constante a constante de	ig kantura ya kalishi aliyagin ku yan 17 si inawa a waki ku k	45574 <sup>(</sup> )	P*************************************	Annual An			
h	Total expenses (add lines 8d	f, 8e, 8f, and 8g)	. 8h					16,861			
İ		ne 8h from line 8c)		7 - 7 - 7 - 10 - 10 - 10 - 10 - 10 - 10	A STATE OF THE STA		**************************************	343,877			
	Transform to (from) the plan (	see instructions)	.l oi	i		Page 18		ne august hyromas (Detri Alexi and Side			

Form	5500	SE	2010

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Page <b>2</b>	

	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feature of 2A 2E 2F 2G 2J 3D	odes from the Li	st of Plan Charac	cteristic	Code	s in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature co	des from the Lis	st of Plan Charac	teristic	Codes	in t	he instru	ctions:		
Part	V Compliance Questions									
2	The second secon		<del></del>	Τ.	'es N	lo		A		
10	During the plan year:	in the time and in	d dooreihod in C	T	es r	NO		Amour	) <u>T</u>	
а	Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cor	rection Program	ı) <u> </u>	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	х				80,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo or dishonesty?		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other persor insurance service or other organization that provides some or all of the ben instructions.)	efits under the p	lan? (See	10e		x				
£	Has the plan failed to provide any benefit when due under the plan?			-			·			
t				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	end.)		10g	X	]			10,	055
h	If this is an individual account plan, was there a blackout period? (See instr 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			7 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	4777777777		
Part	VI Pension Funding Compliance							•		
11	ls this a defined benefit plan subject to minimum funding requirements? (If " 5500))		· ·					Пү	es X	No
12	Is this a defined contribution plan subject to the minimum funding requirem								es X	No
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			, 0001	on 002	0			اللا	
а	If a waiver of the minimum funding standard for a prior year is being amortize	ed in this plan y	ear, see instructi	ons, ai	nd ente	er the	e date of	the letter	ruling	
	granting the waiver.		Month							_
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and s	kip to line 13.			,				
b	Enter the minimum required contribution for this plan year				12	b				
С	Enter the amount contributed by the employer to the plan for this plan year.				12	c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	t (enter a minus	sign to the left of	а	12	d				
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?				. [	Yes	No	4	N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year or	any prior year?						Y	es X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year			13	ia				
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another pl	an, or brought ur	der the	e contr	ol		_ Y	es X	No
С	tf during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another pl	an(s), identify the	plan(s	i) to					
1	3c(1) Name of plan(s):	<u> </u>			13c(2) EIN(s)			130	(3) PN	(s)
				•						
Caut	ion: A penalty for the late or incomplete filing of this return/report will b	e assessed un	less reasonable	cause	is est	abli	s hed.			
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declar Schedule MB completed and signed by the enrolled actuary, as well as the entrolled actuary, as well as the entrolled actuary.	e that I have ex	amined this return	n/repor	t, inclu	ding	, if applic	able, a S knowled	chedul ge and	e I
eio:	9/1/	22/10	Edward	· 6	· i	Q p	KOR	·		
SIGI HER			inter name of ind		•	_			r	
	Organization of piant autinimistration of Date		and name of file	.414061	- Second	<del>y 413</del>	Pian adii	nociato	•	
SIG										
HER	Signature of employer/plan sponsor Date	E	nter name of ind	ividual	signin	g as	employe	r or plan	sponso	or