## 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

	Comple	te all entries in acco	rdance wit	h the instructions to the Form 550	O-SF.		•		
Pa	art I Annual Report Identificatio	n Information							
For	calendar plan year 2011 or fiscal plan year be	eginning 01/01/20	12	and ending 0	7/31/2	012			
Α	This return/report is for:	nployer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is: the first return	urn/report	the final r	eturn/report					
	an amende	d return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558		automatio	extension		DFVC progra	m		
	The state of the s	ension (enter descript	ion)		Į.	_			
D	art II Basic Plan Information—ent		,						
		er all requested inforr	nation		1 h	There is all all			
	Name of plan ERIC RX, INC. RETIREMENT PLAN				ID	Three-digit plan number			
OLIV	ERIO IX, INC. RETIREMENT LAN					(PN) ▶	001		
					1c	Effective date of	fplan		
						01/01/			
	Plan sponsor's name and address; include ro	oom or suite number (	employer, if	for a single-employer plan)		Employer Identif		er	
					2c Sponsor's telephone number				
5300	) W. HILLSBORO BLVD.					954-420			
	CONUT CREEK, FL 33073				2d	Business code (	see instructio	ns)	
						44611	0		
	Plan administrator's name and address (if sa				3b	Administrator's I			
GENI	ERIC RX, INC.	5300 W. HIL COCONUT			30	26-4245492 Administrator's telephone numbe			
					30	954-420		libei	
4	If the name and/or EIN of the plan sponsor h	as changed since the	last return/	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the la	st return/report.							
	Sponsor's name				4c 5a	PN			
5a	Total number of participants at the beginning of the plan year							11	
b	Total number of participants at the end of the plan year							(	
С	Number of participants with account balance complete this item)			•	5c			(	
6a	Were all of the plan's assets during the plan	year invested in eligi	ble assets?	(See instructions.)			X Yes	No	
b	3						<b>₩</b> □	٦	
	under 29 CFR 2520.104-46? (See instructio						X Yes	No	
D-	If you answered "No" to either 6a or 6b, t	ne pian cannot use	Form 5500-	SF and must instead use Form 550	JU.				
	art III   Financial Information			T					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
а	'			91864				)	
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7b from line 7a	a)	7с	91864			(	)	
8	Income, Expenses, and Transfers for this Pla	an Year		(a) Amount		(b) T	otal		
а									
	(1) Employers								
	(2) Participants		8a(2)						
	(3) Others (including rollovers)		8a(3)						
b	Other income (loss)		8b	-844					
C	Total income (add lines 8a(1), 8a(2), 8a(3), 8	and 8b)	8c				-844	1	
d	Benefits paid (including direct rollovers and i to provide benefits)		8d	0					
е	Certain deemed and/or corrective distribution	ns (see instructions)	8e	91020					
f	Administrative service providers (salaries, fe	es, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g	)					91020	)	
i	Net income (loss) (subtract line 8h from line						-91864	1	
j	Transfers to (from) the plan (see instructions	,							
			J	i .					

Form	5500	SF	201

Page <b>2</b> -	1
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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

<b>a</b> Wa	ing the plan year:		Yes	No		Amo	unt	
29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
<b>b</b> We	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
<b>C</b> Wa	is the plan covered by a fidelity bond?	10c		X				
	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
insı	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 ructions.)	10e	X					333
Has	the plan failed to provide any benefit when due under the plan?	10f		X				
<b>g</b> Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
	Oh 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						
t VI	Pension Funding Compliance			Į				
ls th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					П	Yes	X No
	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		
Ifa								
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver							
gran								
gran you o	nting the waiverMon	th						
gran f you o Ente	Mon sompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.	th	 [	Day <sub>.</sub>				
gran f you o Ente Ente Sub	nting the waiver	th  of a	[	Day _				
gran f you o Ente Ente Sub neg	Annual Monsompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year	th of a		Day 12b 12c 12d		_ Yea		
gran f you o D Ente C Ente d Sub neg	Mon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.  For the amount contributed by the employer to the plan for this plan year.  For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	th of a		Day 12b 12c 12d		_ Yea		
gran f you o  Ente Sente Sub neg Will t VII	Annual Monscompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.  The amount contributed by the employer to the plan for this plan year.  The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount).  The minimum funding amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d		_ Yea		
gran f you o D Ente C Ente d Sub neg Will t VII a Has	Mon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year	of a		12b 12c 12d	Yes	_ Yea		N/A
gran f you o Ente Ente Sub neg Will t VII Has If "Y	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.  For the amount contributed by the employer to the plan for this plan year.  For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount).  The minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  a resolution to terminate the plan been adopted in any plan year?  Yes," enter the amount of any plan assets that reverted to the employer this year.  The all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the strength of the strength of the plan and the plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries.	of a1 under		Day	Yes	Yea	lo 📗	N/A
gran f you o D Ente S Ente S Sub neg Will t VII A Has If "Y D Wel of tl	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.  For the amount contributed by the employer to the plan for this plan year.  For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount).  The minimum funding amount reported on line 12d be met by the funding deadline?  Flan Terminations and Transfers of Assets  The amount of any plan assets that reverted to the employer this year.  The all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	of a		12b 12c 12d [	Yes	Yea		N/A
gran f you o  Ente Set Sub neg Will t VII  Has If "Y  Wen of the	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.  For the amount contributed by the employer to the plan for this plan year.  For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount).  The minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  a resolution to terminate the plan been adopted in any plan year?  Yes," enter the amount of any plan assets that reverted to the employer this year.  The all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the strength of the strength of the plan and the plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the plan assets distributed to participants or beneficiaries.	of a		12b 12c 12d [	Yes	Yea	lo 📗	N/A
gran f you o  Ente Set Sub neg Will  Tt VII  A Has If "Y  Wen of th  If di whi	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year.  For the amount contributed by the employer to the plan for this plan year.  For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount).  The minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  a resolution to terminate the plan been adopted in any plan year?  Yes," enter the amount of any plan assets that reverted to the employer this year.  The plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?  For indicating this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan to another plan(s).	of a	3a the co	12b 12c 12d [	Yes	Yea	lo 📗	N/A  0  No
gran f you o D Ente C Ente d Sub neg e Will a Has If "Y D Wen of tl ii di whi	And the maintain the waiver.  The minimum required contribution for this plan year.  The minimum required contribution for this plan year.  The amount contributed by the employer to the plan for this plan year.  The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount).  The minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  The amount of any plan assets that reverted to the employer this year.  The all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?  The assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	of a	3a the co	Day	Yes	Yea	Ves [	N/A  0  No
gran f you o D Ente C Ente d Sub neg Will t VII a Has If "Y D Wer of tl t lf de whi 13c(1	And the maintain the waiver.  The minimum required contribution for this plan year.  The minimum required contribution for this plan year.  The amount contributed by the employer to the plan for this plan year.  The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount).  The minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  The amount of any plan assets that reverted to the employer this year.  The all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?  The assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	of a 1	3a the co	Day	Yes	Yea	Ves [	N/A  0  No

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/06/2012	DIANA IAGROSSI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/06/2012	DIANA IAGROSSI
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 Lebor 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 4055 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

F	Annual Report Identification Information		•					
For	the calendar plan year 2011 or fiscal plan year beginning	····	01/2012 and ending	0	7/31/2012			
A	This return/report is for: x a single-employer plan	] a multiple	e-employer plan (not multiemployer)	a one-participant plan				
В	This return/report is:	the final	return/report					
	an amended return/report	a short p	lan year return/report (less than 12 mo	onths)				
G	Check box If filing under: Form 5558	automati	c extension .		DFVC progra	m		
•	special extension (enter description)	in)			_			
76	and Basic Plan Information enter all requested info							
***************************************	Name of plan	Jillanoi II		1b	Three-digit			
	•				plan number (PN) ►	001		
	Generic Rx, Inc. Retirement Plan			1c	Effective date of			
			•		01/01/2010	,,,,,,		
2a	Plan sponsor's name and address; include room or suite number (er	nployer, if i	or single-employer plan)	2b	Employer Identif			
	Generic Rx, Inc.				(ElN) 26-4245492  2c Plan sponsor's telephone number			
				2c				
	5300 W. Hillsboro Blvd.			24	(954) 420-9			
	·				Business code (: 446110	see insuluctions)		
***********	Coconut Creek FL 33073	tar IlCamali	1	ļ	Administrator's E	IN		
ગસ	Plan administrator's name and address (If same as plan sponsor, en Same	ilei Gaille"	1		, paren (Material VI & L			
			,	30	Administrator's to	elephone number		
				00	Authinistrator a to	neprione number		
				41.				
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	st return/re	port filed for this plan, enter the	4b EIN				
а	Sponsor's Name			4c	PN			
	Total number of participants at the beginning of the plan year			5a		11		
b	Total number of participants at the end of the plan year			<u>5b</u>		0		
Ç	Number of participants with account balances as of the end of the placemplete this item)			5c		0		
3a	Were all of the plan's assets during the plan year invested in eligible			»	* * * *	X Yes No		
b	Are you claiming a waiver of the annual examination and report of an	Independe	nt qualified public accountant (IQPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	d condition	s.)		* * * *	x Yes No		
e the sales	If you answered "No" to either 6a or 6b, the plan cannot use For	m 5500-SF	and must instead use Form 5500.					
	falls Financial Information	10080030	(n) Bealington of Voor		(b) End c	f Voar		
7	Plan Assets and Liabilities	William Co			(b) End C	0		
a	Total plan assets	, 7a	91,864			<u>U</u>		
b	Total plan liabilities	· 7b	01 054			0		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	91,864 (a) Amount	-	(b) To			
o a	Contributions received or receivable from:	42000000000	(w) convent	WARE TO	177.03.700.450.650	######################################		
-	(1) Employers	. 8a(1)						
	(2) Participants	, 8a(2)						
	(3) Others (including rollovers)	. Ba(3)						
þ	Other income (loss)	. 8b	(844)	IN THE		HENNOZANIANSK		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	, <u>8c</u>		8345-03-0F		(844)		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0					
e	Certain deemed and/or corrective distributions (see instructions)		91,020	188				
f	Administrative service providers (salaries, fees, commissions)	, 8f	· · · · · · · · · · · · · · · · · · ·	1				
g	Other expenses , . ,	. 8g	<u> </u>					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		ģ.		91,020		
i	Net income (loss) (subtract line 8h from line 8c)	. 81		(X)		(91,864)		
ì	Transfers to (from) the plan (see Instructions)	. 81			STATE CONTRACT			

<del>}</del>	Form 5500-SF 2011			Page 2					
Pa	Plan Characteristics				······································				
	If the plan provides pension benefits, enter the applicable pension fe 2A 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat								
68	Compliance Questions								
10	The state of the s			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No	<u> </u>	Amount
a	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	ons with	in the time pe	riod described in			<b> </b>		
b	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduci	ary Con	rection Progra	ım)	10a		Х		
•	on line 10a.)	-			10b		×		
c	Was the plan covered by a fidelity bond?				10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bo	nd, that was	caused by fraud	10d		x		•
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all clinstructions.)	of the be	nefits under tf	he plan? (See	10e	x			333
f	Has the plan failed to provide any benefit when due under the plan?				10f		х		
g g	Did the plan have any participant loans? (If "Yes," enter amount as				-		x		
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	ee instr	uctions and 29	9 ČFR	10h		х		
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	require	d notice or an	e of the					
Dan	Wil Pension Funding Compliance	<u> </u>						- Name -	-1. C.
11	Is this a defined benefit plan subject to minimum funding requirement				te Sc	hedule	SB (I	orm	, □Yes XNo
	Is this a defined contribution plan subject to the minimum funding re (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical if a waiver of the minimum funding standard for a prior year is being granting the waiver	ble.) amortiz	ed in this plar	n year, see instructio	ns, ar	nd ente	er the	date of the	
b	Enter the minimum required contribution for this plan year					<b>'</b>	12b		
c d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	in year ne result	(enter a minu		, , }	` ├─	12c		
•	negative amount)				• 1	•	12d	Yes	□No □NA
Part	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	iunang	inegammet .	, , , , , , ,	· ·	• •	•		
101 000			<del></del>						X Yes No
13a	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 em	rr . ninver ti					3a	• • •	0
- la	Were all the plan assets distributed to participants or beneficiaries, to		<del></del>						
	of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	* *. *					• •	* * * •	, XYes No
1	3c(1) Name of plan(s):					13c	(2) EIN	ا(e)	13c(3) PN(s)
Cautle	n: A penalty for the late or incomplete filing of this return/report	will be	assessed un	iless reasonable ca	use i	s esta	blishe	d.	•,
SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare s the ele	ihat I have ex ectronic versio	amined this return/re on of this return/repor	eport, i rt, and	includi to the	ng, if a best	applicable, of my knov	a Schedule /ledge and
SIG				Diana Iagross					
HEF		Date	8/2/201	Anter name of Indiv	/idual	signin	gaspl	an adminis	trator
SIG	Diana lagrossi			Diana Tagross					
HEF	95.1	Date 8	3/2/2012	Enter name of indiv	ldual :	signing	g as er	nployer or	plan sponsor