## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension B	Benefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Insp	ection
Pa	Part I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α	A This return/report is for:						ant plan	
В	B This return/report is: ☐ the first return/report ☐ the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)							
C	Chock	hov if filing under:	☐ Form 5558 ☐			[	DFVC program	n
C						Į	Di vo program	
	special extension (enter description)							
	art II		nation—enter all requested information	ation		1 h	There is all all	
		of plan	SHARING PLAN AND TRUST				Three-digit plan number	
117	HOLO	701, EE0 401(II) 1 II(0111	SHARING FEAR AND TROOT				(PN) ▶	001
						1c	Effective date of	plan
							01/01/2	2010
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identific	
IPA	THOLC	GY, LLC					(EIN) 05-061	
						2c	Sponsor's teleph	
		CHTREE ST					863-510-	
LAKE	ELAND	, FL 33815				2a	Business code (s 621111	
32	Dlon	administrator's name and	address (if same as plan sponsor, er	otor "Como	,"\	3h	Administrator's E	
		GY, LLC	501 W PEAC			30	05-061	
			LAKELAND, I	FL 33815		3с	lephone number	
							863-510-	5971
4			lan sponsor has changed since the later from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а		sor's name	er nom the last return/report.			4c	PN	
	•		the beginning of the plan year			5a	T	۶
b			the end of the plan year					
		• •	• •			5b	+	
С			count balances as of the end of the p	• (	•	5c		ę
6a	Were	e all of the plan's assets of	luring the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
b		•	ne annual examination and report of a		,			
		•	See instructions on waiver eligibility a		•			X Yes No
D-			er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III	Financial Informa	ation					
1	_	Assets and Liabilities			(a) Beginning of Year 43357		(b) End o	of Year 159078
a		•		. 7a	43337			139070
b		•		7b	43357			159078
<u> </u>		•	7b from line 7a)	7c				
8		ne, Expenses, and Transf			(a) Amount		(b) To	otal
а		ributions received or recei	vable from:	8a(1)	60272			
	` '			8a(2)	53417			
	` '	·	)	8a(3)	7270			
b	` '	`		8b	-5173			
C			8a(2), 8a(3), and 8b)	8c				115786
d			rollovers and insurance premiums					
~				. 8d	0			
е	Certa	in deemed and/or correct	ive distributions (see instructions)	. 8e	0			
f	Admii	nistrative service provider	rs (salaries, fees, commissions)	. 8f	65			
g	Other	expenses		8g	0			
h	Total	expenses (add lines 8d,	8e, 8f, and 8g)					65
i			e 8h from line 8c)					115721
j	Trans	sfers to (from) the plan (se	ee instructions)	8i				

Form	5500	-SF	2011

Page 2 -	1	
----------	---	--

Part IV	Plan	Charact	arietice
Pall IV	- FIAII	Canadaca	H12111:2

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2T 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		Δm	ount	
0 , ,	ansmit to the plan any participant contributions within the time period described in			110		AIII	Juni	
		10a	Χ					581
	mpt transactions with any party-in-interest? (Do not include transactions reported			V				
on line 10a.)		10b		X				
Was the plan covered	by a fidelity bond?1	10c	Χ					0000
Did the plan have a los	s, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							
•		10d		X				
Were any fees or com	nissions paid to any brokers, agents, or other persons by an insurance carrier,							
	ner organization that provides some or all of the benefits under the plan? (See			Х				
instructions.)	<u>_</u>	10e						
Has the plan failed to p	rovide any benefit when due under the plan?	10f		X				
Did the plan have any	participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	count plan, was there a blackout period? (See instructions and 29 CFR	···						
	·	10h		X				
If 10h was answered "	es," 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						
t VI Pension Fund	ing Compliance							
	plan subject to minimum funding requirements? (If "Yes," see instructions and complete	lete	Sched	عاد ۲۶	(Form			
				uic OL	(1 01111			_
	part out journal and and out journal and out j				,		Yes	N
5500))					<u></u>		Yes Yes	X N
5500))	ution plan subject to the minimum funding requirements of section 412 of the Code o				<u></u>			Ш—
Is this a defined contri (If "Yes," complete 12a		or se	ction 3	02 of	ERISA?	·	Yes	× 1
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  um funding standard for a prior year is being amortized in this plan year, see instruction	or se	ction 3		ERISA?	of the le	Yes	X N
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver	oution plan subject to the minimum funding requirements of section 412 of the Code or 12b, 12c, 12d, and 12e below, as applicable.)  um funding standard for a prior year is being amortized in this plan year, see instruction	or se	ction 3	02 of nter th Day	ERISA?	of the le	Yes	X N
ls this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  um funding standard for a prior year is being amortized in this plan year, see instruction	or se	and e		ERISA?	of the le	Yes	X N
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver f you completed line 12a The Enter the minimum requirements	ution plan subject to the minimum funding requirements of section 412 of the Code o or 12b, 12c, 12d, and 12e below, as applicable.)  um funding standard for a prior year is being amortized in this plan year, see instruction	or se	and e	02 of nter th Day	ERISA?	of the le	Yes	X N
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum requence.	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se	and e	onter the Day	ERISA?	of the le	Yes	X N
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	ions,	and e	302 of onter the Day	ERISA?	of the le	Yes	X N
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount)	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction to the funding standard for a prior year is being amortized in this plan year, see instruction to Month, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  The funding standard for this plan year to the plan for this plan year to the employer to the plan for this plan year to the left of the funding sign to the left of the subject to the subject to the left of the subject to	ions,	and e	12b 12c	ERISA?	of the le	Yes	X I
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount)	oution plan subject to the minimum funding requirements of section 412 of the Code of 12b, 12c, 12d, and 12e below, as applicable.)  Sum funding standard for a prior year is being amortized in this plan year, see instruction	ions,	and e	12b 12c	ERISA?	of the le	Yes	N ng
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount) Will the minimum fundi	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	ions,	and e	002 of nter the Day 12b 12c 12d	ERISA?	Y End of the le	Yes	N ng
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount) Will the minimum fundi t VII Plan Termin Has a resolution to termi	oution plan subject to the minimum funding requirements of section 412 of the Code of 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction to the complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The funding the employer to the plan for this plan year.  The funding the employer to the plan for this plan year.  The funding deadline?  The funding deadline?  The funding deadline?  The funding deadline?	or se	and e	002 of nter the Day 12b 12c 12d	ERISA?	of the le	Yes	X I
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver If you completed line 12a Denter the minimum requested the amount control Subtract the amount in negative amount) Will the minimum funding It VII Plan Termin Has a resolution to termin If "Yes," enter the amount	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	f a	and e	12b 12c 12d	ERISA?	Y End of the le	Yes	N ng
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount) Will the minimum fundi t VII Plan Termin Has a resolution to term If "Yes," enter the amo Were all the plan asset	oution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction to the complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The funding deadline for this plan year.  The funding standard for this plan year to the plan for this plan year.  The funding deadline for the left of the gamount reported on line 12d be met by the funding deadline?  The funding amount reported on line 12d be met by the funding deadline?  The funding deadline for this plan year?  The funding deadline for the left of the plan been adopted in any plan year?  The funding deadline for this plan year?  The funding deadline for the left of the plan been adopted in any plan year?  The funding deadline for this plan year?  The funding deadline for this plan year for the plan been adopted in any plan year?  The funding the funding deadline for this plan year for the plan been adopted in any plan year?  The funding the funding deadline for this plan year for the plan been adopted in any plan year?  The funding the funding deadline for this plan year for the plan been adopted in any plan year?  The funding the funding deadline for this plan year for the plan year for the funding deadline for the funding de	f a	and e	12b 12c 12d	ERISA?	of the le Yea	Yes tter ruli r	N/A
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount) Will the minimum fundi t VII Plan Termin If "Yes," enter the amo Were all the plan asset of the PBGC?	rution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se iions,	and e	12b 12c 12d	ERISA?	of the le Yea	Yes	N/A
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver  you completed line 12a Enter the minimum req Enter the amount contr Subtract the amount in negative amount) Will the minimum fundi  VII Plan Termin  Has a resolution to term If "Yes," enter the amo  Were all the plan asset of the PBGC?  If during this plan year	rution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se iions,	and e	12b 12c 12d	ERISA?	of the le Yea	Yes tter ruli r	N/
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount) Will the minimum fundi t VII Plan Termin If "Yes," enter the amo Were all the plan asset of the PBGC? If during this plan year, which assets or liabiliti	rution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se iions,	and e	12b 12c 12d	ERISA?	of the le Yea	Yes  tter ruli r  No  Yes	N//
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver  you completed line 12a Enter the minimum req Enter the amount contr Subtract the amount in negative amount) Will the minimum fundi VII Plan Termin Has a resolution to term If "Yes," enter the amo Were all the plan asset of the PBGC? If during this plan year, which assets or liabiliti	rution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se iions,	and e	12b 12c 12d	ERISA?	of the le Yea	Yes tter ruli r	N/
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver If you completed line 12a Denter the minimum requested the amount contribution of the contribution of the plan asset of the plan year. If the thin is the plan asset of the plan year. If the thin is the plan year.	rution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se iions,	and e	12b 12c 12d	ERISA?	of the le Yea	Yes  tter ruli r  No  Yes	N//
Is this a defined contri (If "Yes," complete 12a If a waiver of the minim granting the waiver you completed line 12a Enter the minimum req Enter the amount contri Subtract the amount in negative amount) Will the minimum fundi t VII Plan Termin If "Yes," enter the amo Were all the plan asset of the PBGC? If during this plan year, which assets or liabiliti	rution plan subject to the minimum funding requirements of section 412 of the Code of or 12b, 12c, 12d, and 12e below, as applicable.)  The funding standard for a prior year is being amortized in this plan year, see instruction	or se iions,	and e	12b 12c 12d	ERISA?	of the le Yea	Yes  tter ruli r  No  Yes	N//

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.	07/27/2012	WESLEY MOSCHETTO
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 Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		dance wit	h the instructions to the Form 5500	-SF.			
	Part I Annual Report Identification Information						
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011						
A This return/report is for:							
В	B This return/report is:						
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatic	extension	[	DFVC pregram		
-	special extension (enter description	n)		•	-		
P	Part II   Basic Plan Information—enter all requested information						
1a Name of plan 1b Three-digit							
	PATHOLOGY, LLC 401(k) Profit Sharing Pla	n and	Trust		plan number 001		
•					(PN) P		
					Effective date of plan 01/01/2010		
20	Plan sponsor's name and address; include room or suite number (e	molover if	for a single-amployer plan)		Employer Identification Number		
	PATHOLOGY, LLC	ilibiožei, ii	to a saigle-employer plant		(EIN) 05-0610018		
					Sponsor's telephone number		
50	1 W PEACHTREE ST		•		863-510-5971		
				2d	Business code (see instructions)		
LA	KELAND FL 33815			1	621111		
3a	Plan administrator's name and address (if same as plan sponsor, el Pathology, LLC	nter "Same	3")		Administrator's EIN		
					05-0610018		
50	1 W PEACHTREE ST KELAND FL 33815				Administrator's telephone number 863-510-5971		
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the		EIN		
-	name, EIN, and the plan number from the last return/report.						
a	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	8		
þ	Total number of participants at the end of the plan year			5b	9		
C	Number of participants with account balances as of the end of the pomplete this item)			5c	9		
62	Were all of the plan's assets during the plan year invested in eligib				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 conditi	ons.)	********	X Yes No		
-	If you answered "No" to either 6a or 6b, the plan cannot use For	orm 5500-	SF and must instead use Form 650	10.			
	rt III   Financial Information	1		1	#3 = .1 . #3Y		
7	Plan Assets and Liabilities	ļ	(a) Beginning of Year	_	(b) End of Year		
	Total plan assets		4335	4-	159078		
b	Total plan liabilities		4335		15000		
	Net plan assets (subtract line 7b from line 7a)	7c	4335	4	159078		
8	Income, Expenses, and Transfers for this Plan Year	<b></b>	(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	6027	2			
	(2) Participants	8a(2)	5341	-			
	(3) Others (including rollovers)	8a(3)	727	_			
b	Other income (loss)	1	-517				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	115786		
	Benefits paid (Including direct rollovers and insurance premiums			1	:		
	to provide benefits)	8d		의			
Θ	Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>			
f	Administrative service providers (salaries, fees, commissions)	8f	6	5			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			65		
I	Net (ncome (loss) (subtract line 8h from line 8c)	18			115721		
_ j	Transfers to (from) the plan (see instructions)	8j					
ForP	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Form 5500-S	F.		Form 5500-SF (2011) v.012611		

	Form 5500-SF 2011 Page <b>2</b> -		_						
Part IV Plan Characteristics									
9a									
b	the state of the s								
Pari	V Compliance Questions	, ,							
10	During the plan year:		Yes	No	Aı	mount			
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	х			5819			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
С	Was the plan covered by a fidelity bond?	10c	Х			100000			
d	the state of the s	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					
f	Has the plan falled 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		х					
	If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
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							
Part									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	dule SE	(Form	Yes No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes 🛛 No			
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the walver	ith	, and e	enter th Day	e date of the	letter ruling ear			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b					
b	Enter the minimum required contribution for this plan year								
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 negative amount)		[	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A			
Part									
	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the c			Yes 🗓 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.)									
	3c(1) Name of plan(s):		13	c(2) E	N(s)	13c(3) PN(s)			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonat	le cau	ıse is	estab	ished.				
Unde SB o	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.								

7/17/12

7/17/12

Date

Date

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Wesley Moschetto

Enter name of individual signing as plan administrator
Wesley Moschetto

Enter name of individual signing as employer or plan sponsor