Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	Порсологі				
Pa	art I	Annual Report	t Ider	ntification Information				•				
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
A	This ret	urn/report is for:	X ;	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
		urn/report is for:		irst return/report	final retur	n/report						
_	11113 160	unineport is ior.	뭄	an amended return/report]]	n year return/report (less than 12 mo	nthe)					
_			~	·] '		111113)	□ pc/0				
C	Check b	oox if filing under:	믐	Form 5558	ı	extension		DFVC program				
			\$	special extension (enter description	on)							
Pa	art II	Basic Plan Info	orma	tion—enter all requested inform	ation							
	Name	•					1b	Three-digit				
CAR	DIOVAS	SCULAR SOLUTIONS	S LLC	PROFIT SHARING PLAN				plan number 001				
							4 -	(PN) •				
							10	Effective date of plan 01/01/2007				
22	Dlan cr	noncor's name and as	ddrocc	(employer, if for single-employer	· nlan)		2h	Employer Identification Number				
		SCULAR SOLUTIONS		(employer, ir for single-employer	piaii)		20	(EIN) 26-0170867				
							2c	Plan sponsor's telephone number				
		UNDERHILL ROAD, \$ FL 32822	SUITE	104				407-249-3005				
OILL	ANDO,	1 L 32022					2d	Business code (see instructions) 621111				
20	Diaman			dance (if come on Diagram on come	to.:: "Co	- "\	2 h	-				
CAR	DIOVAS	SCULAR SOLUTIONS	and add	dress (if same as Plan sponsor, e 7806 LAKE	unter Same UNDERHIL	L ROAD, SUITE 104	30	Administrator's EIN 26-0170867				
				ORLANDO,	FL 32822		3c	Administrator's telephone number				
								407-249-3005				
					st return/report filed for this plan, enter the			4b EIN				
	name, E	EIN, and the plan num	nber fr	om the last return/report. Sponso	or's name		40	PN				
52	Total r	number of participants	c at the	hoginning of the plan year			5a	7				
	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year							7				
b				• •			5b	7				
С						rear (defined benefit plans do not	5c	7				
62		•				(See instructions.)		X Yes □ No				
b												
-	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
Pa	rt III	Financial Infor	rmati	on								
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total p	olan assets			. 7a	140384	1	229365				
b	Total p	olan liabilities			. 7b	()	0				
С	Net pla	an assets (subtract lin	ne 7b f	rom line 7a)	. 7c	140384	1	229365				
8	Incom	e, Expenses, and Tra	ansfers	for this Plan Year		(a) Amount		(b) Total				
а		butions received or re				17482	,	• •				
	(1) Er	mployers			. 8a(1)	-						
	(2) Pa	articipants			. 8a(2)	24018	_					
	(3) Ot	(3) Others (including rollovers)			. 8a(3)	30275	5					
b	Other	Other income (loss)			8b	17206	5					
С	Total in	ncome (add lines 8a((1), 8a(2), 8a(3), and 8b)	. 8c			88981				
d				overs and insurance premiums								
	•	,			. <u>8d</u>		_					
е				distributions (see instructions))					
f	Admin	istrative service provi	iders (salaries, fees, commissions)	. 8f)					
g	Other	expenses			. 8g	()					
h	Total e	expenses (add lines 8	8d, 8e,	8f, and 8g)	. 8h			0				
i	Net ind	come (loss) (subtract	line 8	n from line 8c)	. 8i			88981				
j	Transf	fers to (from) the plan	ı (see i	nstructions)	. 8j	(

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charace 2F 2G 2J 3D	cteris	tic Co	des in	the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	terist	ic Co	des in t	the instruction	s:	
art	V Compliance Questions						
0	During the plan year:		Yes	No	Ar	nount	
		10a	X				7518
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
C	Was the plan covered by a fidelity bond?	10c		X			
d	, , , , , , , , , , , , , , , , , , ,	10d		X			
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			
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	10h		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						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction :	302 of I	ERISA?	Yes	X No
	(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						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	4			
	Enter the minimum required contribution for this plan year			12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	f a		124	1		

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? 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 brought under the control

of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

12d

Yes

N/A

No

No

Yes

Yes X No

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.	10/17/2011	TAIANA POMBO				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/17/2011	TAIANA POMBO				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	► Complete all entries in accord	dance with	the instructions to the Form 5500	-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pa	art I Annual Report I	dentification Information	4111						
For	the calendar plan year 2010 oı	r fiscal plan year beginning	01/01	./2010 and ending	12	2/31/2010			
Α -	Γhis return/report is for:	x single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final return	/report					
		an amended return/report	short plan	year return/report (less than 12 month:	s)				
c d	Check box if filing under:	x Form 5558	automatic	extension	DFVC program				
	Street box if filling drider.	special extension (enter description)			ц . ў				
	(11 5 : 51 1.6			· · · · · · · · · · · · · · · · · · ·			70000000		
	urt II Basic Plan Infor Name of plan	rmation enter all requested infor	mation.		1h	Three-digit			
ıa	•		plan number						
	Cardiovascular Solut	ions LLC Profit Sharing Pl	an _			(PN) ▶	001		
					1c Effective date of plan 01/01/2007				
	Plan sponsor's name and addr	ess (employer, if for single-employer pl	an)		2b Employer Identification Number				
	Cardiovascular Solut		,	<u> </u>	(EIN) 26-0170867				
	7006 1-1- 11-4	Daniel Guita 104			2c Plan sponsor's telephone number (407) 249-3005				
	7806 Lake Underhill I	Road, Suite 104		-	2d	see instructions)			
	Orlando	FL 32822				621111			
3a		address (If same as plan employer, en	iter "Same")	3b	Administrator's	EIN		
	Same								
					3с	Administrator's	telephone number		
4		olan sponsor has changed since the las		ort filed for this plan, enter the	4b	EIN			
	name, EIN and the plan number	er from the last return/report. Sponsor's	Name		4c PN				
<u>5a</u>	Total number of participants at	the beginning of the plan year			5a		7		
b	• •	the end of the plan year			5b		7		
С		ith account balances as of the end of the			- -		_		
60	complete this item)	5c		X Yes No					
	Were all of the plan's assets do Are you claiming a waiver of th	• •		☑ Tes ☐ INO					
		See instructions on waiver eligibility and					X Yes No		
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use Forn	n 5500-SF a	and must instead use Form 5500.					
Pa	rt III Financial Inforn	nation	T						
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year				
а	Total plan assets		. 7a	140,384			229,365		
b	Total plan liabilities		. 7b	0			0		
С	Net plan assets (subtract line 7	'b from line 7a)	. 7с	140,384			229,365		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		Total			
а	Contributions received or recei	vable from:	0-143	17 400					
	(1) Employers		. 8a(1)	17,482 24,018	1				
	(2) Participants		. 8a(2) . 8a(3)	30,275					
b	(3) Others (including rollovers) Other income (loss)			17,206					
			. 8b . 8c	11,200			88,981		
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums						00,981		
	to provide benefits)		8d	0					
е	e Certain deemed and/or corrective distributions (see instructions)			0					
f Administrative service providers (salaries, fees, commissions)			. 8f	0					
g Other expenses				0					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h				0		
i	Net income (loss) (subtract line		. 8i				88,981		
j	Transfers to (from) the plan (se	ee instructions)	. 8j	0		100			
distance in the									

	Form 5500-SF 2010		Pa	ge 2-									
Part IV Plan Characteristics													
a	If the plan provides pension benefits, enter the	applicable pension featur	e codes from the List	of Plan Charac	teristic C	Codes in	the in:	structions:					
b	2E 2F 2G 2 $\mathcal J$ 3D If the plan provides welfare benefits, enter the	applicable welfare feature	codes from the List	of Plan Characte	eristic Co	odes in t	he inst	tructions:					
	Secretary (C									·			
Pai	rt V Compliance Questions					N. 1.		Δ					
10	During the plan year:					Yes N	lo	Ame	ount				
	Was there a failure to transmit to the plan an 29 CFR 2510.3-102? (See instructions and I	OOL's Voluntary Fiduciary	Correction Program)		. 10a	х				7,518			
a	Were there any nonexempt transactions with on line 10a.)			ions reported	. 10b		x						
С	Was the plan covered by a fidelity bond?.				. 10c		x						
d	Did the plan have a loss, whether or not rein or dishonesty?	nbursed by the plan's fidel	ity bond, that was ca	used by fraud	· 10d		х						
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)												
f	·				1		x						
g							x						
h	=	e a blackout period? (See	instructions and 29	CFR			x						
i	•	you either provided the re	equired notice or one	of the			100 100 100 100 100 100 100 100 100 100						
Par	rt VI Pension Funding Compliance												
11													
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No												
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver												
						1	2b						
b							2c						
d	Subtract the amount in line 12c from the am		result (enter a minus	s sign to the left	ofa		2d						
е	Will the minimum funding amount reported or	on line 12d be met by the	funding deadline? .				. [Yes [No []N/A			
	rt VII Plan Terminations and Tra												
13a	Has a resolution to terminate the plan been		ear or any prior year?	· · · · ·		• _•			Yes [X No			
	If "Yes," enter the amount of any plan asset					1	3a						
b	Were all the plan assets distributed to partic of the PBGC?			olan, or brought		e contro			Yes [X No			
C	If during this plan year, any assets or liabiliti which assets or liabilities were transferred. (his plan to another pl	an(s), identify th	he plan(s	s) to							
	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) P	N(s)			
Cau	ution: A penalty for the late or incomplete fili	ng of this return/report v	vill be assessed unl	ess reasonable	e cause	is estab	lished	1.					
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													
Ç)						red Ali							
	IERE Signature of plan administrator		Date 10 - 12-11	Enter name of individual signing as plan administrator									
, și	GN Syed I												
						of individual signing as employer or plan sponsor							
, contain													