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	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							
	Part I Annual Report Identification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009							
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant	t plan	
В .	Γhis return/report is for:	first return/report	final retur	n/report		_		
	·	an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic extension			DFVC program		
	3 · · · ·	special extension (enter description	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform						
	Name of plan	That of the an requested mismi	ation		1b	Three-digit		
	DIOVASCULAR CENTER OF	TAMPA PA PSP				plan number	004	
						(PN) ▶	001	
					1c	Effective date of p		
2a	Plan enoneor's name and add	Iress (employer, if for single-employer	nlan)		2h	ation Number		
	DIOVASCULAR CENTER OF	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	piarij)77		
					2c	lephone number		
	E. FLETCHER AVENUE, SUI PA, FL 33613	TE 370			24	813-972-		
.,	71,1200010				Zu	Business code (se	ee instructions)	
		d address (if same as Plan sponsor, e			3b	Administrator's El	N	
CARI	DIOVASCULAR CENTER OF	TAMPA PA 3000 E. FLE [*] TAMPA, FL 3		/ENUE, SUITE 370	2-	59-36920		
		•			30	Administrator's tel		
4 I	the name and/or EIN of the pl	lan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b EIN			
-	name, EIN, and the plan numb	er from the last return/report. Sponso	r's name		4c PN			
52	Total number of participants a	at the beginning of the plan year			<u>4с</u> 5а	I I	7	
b		at the end of the plan year			5a 5b		7	
C		with account balances as of the end of			ac		0	
				•	5c		0	
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No	
b		the annual examination and report of					X Yes □ No	
		(See instructions on waiver eligibility a					V Les No	
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year			
-	Total plan assets		. 7a	41325	` ` `			
b	. ota: pia:: aoooto:		7b				0	
С	let plan assets (subtract line 7b from line 7a)							
8	Income, Expenses, and Trans			(a) Amount		(b) Total		
а	Contributions received or received	eivable from:				, ,		
	• • • •		. 8a(1)		4			
			8a(2)		4			
L	, ,	s)	` '		4			
b	, ,							
۲ C		, 8a(2), 8a(3), and 8b)t rollovers and insurance premiums	8c					
d	, ,	rollovers and insurance premiums	. 8d	41325				
е	Certain deemed and/or correct	ctive distributions (see instructions)	. 8e					
f		ers (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d,	, 8e, 8f, and 8g)	8h				41325	
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 8i				-41325	
j	Transfers to (from) the plan (s	see instructions)	8i					

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

D .	11 1111	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	CICIIS	110 000	163 III I	ine mande	dioris.	
Part	٧	Compliance Questions								
10	Dur	During the plan year:				Yes	s No		Amount	
а		Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10b		X			
С	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 fidelity bond, that was caused by fraud or dishonesty?				10d		X			
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				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 of year end.)				10g		X			
_	If th	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h					
i		If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								s X No	
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s 🛚 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear	
		r the minimum required contribution for this plan year		-			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan	year			[12c			
d							12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					X Ye	s No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a		1	<u> </u>
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							s No		
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):						13c(2) EIN(s)			13c	(3) PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic		
SIGN	F	Filed with authorized/valid electronic signature. 10/13/2010 SAMI ELCHAHAI			-					
HERE	- [Signature of plan administrator Date Enter name of individual signing as plan administrator								

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor