## 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

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	0-SF.					
		lentification Information								
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
A	This return/report is for:	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)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am			
	special extension (enter description)									
Da	rt II Basic Plan Inforr	nation—enter all requested inform	,							
	Name of plan	Ilation—enter all requested inform	allon		1h	Three-digit				
	•	ESTIGE HEALTH CHOICE, LLC			1.0	plan number	004			
						(PN) <b>•</b>	001			
					1c	Effective date of				
						03/01/2				
	Plan sponsor's name and address  STIGE HEALTH CHOICE, LLC	ess (employer, if for single-employer	plan)		2b	Employer Ident (EIN) 45-056		mber		
FIXE	STIGE FIEAETH CHOICE, LEC				20	Plan sponsor's		numher		
	NW 13TH TER					305-59	9-1015	idiliboi		
MIAN	II, FL 33172				2d	Business code	(see instruc	tions)		
2-	<u> </u>		. "0		O.L.	524140				
PRE	Plan administrator's name and STIGE HEALTH CHOICE, LLC	address (if same as Plan sponsor, e 9064 NW 13		<del>?</del> ")	3D	Administrator's 45-056				
		MIAMI, FL 33	3172		3c	Administrator's	telephone r	number		
						305-59	9-1015			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN					
-	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	<u> </u>		0		
		the end of the plan year								
		ith account balances as of the end o		:	5b			37		
С		itii account balances as of the end o		•	5c			37		
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No		
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		<u> </u>	_		
	•	-		ons.)			^ Yes	No		
Do			orm 5500-	SF and must instead use Form 550	00.					
	rt III   Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End	of Year	293986		
	Total plan assets		. 7a	0	_			0		
b	•	7. ( 7. )		0				293986		
<u> </u>		7b from line 7a)	. 7c	_				233300		
8	Income, Expenses, and Transf			(a) Amount		(b)	Total			
а	Contributions received or received (1) Employers		. 8a(1)	103356	6					
	, , , ,		` '	116791						
	` '	)	· · ·	61816	5					
b	, ,		1	13564	13564					
C	,	8a(2), 8a(3), and 8b)						295527		
d		rollovers and insurance premiums								
			. 8d	1541	_{					
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	C						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f							
g	Other expenses		. 8g	C	)					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					1541		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					293986		
:		ee instructions)		0						

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Part IV	Dian	('harac	tarietice
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

art	V Compliance Questions							
0	During the plan year:			No	Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			X				
С	Was the plan covered by a fidelity bond?		Χ					30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х				
е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		Х				
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			Х				
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [	Yes	X No
2								
	(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 amortized in this plan year, see instruct granting the waiver							
b Enter the minimum required contribution for this plan year								
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left congative amount)	of a		12d				
е	Will the 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 "Yes," enter the amount of any plan assets that reverted to the employer this year								
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							× No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EIN	N(s)		13c(3	<b>)</b> PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.			_			•	
	Filed with outhorized/valid electronic cignoture							

SIGN	Filed with authorized/valid electronic signature.	08/01/2011	KENNETH O'NEIL			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	08/01/2011	KENNETH O'NEIL			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			