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).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number VALERIO J. TOYOS, MD, PA 401K PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number VALERIO TOYOS, MD, PA 65-0868324 (EIN) 2c Sponsor's telephone number 305-223-1959 11880 BIRD RD STE 411 MIAMI, FL 33170 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 65-0868324 11880 BIRD RD STE 411 VALERIO TOYOS, MD, PA MIAMI, FI 33170 Administrator's telephone number 305-223-1959 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 19 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 19 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 345351 394526 Total plan assets..... 7a 0 7b Total plan liabilities..... 345351 394526 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 17940 8a(1) (1) Employers 41354 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -8359 **b** Other income (loss)..... 8b 50935 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 1760 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 1760 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 49175 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Dort 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:

Page **2** - 1

2A 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	V Compliance Questions							
	During the plan year:		Yes	No		Amo	unt	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					1000
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		X				
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					274
f	Has the plan failed 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.)	10q	X					8540
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ				
i	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						
art \								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form	П	Yes	X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th						
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th		Day .				
If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th	 [Day .				
If you	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	th of a	[Day .				
If 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	th of a	[Day		Year		
lf y b c d	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?	th of a	[Day				
lf y b c d e	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?	th		12b 12c 12d		Year		
lf y b c d e art \	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? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	Yes	Year		
b c d e art \dagger{3}	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		12b 12c 12d	Yes	Year No	0] N//
lf y b c d e art \ 3a b	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	3a the co	12b 12c 12d	Yes	Year No] N//
lf y b c d e art \frac{1}{3}a b	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	3a the co	12b 12c 12d	Yes X	Year No	0	N/A
lf y b c d e art \ 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	3a the co	Day [12b	Yes X	Year No	o [N/A
lf y b c d e art \(3a \) b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a 1: under	3a the co	Day 12b 12c 12d Y	Yes es X	Year No	o [] N/#

SIGN	Filed with authorized/valid electronic signature.	10/02/2012	VALERIO J. TOYOS					
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 Labor Employee Benetts Security Administration Pension Benefit Guaranty Corporation

Department of the Tressury Internal Revenue Service

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 sections 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

	art I Annual Report Identification Information		A A A A A A A A A A A A A A A A A A A	215 a /a	2044			
	calendar plan year 2011 or fiscal plan year beginning 01/01/201		THE THOUSAND	2/31/2				
A ·	This return/report is for: 🗵 a single-employer plan		-employer plan (not multiemployer)	er) a one-participant plan				
В	This return/report is: the first return/report	the first return/report the final return/report						
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	•			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	im		
	special extension (enter description	on)			_			
Pa	irt II Basic Plan Information—enter all requested inform	ation				11 11		
	Name of plan		1 - 000 - 0.1 d.	1b	Three-digit			
	ERIC J. TOYOS, MD. PA 401K PLAN				plan number			
					(PN) ▶	001		
				10	Effective date o			
Za VALI	Plan sponsor's name and address; include room or suite number (e ERIO TOYOS, MD, PA	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 65-086			
				2c	Sponsor's telep			
	0.755.55.000				305-223			
	C BIRD RD STE 411 M FL 33170			2d		see instructions)		
(NII)					S21111			
3a	Plan administrator's name and address (if same as plan sponsor, e	nter *Same	-")	3b	Administrator's	EIN		
SAM	E			2-				
				36	Administrator s	telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the I	last return/i	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	ΡN			
5a	Total number of participants at the beginning of the plan year		F27	5a		21		
b	Total number of participants at the end of the plan year			5b		19		
¢	Number of participants with account balances as of the end of the			0.0	177418			
	complete this item).			5c		19		
	Were all of the plan's assets during the plan year invested in eligib					Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility.)	an indepen	ident qualified public accountant (IQf	² A)		X Yes 7 No		
	If you answered "No" to either 6a or 6b, the plan cannot use F					₽ □		
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	Τ.	(b) End	of Year		
a	Total plan assets	. 7a	345351		1.7	394526		
b	Total plan liabilities	. 7b	0					
C.	Net plan assets (subtract line 7b from line 7a)	. 7c	345351			394526		
8	Income, Expenses, and Transfers for this Plan Year	2.75 ((a) Amount		/b) 1	otal		
a	Contributions received or receivable from:	· · · · · ·	(a) Fundant	1	10/	Otal		
	(1) Employers	. 8a(1)	17940					
	(2) Participants	. 8a(2)	41354					
	(3) Others (including rollovers)	8a(3)		٠				
b	Other income (loss)	8b	-8359					
¢	Total income (add lines 8e(1), 8a(2), 8a(3), and 8b)	. 8ç		-	14///	50935		
d	Benefits paid (including direct rollovers and insurance premiums			14.				
_	to provide benefits)	8d	1760			1.2 · 1.4 ·		
e	Certain deemed and/or corrective distributions (see instructions)	8e		J .;;				
f	Administrative service providers (salaries, fees, commissions)	8f		_ :		a nya ah shaa		
g	Other expenses				<u></u>	<u> </u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					1780		
į	Net income (loss) (subtract line 8h from line 8c)					49175		
j	Transfers to (from) the plan (see instructions)							
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Enema CEAA OF		- burn	and the second s	Com SCOO DE (Anna)		

Dans	2.	- 1	7	
Page	∠ .	- ;	- 1	

Form 5	500 4	SF 20	011
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Signature of employer/plan sponsor

Par	t IV	Plan Characteristics							
9a		e plan provides pension benefits, enter the applicable pension feat	ure codes from the	List of Plan Chara	cteris	tic Ço	des in	the instructio	ns:
h	2A		en andan frans that I	int of Disc Charge	و ما ادمو		:_ 4	L = i	
IJ	11 11	e plan provides welfare benefits, enter the applicable welfare feature	re codes from the L	ist of Man Charac	nenst	ic Coa	es in t	ne instruction	S:
Part	V	Compliance Questions							
10	_	ring the plan year:	***			Yes	No	A	mount
a	W	is there a fallure to transmit to the plan any participant contributions	s within the time pe	riod described in			~		
		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian		,	10a		Х		
b		ere there any nonexempt transactions with any party-in-interest? (D			10b		х		
С		as the plan covered by a fidelity bond?			10c	X			40000
_					100		<u> </u>		10000
d	or	the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	lity bond, that was	caused by fraud	10d		х	İ	
9	W	ere any fees or commissions paid to any brokers, agents, or other p	ersons by an insur-	ance carrier,	~ <u></u>				
	ins	urance service or other organization that provides some or all of the	e benefits under the	plan? (See	40	×			2748
£		tructions.)s the plan failed to provide any benefit when due under the plan?		ľ	10 e				
				ļ	10f		×		
g		the plan have any participant loans? (If "Yes," enter amount as of			10g	Х		,,,,	85409
n	25	nis is an individual account plan, was there a blackout period? (See 20.101-3.)	e instructions and 2	9 CFR	10h		х		
i	∦f 1	Oh was answered "Yes," check the box if you either provided the re	equired notice or on	e of the					
	exe	ceptions to providing the notice applied under 29 CFR 2520.101-3			101				
Part		Pension Funding Compliance							
11	ls t 550	his a defined benefit plan subject to minimum funding requirements	? (If "Yes," see inst	tructions and comp	plete	Sched	ule SB	(Form	Yes X No
12	Is	his a defined contribution plan subject to the minimum funding requ	ulmments of applica	- 443 -5 tha A-d-					Yes No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1 4 12 OI (No Code	Or Se	caon a	QZ OT I	ERISA?	(148 N 140
a	If a	waiver of the minimum funding standard for a prior year is being ar	mortized in this plan	year, see instruct	tions.	and e	nter th	e date of the	letter ruling
	gra	nting the waiver		Montl	h		Day	Ye	ear
., ,		completed line 12s, complete lines 3, 9, and 10 of Schedule ME				г			
		er the minimum required contribution for this plan year					12ь	N	
d	State	er the amount contributed by the employer to the plan for this plan stract the amount in line 12c from the amount in line 12b. Enter the	year		········		12¢		
_	neg	ative amount)	resuit (enter a mint	us sign to the left o) a		12d		
e		the minimum funding amount reported on line 12d be met by the fi						Yes	No NA
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				- 7 7 / 8	Y	es X No	
		es," enter the amount of any plan assets that reverted to the empk							
b	We	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	nder	the co	ntrol		<u> </u>
_		he PBGC?							Yes 🔀 No
¢	lf d Whi	uring this plan year, any assets or liabilities were transferred from the	his plan to another	plan(s), identify the	e plar	1(s) to			
1) Name of plan(s):		v		130	(2) EII	N(a)	13c(3) PN(s)
			78/1.					\-\(\frac{1}{2}\)	(1)
				İ					
								<u> </u>	
		A penalty for the late or incomplete filing of this return/report							
SB or	rpe Sc∤	natties of perjury and other penalties set forth in the instructions. I d redule MB completed and signed by an enrolled actuary, as well as	lectare that I have e the electronic vers	examined this return tion of this return/re	m/rep sport	end to	cluding o the b	g, if applicable lest of my kno), a Schedule owledge and
belief	, it is	true, correct, and opmplete.				, _,		(ii) Kili	ugu anu
SIGI	. [1001.	10/1/2012	VALERIO J. TO	YOS			···	
HER			Date	Enter name of inc	dividu	al star	ing as	plan adminis	strator
SIGI	3								mbam · S
HER	- 1	Signature of employer/plan sponsor	Date	Enter name of inc	divide	al eige	ine se	employer	nten enonece

Date

Enter name of individual signing as employer or plan aponsor