	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089								
Department of the Treasury Internal Revenue Service This form is required to be filed				tions 104 and 4065 of the Employed	2011						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058 Code (the Code).							
	ension Benefit Guaranty Corporation	1-SF	Ins	pection							
Pa	Part I Annual Report Identification Information										
	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011					
Α.	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan				
В	This return/report is:	the first return/report	the final r	eturn/report							
	Γ	an amended return/report	a short pla	an year return/report (less than 12 mo	onths))					
C	C Check box if filing under:										
		special extension (enter descriptio	n)								
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation								
	Name of plan				1b	Three-digit					
WATI	ER'S EDGE DERMATOLOGY 4	01(K) PLAN				plan number	001				
					1c	(PN) ► Effective date of					
					10	01/01/					
2a WAT	Plan sponsor's name and addre ERS EDGE DERMATOLOGY, I	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 65-08					
600 \	/ILLAGE SQUARE CROSSING				2c	Sponsor's telep					
	I BEACH GARDENS, FL 33410)			2d	Business code (62111	,				
	Plan administrator's name and ERS EDGE DERMATOLOGY, II		SQUARE	CROSSING	3b	Administrator's E	E IN 44229				
PALM BEACH				NS, FL 33410	3c	Administrator's t 561-694	elephone number -9493				
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN					
а	Sponsor's name	ion nom the last return report.			4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a		110				
b Total number of participants at the end of the plan year					5b		103				
С		count balances as of the end of the p	• •		5c		70				
6a	1 /	luring the plan year invested in eligibl					X Yes No				
b	Are you claiming a waiver of th	ne annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA)						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,			X Yes No				
Pa	rt III Financial Informa		5111 5500-	or and must instead use Form Jot							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year				
а	Total plan assets		7a	1129655			1385676				
b	Total plan liabilities		7b	0			0				
С	Net plan assets (subtract line 7	7b from line 7a)	7c	1129655	1385676						
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or recei		8a(1)	109960							
			8a(2)	280821	-						
)	8a(3)	0							
b	() ()	/	8b	-56141							
c		8a(2), 8a(3), and 8b)	8c				334640				
d	Benefits paid (including direct r	rollovers and insurance premiums	8d	77955							
е	· ,	ive distributions (see instructions)	8e	0							
f	f Administrative service providers (salaries, fees, commissions)			585							
g	Other expenses		8g	79							
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h				78619				
i	()(e 8h from line 8c)					256021				
j	Transfers to (from) the plan (se	ee instructions)	8j	0							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

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

Part	V	Compliance Questions							
10	Du	During the plan year:					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)			Х				
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х				
С	Wa	as the plan covered by a fidelity bond?	10c	Х				125	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e	x				4	313
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	252	nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		0h 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						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	•			•		Yes	No
12	(lf "	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							No
	gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct thing the waiver							_
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
		er the minimum required contribution for this plan year			120 12c				
c d	Sub	er the amount contributed by the employer to the plan for this plan year otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left prive amount)	of a		120 12d				
•		ative amount) the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		J/A
Part		Plan Terminations and Transfers of Assets			••••	100			
						res X	No		
154	3a Has a resolution to terminate the plan been adopted in any plan year?						10		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								No
of the PBGC? Yes X No C 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.) Yes X No									
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PN(s)			(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Unde	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								е

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.	04/20/2012	THEODORE SCHIFF, M.D.					
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	Short Form Annual Return/Report of Small Employed Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	ervice This form is required to be filed under sections 104 and 4065 of the Employ					2011		
Department of Labor Employee Benefits Security Administration	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058							
Pension Benefit Guaranty Corporation								
Part I Annual Report Ic For calendar plan year 2011 or fisca	Ientification Information	01/01/2			10/01/0011			
F	x a single-employer plan	7			12/31/2011			
-	the first return/report	1	-employer plan (not multiemployer) eturn/report		a one-particip	ant plan		
B This return/report is:	an amended return/report	4	in year return/report (less than 12 m	onthe	N N			
C Check box if filing under:	Form 5558	· ۲	extension	Jinns)	~		
	special extension (enter description							
Part II Basic Plan Inform	mation—enter all requested inform			-				
1a Name of plan				1b	Three-digit			
Water's Edge Dermatol	ogy 401(k) Plan				plan number	001		
				10	(FN) /			
				10	Effective date o 01/01/2010	r pian		
2a Pian sponsor's name and addr Waters Edge Dermatolo	ess; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identi	fication Number		
600 Village Square Cr				0.	(EIN) 65-084			
				20	Sponsor's telep 561-694-94			
Palm Beach Gardens	FL 33410			2d		see instructions)		
					621111	· · ·		
3a Plan administrator's name and Waters Edge Dermatolo 600 Village Square C	address (if same as plan sponsor, e	enter "Same	7)	3b	Administrator's			
				3c	Administrator's	lelephone number		
Palm Beach Gardens 4 If the name and/or EIN of the c	FL 33410 Ian sponsor has changed since the	last return/	report filed for this plan, enter the	4h	561-694-94 EIN	193		
name, EIN, and the plan numb	per from the last return/report.		roport mod for and plan, erker the	40				
a Sponsor's name	the beginning of the standard				PN			
				5a		110		
	count balances as of the end of the		defined henefit place de not	5b		103		
complete this item)			denned benefit plans do not	<u>5c</u>		70		
6a Were all of the plan's assets d	luring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes No		
under 29 CFR 2520.104-46? (te annual examination and report of See instructions on waiver eligibility	an indeper and conditi	ident qualified public accountant (IQI ions.)	PA)		X Yes 🛛 No		
If you answered "No" to eith	<u>er 6a or 6b, the plan cannot use f</u>	orm 5500-	SF and must instead use Form 55	00.				
Part III Financial Inform	ation		·					
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
_			112965	55 138567				
	7b from line 7a)		112965	12956				
8 Income, Expenses, and Trans			(a) Amount	555 13856 (b) Total				
a Contributions received or received	ivable from:			+		0121		
			· · · · · · · · · · · · · · · · · · ·	109960				
(2) Participants			28082	1				
	J							
	8a(2), 8a(3), and 8b)		-5614					
d Benefits paid (including direct	rollovers and insurance premiums					334640		
to provide benefits)								
	Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f			O				
f Administrative service providers (salaries, fees, commissions) g Other expenses			58	-				
	Be, 8f, and 8g)		//	79				
	e 8h from line 8c)		······································	+	<u>.</u>	78619 256021		
j Transfers to (from) the plan (se	ee instructions)			0				
For Paperwork Reduction Act Notice and Of	AB Control Numbers, see the instructions fo	r Form 5500-S	F			Form 5500-SF (2011) v.012611		

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Part IV Plan Characteristics									
	lf th	e plan provides pension benefits, enter the applicable pension featu	are codes from the Li	st of Plan Chara	cterist	ic Co	des in f	the instruction	ons:
b	2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	tV	Compliance Questions							
10		ring the plan year:				Yes	No	A	mount
a	1 Wa 29	as there a failure to transmit to the plan any participant contributions) CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Program	ı)	10a		x		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
c	; w	as the plan covered by a fidelity bond?			10c	х			125000
d		t the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?			10d		x	···	
e	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								4313
f	Ha	s the plan failed to provide any benefit when due under the plan?	••••••		10f		x		
g) Dia	t the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X		
h	25	his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		x		
i		IOh was answered "Yes," check the box if you either provided the re- ceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part	t VI	Pension Funding Compliance							
11	ls t 55	his a defined benefit plan subject to minimum funding requirements 00))	i? (If "Yes," see instru	uctions and comp	plete S	Scheo	dule SB	(Form	
12 a	ls (if' tifa	this a defined contribution plan subject to the minimum funding requ "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being an	uirements of section (a.) mortized in this plan y	412 of the Code year, see instruc	or sec tions,	ition	302 of I enter th	ERISA?	Yes X No
12		enting the waiver.			h		Day	י י	rear
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule ME ter the minimum required contribution for this plan year	• •	•		ſ	12b		
		ter the amount contributed by the employer to the plan for this plan					12c		
	i Su	btract the amount in line 12c from the amount in line 12b. Enter the gative amount)	result (enter a minus	sign to the left o	ofa		12d		
0		I the minimum funding amount reported on line 12d be met by the fu				·· ·		Yes [] No ∏ N/A
		Plan Terminations and Transfers of Assets						L/1	#
		s a resolution to terminate the plan been adopted in any plan year?						res X No	
	lf "	Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year		1:	Ba			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
с 	C 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) 13							13c(3) PN(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 eigned by an enroiled 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.									
SIG	SIGN 4/1912 Theodore Schiff, M.D.								
HE		Signature of plan administrator	Date ,	Enter name of in	ndividu	al sid	oning a	s plan admir	nistrator

12 Theodore Schiff, M.D. 4 19 SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor