## 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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 moi	nths)	
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter description	JI			
Dr	rt II Basic Plan Inforr	<b>nation</b> —enter all requested inform	,			
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit
	•	ICE PHARMACY INC. 401K PLAN			10	plan number
	,					(PN) • 001
					1c	Effective date of plan
						01/01/2008
	Plan sponsor's name and addr OS INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 56-2369330
	TORS CHOICE PHARMACY, II	NC.			20	Plan sponsor's telephone number
5622	MARINE PKWY #23				1	727-844-7040
NEVV	PORT RICHEY, FL 34652				2d	Business code (see instructions)
	<u> </u>		. "0	"	26	446110
LURI	OS INC.	address (if same as Plan sponsor, e 5622 MARIN	nter "Same IE PKWY #	e") 223	30	Administrator's EIN 56-2369330
		NEW PORT	RICHEY, F	FL 34652	3c	Administrator's telephone number
						727-844-7040
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
l	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	4
b		t the end of the plan year			5b	4
C	• •	ith account balances as of the end o			30	
				•	5c	4
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b		ne annual examination and report of				X Vac D Na
		See instructions on waiver eligibility ner 6a or 6b, the plan cannot use F				Yes No
Pa	rt III Financial Informa		01111 5500-	SF and must instead use Form 55	υυ.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
-	Total plan assets		. 7a	93568	3	271199
b	. o.a. p.a accord				+	
C		7b from line 7a)	7c	93568	3	271199
8	Income, Expenses, and Transi		. 70	(a) Amount		(b) Total
а	Contributions received or rece			(a) Amount		(b) Total
_			. 8a(1)	18518	3	
	(2) Participants		. 8a(2)	24454	ļ.	
	(3) Others (including rollovers	)	. 8a(3)	117147	7	
b	Other income (loss)		. 8b	18955	5	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			179074
d		rollovers and insurance premiums		1389		
_			. 8d	1000	-	
e		tive distributions (see instructions)		54		
f		rs (salaries, fees, commissions)		54		
g	•					4440
h		8e, 8f, and 8g)				1443
į		e 8h from line 8c)				177631
J	ransters to (from) the plan (se	ee instructions)	- 8i			

F		orm 5500-SF 2010	Page <b>2-</b>
Par	t IV	Plan Characteristics	
		plan provides pension benefits, enter t E 2G 2F 2J 2K	he applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b	If the	plan provides welfare benefits	, enter the applicable welfare	feature codes from the List of Plan Characteris	tic Co	des in t	the instructions:	
Par	t V	Compliance Questions	3					

aιι	Compliance questions							
0	During the plan year:		Yes	No		Amoun	t	
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	1			
С	Was the plan covered by a fidelity bond?	10c		X	1			
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		Х	·			
е	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					540
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	Χ		1		4	19468
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
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		X				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))						es X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					Y	es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver.	,					•	,
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		[	12b	1			
С	Enter the amount contributed by the employer to the plan for this plan year		[	12c	1			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			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?					Y	es X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	1			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder	the co			Y	es X	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.)					_	<u>.                                    </u>	=
1	Bc(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN					N(s)	

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/21/2011	OLUSHOLA B. YUSUF
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/21/2011	AKINNUGA A. OLUSANYA
HERE	Signature of employer/plan sponsor	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

## 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).

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

OMB Nos. 1210-0110 1210-0089

2010

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Р	art I Annual Report Identification Information	adiioc wit	T CHO INOCHAO		<u> </u>	<u> </u>	
<u> </u>		1/01/2	010	and ending		12/31/201	0
	This return/report is for:			(not multiemployer)		one-participa	nt nlan
_		final retur		(not manacimple)			
В			•	anad Basa than 10 ma	ntha)		
_		-	_	eport (less than 12 mo	กเกร)		
С			extension			☐ DFVC progra	m
	special extension (enter description)		<del> </del>		· -· -· -·		
<u>.</u>	art II Basic Plan Information—enter all requested information	ation	•				<del></del>
1a	Name of plan LURDS, INC. DBA DOCTORS CHOICE PHARMACY	TNC 4	∩1 <del>V</del>		1b	Three-digit plan number	
		TIVC. 4	OIK			(PN)	001
	PLAN				1c	Effective date of	· · · · · · · · · · · · · · · · · · ·
						01/01/2008	•
2a	Plan sponsor's name and address (employer, if for single-employer ${\tt LURDS-INC}$ .	plan)			•	Employer Identif	
	LURDS INC.	•				(EIN) 56-236	
	DOCTORS CHOICE PHARMACY, INC.		2c	(727)844-	elephone number 7040		
	5622 MARINE PKWY #23				2d		
	NEW PORT RICHEY		FL	34652		446110	
3a	Plan administrator's name and address (if same as Plan sponsor, each $SAME$	nter "Same	∋")		3b	Administrator's I	EIN
					30	Administrator's t	elephone number
						Auministrators	erephone number
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for t	his plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name			40		
53 Total number of participants at the heginning of the plan year						PN	Α
	<ul><li>5a Total number of participants at the beginning of the plan year.</li><li>b Total number of participants at the end of the plan year.</li></ul>						<u></u>
					5b		4
Ç	Total number of participants with account balances as of the end of complete this item)	•	•	•	5c		4
6a					L		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 a	and condit	ions.)				X Yes No
Dr	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must	instead use Form 55	<u>00.</u>		
7			(-) 5			/la \ =i	-5 W"
′	Plan Assets and Liabilities  Total plan assets	7-	(a) E	eginning of Year 93,56	2	(b) End	271,199
a b				93,30		<del></del>	<u> </u>
	Total plan liabilities	<del> </del>		93,56			271,199
	Net plan assets (subtract line 7b from line 7a)	7c		<del></del>			
8 a	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	<u> </u>		(a) Amount		(b) T	otai
u	(1) Employers	8a(1)	·	18,51	. 8	•	
	(2) Participants			24,45	4		
	(3) Others (including rollovers)	,		117,14	[7]		
b	Other income (loss)			18,95	5	·	:
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		· · : .			179,074
d	Benefits paid (including direct rollovers and insurance premiums			1 00			
	to provide benefits)			1,38	) )		•
e	Certain deemed and/or corrective distributions (see instructions)	<del></del>	<u> </u>	·	_		
f	Administrative service providers (salaries, fees, commissions)	<u></u>	<u> </u>		4	• . •	
g	Other expenses			. <del>-</del>	· "	· · · · · · · · · · · · · · · · · · ·	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			· · · · · · · · · · · · · · · · · · ·		·	1,443
:	Net income (loss) (subtract line 8h from line 8c)	<del></del>	: · · · · · · · · · · · · · · · · · · ·			<del></del>	177,631
	Transfers to (from) the plan (see instructions)	8i	Į.		ŧ		

	-	Form 5500-SF 2010							
	Ħ						 		
Part		Compilance Questions							
10	74714	Juring the plan year:		Yes	No			Amour	}t
		Vee 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)	10a		Ж				<u></u>
b		Nere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		<u></u>		
C		Was the plan covered by a fidelity bond?	10c		Х				
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				
•	1	Nere any feet or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See	†Qe	X					54
f		nstructions.)	10F		Х		<del></del>		
ä		Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100						49,4€
<b>1</b> 3		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	16h		х	171 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1			
1		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	101		Х			7 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ŧ	AND THE TOP TOP TO A SAME AND A S	-11 184 · - <del>1111</del>	s, and	enter Da	the ( y	ate of	the lette Year	er fuling
		ou completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5560), and skip to line 12 Enter the minimum required contribution for this plan year		F1 70 F - 4	12b				· · · · · · · · · · · · · · · · · · ·
		Enter the amount contributed by the employer to the plan for this plan year	- 4 64 % - 54 - 44 - 8		12c			<del>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	· • • • • • • • • • • • • • • • • • • •
¢	ţ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le			<b>12</b> d		W	T N	л П W/A
€	8	Will the minimum funding amount reported on line 12d be met by the funding deadline?					195		
Par	rŧ	Plan Terminations and Transfers of Assets		<del></del> -	<del>////</del>	<del></del>			Yes X N
13a	2	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			13:	a			
, <u> </u>	b	If 'Yes,' enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	*******	*******		N.			Yes 🛛 N
	C 	which assets or liabilities were transferred. (See marriculons.)			13c(2)	Eil	(2)		13c(3) PN(s
<del></del>		13c(1) Name of plan(s);							
<del></del>				- Allas	is esi	sbii	shed.		
Un \$8	eđ B (	tion: A penalty for the late or incomplete filling of this return/report will be assessed unless reason or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.						licable, ny knov	s Schedule viedge and
2 .F2		THO LAND GLUSHOLA	وبسرنين والمراد		.,,	<del>, , ,</del>	-	. <u></u>	<del></del>
E7 11.1		Signature of plan administrator  Signature of plan administrator  A A 3 M   Akinguas					plan a	dminist	rator
		Signature of employer/plan appressor  Signature of employer/plan appressor	of indi	victual	signin	<u>n</u> es	emplo	yer or f	lan sportso