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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries	in accordance w	ith the instructions to the Form 550	0-SF.		•	
Pa	art I Annual Report Identification Informat	ion					
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2011	and ending 1	12/31/2	2011		
Α	This return/report is for:	☐ a multip	le-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is: the first return/report	=	return/report	Į.		•	
Ь		H	•	\			
	an amended return/repor	t 📙 a short p	lan year return/report (less than 12 m	onths)			
С	Check box if filing under: Form 5558	automat	ic extension		DFVC progra	m	
	special extension (enter	description)					
Pa	art II Basic Plan Information—enter all requeste	ed information					
	Name of plan			1b	Three-digit		
	THEAST FLORIDA DENTAL GROUP, PA 401K PROFIT SI	HARING PLAN			plan number		
					(PN) ▶	003	
				1c	Effective date of	plan	
					01/01/	/1995	
	Plan sponsor's name and address; include room or suite n	umber (employer,	if for a single-employer plan)	2b	Employer Identif		ər
500	ITHEAST FLORIDA DENTAL GROUP, PA				(EIN) 59-12	18473	
				2c	Sponsor's telepl		
	00 N.E. 17 AVENUE, SUITE 500				305-891		
NOR	TH MIAMI, FL 33181-2058			2d	Business code (าร)
					62121		
	Plan administrator's name and address (if same as plan sp	onsor, enter "San 00 N.E. 17 AVENU		3b	Administrator's E	EIN 18473	
300		RTH MIAMI, FL 33		30			
				30	Administrator's t		ibei
4	If the name and/or EIN of the plan sponsor has changed s	/report filed for this plan, enter the	4b				
-	name, EIN, and the plan number from the last return/repo		wropert med for and plain, error and				
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan y	5a			15		
b	Total number of participants at the end of the plan year			5b			15
С	Number of participants with account balances as of the en			-0.0			
•	complete this item)		•	5c			13
6a	Were all of the plan's assets during the plan year invested	d in eligible assets	? (See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and	eport of an indepe	endent qualified public accountant (IQ	PA)			T
	under 29 CFR 2520.104-46? (See instructions on waiver	eligibility and cond	itions.)			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cann	ot use Form 5500	0-SF and must instead use Form 55	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	963015			746833	3
b	Total plan liabilities	7b	1013			0)
С	Net plan assets (subtract line 7b from line 7a)	7c	962002			746833	}
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:				\-7:		
	(1) Employers	8a(1)	15212				
	(2) Participants	8a(2)	30900				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)		-5140				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					40972)
d	Benefits paid (including direct rollovers and insurance pre						
u	to provide benefits)		253774				
е	Certain deemed and/or corrective distributions (see instruc		0				
f	Administrative service providers (salaries, fees, commission		2367				
g g	Other expenses	,	0				
	'					256141	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					-215169	
!	Net income (loss) (subtract line 8h from line 8c)					-210109	
J	Transfers to (from) the plan (see instructions)	8j					

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⊢orm	5500	-S-	201	

Page 2 -	1
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Part IV	Plan	Cnara	cteristics

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

	During the plan year:		Yes	No		Amo	ount	
u	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	Χ					70000
	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		Х				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
ı	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
	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						
t١	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	V NI-
		, 0, 00	CHOIL	502 Of E	-NIOA:		165	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	CHOIT	802 OF E	-KISA!		162	NO
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter th	e date d	of the le	tter ruli	ng
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter th Day ₋	e date d	of the le	tter ruli	ng
ı y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th	and e	nter th Day	e date d	of the le	tter ruli	ng
f yo	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions,	and e	nter th Day ₋	e date d	of the le	tter ruli	ng
i y i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, ith	and e	nter th Day	e date d	of the le	tter ruli	ng
ye)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le	tter ruli	ng
a f yo c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le	tter ruli	ng
f you	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	e date o	of the le	tter ruli	ng ——
f ye	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter ruli	ng
f you	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter ruli	ng
y y t	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter ruli	ng ——
y y \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter ruli	ng
t \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	Yes X	of the le Yea	tter ruli	N/A
t \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver. Monor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? //// //// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan 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 of the PBGC? 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.)	of a	and e	12b 12c 12d [Yes X	of the le Yea	ves	N/A
y (If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver. Monor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? //// //// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan 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 of the PBGC? 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.)	of a	and e	12b 12c 12d [Yes X	of the le Yea	ves	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/20/2012	DAVID ZIONTS
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

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Department of the Treesury

Department of Lebor Employee Boresits Security Administration

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 sections 6057(b) and 6058(e) of the Internal Revenue Code (the Code).

2011

1210-0089

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Pension B	·			ance with	the instructions to the Form 5500	-SF.	
Part I				- /04 /0			27.26
For calend		-		1/01/2	011 and ending		"
A This re	turn/report is for:	a single-employer plan	' ∐;	a multiple-e	employer plan (not multiemployer)	L	a one-participant plan
B This re	ևւու/report is:	the first return/report	<u></u>		•		
		an amended return/rep	oort 🗌 a	short plan	year return/report (less than 12 mo	nths)	
C Check	box if filing under:	Form 555B	□ :	automatic e	extension	L	DFVC program
	[] special extension (ente	er description	1)			
Part II	Basic Plan Inform	nation enter all reque	sted informa	tion			
SOUTHER	ST FLORIDA DEN	TAL GROUP, PA 4	O1K PRO	FIT SH	ARING PLAN	•	. 1000
							
						0	1/01/1995
			number (en	nployer, if f	or a single-employer plan)		
						•	
ıspuv	N.E. II AVENUE!	DOLLE SOO					· ·
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.voiciti	MIMMI	25 25 25 25 25 25 25 25 25 25 25 25 25 2					
3a Plan a	idministrator's name and	address (if same as plan	sponsor, en	ter "Same")		
SOUTHER 12900	N.E. 17 AVENUE	GROUP, PA SUITE 500					
For estimating plan year 2011 of risest bein year resignance of the plan of th							
4 If the	name and/or EIN of the p	lan sponsor has change	since the la	ast return/re	eport filed for this plan, enter the	4b	EIN
		er from the last return/re	роп.			4.0	Th. I
			B 1100#				
	- ,	- "					
	• ,					50	12
						5c	13
							Yes 🗌 No
b Are y	ou claiming a waiver of t	ne annual examination ar	nd report of a	an indepen	dent qualified public accountant (IQ	PA)	X Yes No
							<u>Fi</u> 163 [] 160
			HIND COSE IL	3111 0000-0	A Gird (1921) Francisco do a citir es	<u> </u>	
	1			;	(a) Beginning of Year	\top	(b) End of Year
a Total	plan assets	1444114	** ************************	7a	96301	.5	746833
b Total	plan liabilities	******************************		7b	10:	.3	0
C Net p	lan assets (subtract line	7b from line 7a)		7¢	96200)2	746833
8 Incor	ne, Expenses, and Trans	fers for this Plan Year			(a) Amount		(b) Total
					1 59'	. اد	
	•				-	┥.	
	•						
	•				-51	- 2	
	•					-	40972
				. OL			A STATE OF THE STA
				. 8d	2537	74	
e Certa	in deemed and/or correc	tive distributions (see ins	structions)	8e		<u>d</u> .	
f Admi	nistrative service provide	rs (salaries, fees, commi	ssions)	8 f	23:	-7	
g Othe	r expenses		***********	. Bg		<u> </u>	
	•					_	256141
	• • •						-215169
j Tran	sfers to (from) the plan (s	ee înstructions)		8;		1 .	Form 5800.SE (2011)

					-			
	Form 5500-\$F 2011 Page 2 -							
Part	V Plan Characteristics							
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2F 2J 3D	cteris	tic Co	des in	the instr	uctions:	•	
b i	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	teristi	ic Cor	les in t	he instru	ctions:		
Part \	Compliance Questions							
10	Ouring the plan year:		Yes	No	1	Amou	nt	
a	Vas there a failure to transmit to the plan any participant contributions within the time period described in [29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10e		х		Milou		
b	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		T-22		
	Was the plan covered by a fidelity bond?	10c	х			*****	7	000
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				
	Vere any fees 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 instructions.)	10e		X				
	las the plan failed to provide any benefit when due under the plan?	10f		х				-
	old the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х				
h	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10g 10h		X	· · · · · · · · · · · · · · · · · · ·			
i	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i		 	,		·	
	Pension Funding Compliance	101				<u>-</u>	·	<u> </u>
11	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	plete	Sched	dule SE	3 (Form	П	Yes	
	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						res	X N
(f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		
a 1	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ranting the waiverMont	tions,	and (enter th Day	ne date o	f the lette Year_	r rulir	9
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13.		_					
b E	nter the minimum required contribution for this plan year	• • • • • • • • • • • • • • • • • • • •	_	12b				
	nter the emount contributed by the employer to the plan for this plan year			12c				
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)		[12d				
ę \	fill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art V	Plan Terminations and Transfers of Assets							
13a	las a resolution to terminate the plan been adopted in any plan year?				res X	No		
l	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
(Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes	ΧN
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the high assets or liabilities were transferred. (See instructions.)	ie pla	n(s) to)				
13	c(1) Name of plan(s):	<u> </u>	13	c(2) El	IN(s)	13	ic(3) l	² N(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	ا دعا	teo le	petah	liehed			
Under	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the completed and signed by an enrolled actuary, as well as the electronic version of this returned.	ım/rei	port. ìi	ncludin	a. if apoli	icable, a	Sche	dule
elief,	is true, correct, and complete/		-,				4 / •	•

SIGN HERE Signature of plan-administrator Date Enter name of individual signing as plan administrator

SIGN David Zionts

Date Enter name of individual signing as employer or plan sponsor

Date Enter name of individual signing as employer or plan sponsor