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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	1		
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	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	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program		
		special extension (enter description	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation					
1a	Name of plan	·			1b	Three-digit		
VALE	RIO J. TOYOS, MD, PA 401K	PLAN				plan number 001		
					_	(PN) ▶		
					1c	•		
2a	Plan enoneor's name and add	ress (employer if for single-employer	r nlan)		2h			
	RIO TOYOS, MD, PA	less (employer, il for single employer	ριαπή		2	(EIN) 65-0868324		
4400	O DIDD DD CTE 444				2c	Plan sponsor's telephone number		
	0 BIRD RD STE 411 II, FL 33170				24			
		Intual Report I Identification information Invair 2010 or fiscal plan year beginning Invair 2010 or fiscal plan year invair 2010 Invair 2010 or fiscal plan year						
		Prompted a referred in a control of fiscal plan year beginning 01/01/2010 and ending 12/31/2010 and ending 12/						
VALE	RIO TOYOS, MD, PA			11	2-			
					3C			
4 1	the name and/or EIN of the pl	P. Complete all entruser is accordance with me instructions to the Porm solus-St.						
	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		40 DN			
52	Total number of participants a	t the heginning of the plan year						
b								
C					ac	20		
				` .	5c	20		
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b						X vas I Na		
				•		Tes [] No		
Pa	<u> </u>		01111 5500-	SF and must mstead use Form 550	00.			
7	Plan Assets and Liabilities			(a) Reginning of Year		(h) End of Your		
-	Total plan assets		72		5	• • • • • • • • • • • • • • • • • • • •		
b	. otal pian according							
C	•			263395	5	345351		
8				(a) Amount		(b) Total		
а	•					(6) 1016.		
	(1) Employers		. 8a(1)		_			
	(2) Participants		. 8a(2)	40465				
	(3) Others (including rollovers	3)	. 8a(3)		_			
b	Other income (loss)		8b	24742	2			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			81956		
d			8d					
е	Certain deemed and/or correct	etive distributions (see instructions)	8e					
f	Administrative service provide	ers (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			81956		
j								

	F	form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								_
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2E 2F 2G 2J 2K 3D	aracteri	stic Co	des in	the instru	ction	ns:		
h		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aractaris	tic Cod	des in t	ha inetru	rtion	e.		
D	ii tiile	plan provides wellare benefits, effer the applicable wellare reature codes from the List of Flan Ch	aracteris		Jes III t	ile ilistiut	JUOII	5.		
art	: V	Compliance Questions								
0	Durir	ng the plan year:		Yes	No		An	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c	X					100	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau shonesty?	10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					21	197
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c						Yes	X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of E	ERISA?		Yes	X	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver								
lf :	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1								
b	Ente	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least tive amount)			12d			-		
е	Will t	he 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								
3а	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.....

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

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

Yes 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.	10/18/2011	VALERIO J. TOYOS					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
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

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

NAME AND ADDRESS OF THE OWNER, WHEN	insion Benefit Guaranty Corporation			An - lundar - all - mar - all - mar - mar -	42	Inspection
rψ			ordance with	the instructions to the Form 5500	-Sr.	
	rt I Annual Report	Identification Information		and ending		
For	alendar plan year 2010 or fis	man).		TE 101 7 - 111	-	
AT	his return/report is for:	single-employer plan	ASSESSED TO THE PARTY OF THE PA	nployer plan (not multiemployer)		one-participant plan
BT	his return/report is for:	first return/report	final return	/report		
		an amended return/report	short plan	year return/report (less than 12 mor	iths)	
C r	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
- (NIGOT BOY IL HILL THE CONTRACT	special extension (enter descri	ption)			
	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	rmation—enter all requested info	miliatiói.		1b	Three-digit
	Name of plan	IZ DLAN		ę.		plan number
VALE	ERIO J. TOYOS, MD, PA 401	K LP4A				(PN) 001
					1c	Effective date of plan 01/01/2003
		dress (employer, if for single-emplo	yer plan)	Alaka A Proposition of the Control o	2b	Employer Identification Number (EIN) 65-0868324
	ERIO TOYOS, MD, PA				2c	Plan sponsor's telephone number 305-223-1959
	0 BIRD RD STE 411 AI FL 33170				2d	Business code (see instructions)
		•				621111
3a SAMI		nd address (if same as Plan sponso	r, enter "Same	")		Administrator's EIN 65-0868324
					3с	Administrator's telephone number 305-223-1959
4 11	f the name and/or EIN of the	plan sponsor has changed since the	s last return/rep	port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan num	ber from the last return/report. Spo	nșor's name		4c	PN
E.		at the beginning of the pion year	ALCON CONTRACTOR		- I-BORNE	20
		at the beginning of the plan year			5a	20
b		at the end of the plan year			5b	20
-	complete this item)	with account balances as of the en			5c	20
6a	Were all of the plan's asset	s during the plan year invested in el	igible assets?	(See instructions.)		Yes No
þ	Are you claiming a waiver o	f the annual examination and report	of an indepen	dent qualified public accountant (IQI	PA)	X Yes No
	under 29 CFR 2520.104-46	? (See instructions on waiver eligibi	A Form SSOO	ons.) SF and must instead use Form 55	00.	
Da	rt III Financial Infor		E COM 3300*	and most morand nost (AM) 00	ner 707 ti	A. Marine
-	Plan Assets and Liabilities	1 1 0 AC AL PL 1 1	···]	(a) Beginning of Year		(b) End of Year
7			7a	263395	5	345351
a						A STATE OF THE STA
D			- The second sec	263395	,	345351
		e 7b from line 7a)	7c	- 11. ES. 160		
8_	Income, Expenses, and Tra			(a) Amount	****	(b) Total
а	Contributions received or re (1) Employers	ceivable from:	8a(1)	16749		
				40465	5	
		3rs)	- American de la company de la	***		
b				24742	2 .	
177		1), 8a(2), 8a(3), and 8b)			:	81956
d	Benefits paid (including dire	ct rollovers and insurance premium	s		1:	
_					┤·.	
6		ective distributions (see instructions		4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		(Art of the second
f		ders (salaries, fees, commissions).		And the second s	-	
g	Other expenses					
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)			•	81956
i		line 8h from line 8c)			-	91900
j		(see instructions)				
For	Paperwork Reduction Act Notice	and OMB Control Numbers, see the instr	ructions for Form	5500-SF.		Form 5500-SF (2010) v.092308

Form	5500.	SE	201	f

Part IV Plan Characteristics

2As	1.	
Dana "J	_14	
Page 2	-11	

	2A 2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature code	s from the List of Plan Chara	cteris	tic Cod	ies in t	he instruction	ns:		
Part	V Compliance Questions								
10	During the plan year.			Yes	No	A	mount		
	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre-	ction Program)	10a		×				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in on line 10a.)		10b	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1997 AND ADD	×	WHÈ I	, and a supplement of		
C	Was the plan covered by a fidelity bond?	***************************************	10c	×				10000	
d	or dishonesty?	*****	10d		×	,			
e	Were any fees or commissions paid to any brokers, agents, or other persons Insurance service or other organization that provides some or all of the benefinstructions.)	by an insurance carrier, ts under the plan? (See	10e	×				2197	
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 en	d.)	109		X				
	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	tions and 29 CFR	10h		х	1 25.4		ţ\$	
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	notice or one of the	101				incennum		
Pari	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y 5500))	es," see instructions and con	nplete	Sche	dule SE	3 (Form	Yes		
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Ves " 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 amortize granting the waiver.		1th	, and	enter ti Day	ne date of the	e letter n. 'ear	aling 	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.	•	Г	470	T			
b	Enter the minimum required contribution for this plan year				12b			*****	
¢	Enter the amount contributed by the employer to the plan for this plan year				12c				
d	negative amount)				12d		No	□ N/A	
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?		******	******	Yes	140	I IWA	
Par	t VII Plan Terminations and Transfers of Assets	ti - Maria							
13a	Has a resolution to terminate the plan been adopted during the plan year or a	iny prior year?		,.,		.,	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year			13a	L. L. M. C. M. A. LONDON			
	Were all the plan assets distributed to participants or beneficiaries, transferre	d to another plan, or brought	unde	rthe c			Yes	No	
	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify	the pla				1		
	13c(1) Name of plan(s):	w.w.	-	1:	3c(2) E	ilN(s)	130(3) PN(s)	
		AMA AMA DESCRIPTION OF THE STATE OF THE STAT		almondumber by by t					
Cor	ution: A penalty for the late or incomplete filing of this return/report will be	assessed unless reasona	ble ca	use i	s estat	lished.			
Und	der penalties of perjury and other penalties set forth in the instructions, I declare or Schedule MB completed and signed by an enrolled actuary, as well as the e lef, it is true, correct, and complete.	that I have examined this re	turn/n	troors.	Includir	no, if applical	ole, a Sc nowledg	hedule e and	
T.	GN NOV. 912	FILE VALERIO J. T	OYO	3		للالحاق المالحات المستعدد المس			
1	RE Signature of plan administrator Date	Enter name of	indivi	dual si	gning a	as plan admii	nistrator	W- W- T- 1200	
	GN		1 al					500000	
HE	RE Signature of employer/plan sponsor Date	Enter name of	maivi	qual și	gning a	as employer	n Diau 2	POURU	