	Form 5500-SF		eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2011					
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058( Code (the Code).						
	ension Benefit Guaranty Corporation	ee.	Inspection							
Pa	art I Annual Report Id	lentification Information		n the instructions to the Form 5500	-36.	1				
	calendar plan year 2011 or fisca		1	and ending	2/31/2	2011				
Α.	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is:	the first return/report	the final r	eturn/report		—				
	The second se	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter descriptio	n)							
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
1a	Name of plan	•			1b	Three-digit				
MED	HAT F. SAMI, M.D., P.C. PROF	IT SHARING PLAN				plan number				
				-	10	(PN) ▶ 002 Effective date of plan				
					10	01/01/1991				
	Plan sponsor's name and addre HAT F. SAMI, M.D., P.C.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (FIN) 11-2439086				
					2c	(EIN) 11-2439086 Sponsor's telephone number				
	DXHUNT CRESCENT SSET, NY 11791			-	2d	718-278-0440 Business code (see instructions)				
						621111				
	Plan administrator's name and HAT F. SAMI, M.D., P.C.	address (if same as plan sponsor, er 35 FOXHUNT	CRESCE			Administrator's EIN 11-2439086				
SYOSSET, N'					3c	Administrator's telephone number 718-278-0440				
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan numb Sponsor's name	PN								
	•	the beginning of the plan year			5a	7				
<b>b</b> Total number of participants at the end of the plan year					5b	4				
<b>C</b> Number of participants with account balances as of the end of the p				defined benefit plans do not		2				
60	1 /				5c					
ba b				(See instructions.)		X Yes No				
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
D-			orm 5500-	SF and must instead use Form 550	0.					
	rt III Financial Informa	ation								
7	Plan Assets and Liabilities		_	(a) Beginning of Year 11326324	-	(b) End of Year 10546546				
a b	•		7a 7b	0	-	0				
C	•	b from line 7a)	7b 7c	11326324		10546546				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
a	Contributions received or recei									
	(1) Employers		8a(1)	0						
	(2) Participants		8a(2)	0	_					
	(3) Others (including rollovers)	)	8a(3)	0	_					
b			8b	-343096		0.40000				
C		8a(2), 8a(3), and 8b)	8c		_	-343096				
d		ollovers and insurance premiums	8d	361309						
е	· ,	ive distributions (see instructions)	8e	0						
f		s (salaries, fees, commissions)	8f	75373						
g	Other expenses		8g	0						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			436682				
i	( )(	e 8h from line 8c)	8i			-779778				
j	Transfers to (from) the plan (se	ee instructions)	8j	0						

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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: 2E 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	ring the plan year:		Yes	No		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)						
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
С	W	as the plan covered by a fidelity bond?	10c	Х				500000
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			
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		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					Yes	No
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver</li></ul>								
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		1		
b	Ent	er the minimum required contribution for this plan year			12b			
		er the amount contributed by the employer to the plan for this plan year			12c			
	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)							1
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?			١	res X No	)	
	lf "`	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								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.)								
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) P				PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.		
Unde	er pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, in	cludin	g, if applica	ole, a Sch	edule

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.	09/14/2012	MEDHAT SAMI
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

	Short Form Annual Return/Report of Small Employ Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).			OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be file				2011		
Employee Benefits Security Administration the Interna				This Form is Open to Public		
Pension Benefit Guaranty Corporation  Complete all entries in accor	rdance with t	he instructions to the Form 550	0-SF.	Inspection		
Part I         Annual Report Identification Information           For calendar plan year 2011 or fiscal plan year beginning         ()	01/01/203	and ending		12/31/2011		
A This return/report is for: A a single-employer plan		mployer plan (not multiemployer)		r		
B This return/report is:	the final retu			a one-participant plan		
an amended return/report	1	/ear return/report (less than 12 m	onths)			
C Check box if filing under: X Form 5558	automatic e:			DFVC program		
special extension (enter description			i			
Part II Basic Plan Information—enter all requested inform	ation					
1a Name of plan			1b	Three-digit		
MEDHAT F. SAMI, M.D., P.C. PROFIT SHARIN	IG PLAN			plan number (PN) ▶ 002		
			1c	Effective date of plan		
2	** • • • • • • • • • • • • • • • • • •	******		01/01/1991		
2a Plan sponsor's name and address; include room or suite number (e MEDHAT F. SAMI, M.D., P.C.	mployer, if for	a single-employer plan)	2b	Employer Identification Number		
······································				(EIN) 11-2439086		
				Sponsor's telephone number (718) 278-0440		
35 FOXHUNT CRESCENT			2d	Business code (see instructions)		
SYOSSET 3a Plan administrator's name and address (if same as plan sponsor, er		NY 11791		621111		
SAME	nter "Same")		36	Administrator's EIN		
			3c	Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the la	ast roturn/ron	art filed for this plan, onter the	41.			
name, EIN, and the plan number from the last return/report.	astreturmep	or med for this plan, enter the	4b	EIN		
a Sponsor's name			4c	PN		
5a Total number of participants at the beginning of the plan year			5a	-		
<b>b</b> Total number of participants at the end of the plan year			5b	2		
<b>c</b> Number of participants with account balances as of the end of the p complete this item)	olan year (defi	ned benefit plans do not	5c			
a Were all of the plan's assets during the plan year invested in eligibl	e assets? (Se	e instructions.)		X Yes No		
<b>b</b> Are you claiming a waiver of the annual examination and report of a	an independer	at qualified public accountant (IO)	241			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditions	.) and must instead use Form 55	 nn	X Yes No		
Part III Financial Information		sha maat mateaa ase i onn ss				
Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a Total plan assets	7a	11,326,32	4	10,546,546		
b Total plan liabilities	7b		0	(		
C Net plan assets (subtract line 7b from line 7a)	7c	11,326,32	4	10,546,546		
<ul> <li>Income, Expenses, and Transfers for this Plan Year</li> <li>Contributions received or receivable from:</li> </ul>		(a) Amount	<u> </u>	(b) Total		
(1) Employers	8a(1)		0			
(2) Participants	8a(2)		0			
(3) Others (including rollovers)	8a(3)		0			
b Other income (loss)	8b	(343,096	)			
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	(343,096)		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	361,30	9			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	75,37	3			
g Other expenses	8g		0			
	8h		1	436,682		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	011			,		
<ul> <li>I rotal expenses (add lines 8d, 8e, 8f, and 8g)</li> <li>Net income (loss) (subtract line 8h from line 8c)</li> <li>Transfers to (from) the plan (see instructions)</li> </ul>	8i			(779,778)		

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v 012611

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## Part IV **Plan Characteristics**

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

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		ring the plan year:				Yes	No	Å	Amount	
а	Wa 29	as there a failure to transmit to the plan any participant contribution OCFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	eriod described in	10a		Х				
b	We	/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)					x			
с				-	10b					0 000
		as the plan covered by a fidelity bond?		L	10c	Х			50	0,000
d	or	I the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or other p urance service or other organization that provides some or all of th tructions.)	e benefits under th	e plan? (See	10e		Х			
f	Ha	s the plan failed to provide any benefit when due under the plan? .			10f		Х			
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х			
h	lf th	nis is an individual account plan, was there a blackout period? (See 20.101-3.)	e instructions and 2	9 CFR	10h		x			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	101					
Part		Pension Funding Compliance		L						
11										
12		his a defined contribution plan subject to the minimum funding requ								X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable			51 500		02 01			
а	lf a	waiver of the minimum funding standard for a prior year is being an nting the waiver.	mortized in this pla	n year, see instructi Month	ions,	and e	nter th Dav	e date of the	e letter rul 'ear	ing
lf y	/ou d	completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and	d skip to line 13.				·		
b	Ente	er the minimum required contribution for this plan year				L	12b			
С	, and plant jour and plant jour many set in the						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			
e	Will	the minimum funding amount reported on line 12d be met by the fi	unding deadline?				[	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes X No					
		es," enter the amount of any plan assets that reverted to the emplo								]
b	Wer of th	e all the plan assets distributed to participants or beneficiaries, trans PBGC?	nsferred to another	plan, or brought ur	nder t	he co	ntrol		T Yes	
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)			N(s)	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 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	Τ	(14/Dec	9/14/90/1	MEDHAT SAMI						
HERE			Date	Enter name of ind	ividu	al sigr	ning as	plan admini	strator	
SIGN		,.				¥.				
HERE	<u> </u>	Signature of employer/plan sponsor	Date	Enter name of ind	ividua	al sigr	ing as	employer o	r plan spo	nsor