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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 55	00-5F.			
	art I Annual Report Identification Information		and ending				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	12/31/2011					
Α .	This return/report is for:	or: a single-employer plan a multiple-employer plan (not multiemployer)					
В	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	nonths)				
C	Check box if filing under: X Form 5558		DFVC program				
	special extension (enter descriptio	n)		_	_		
Pa	rt II Basic Plan Information—enter all requested information	ation					
	Name of plan			1b	Three-digit		
	THEASTERN CLINICAL RESEARCH CONSULTANTS, INC. 401(K)	PLAN			plan number		
					(PN) • 001		
				1C	Effective date of plan 04/24/2000		
2a	Plan sponsor's name and address; include room or suite number (er	mnlover if	for a single-employer plan)	2h	Employer Identification Number		
SOU	THEASTERN CLINICAL RESEARCH CONSULTANTS, INC.	inployer, ii	Tor a single employer plan,		(EIN) 59-2967884		
					Sponsor's telephone number		
4215	EDGEWATER DRIVE				407-539-2000		
	ANDO, FL 32804			2d	Business code (see instructions)		
					541700		
	Plan administrator's name and address (if same as plan sponsor, er THEASTERN CLINICAL RESEARCH 4215 EDGEW			3b Administrator's EIN 59-2967884			
	SULTANTS, INC. ORLANDO, F			3c	Administrator's telephone number		
					407-539-2000		
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report.	4c PN					
	Sponsor's name Total number of participants at the beginning of the plan year				E E		
b	Total number of participants at the beginning of the plan year						
		5b					
С		per of participants with account balances as of the end of the plan year (defined benefit plans do not blete this item)					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of a						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· · · · · · · · · · · · · · · · · · ·		X Yes No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.			
_ Fa							
,	Plan Assets and Liabilities	_	(a) Beginning of Year 108910		(b) End of Year 67509		
a	Total plan assets		0		0,000		
b	Total plan liabilities	7b	108910		67509		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					
а	Contributions received or receivable from:		(a) Amount		(b) Total		
u	(1) Employers	8a(1)					
	(2) Participants	8a(2)	1450				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-1531				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-81		
d	Benefits paid (including direct rollovers and insurance premiums		41320				
	to provide benefits)	. 8d	41320				
e	Certain deemed and/or corrective distributions (see instructions)	8e					
†	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g			44200		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			41320		
!	Net income (loss) (subtract line 8h from line 8c)				-41401		
J	Transfers to (from) the plan (see instructions)	8j					

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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 2F 2G 2J 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:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	Α	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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	IVa						
~	on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				300000	
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				
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.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	(Form			
	5500))							
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf۱	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		Cai		
	Enter the minimum required contribution for this plan year			12b				
	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			12d				
	negative amount)			120			<u>_</u>	
е	Will 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	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	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	
С								
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) PN(s)	
Cauti	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					le, a Sch	edule	

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	Filed with authorized/valid electronic signature.	10/06/2012	TATIANA POMBO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/06/2012	TATIANA POMBO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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► 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

P	artij Annual Report	identification information							
For	the calendar plan year 2011 or	fiscal plan year beginning	01/0	L/2011 and ending	12/31/2011				
A ·	This return/report is for:	x a single-employer plan	a multiple-	employer plan (not multiemployer)	a one-parti	cipant plan			
В	This return/report is:	the first return/report	the final re	turn/report					
	·	an amended return/report	a short nla	n year return/report (less than 12 mc	onths)				
<u> </u>	Ob 1. b 'f fill		automatic	, ,	☐ DFVC prog	ıram			
C	Check box if filing under:			extension	☐ peac blog	ıram			
		special extension (enter description	ı) ————	And the state of t					
		ormation enter all requested info	rmation.		T				
1a	Name of plan				1b Three-digit plan number				
	Southeastern Clinica	al Research Consultants, In	c. 401(k) Plan	(PN) ▶	001			
					1c Effective date	of plan			
				***************************************	04/24/200	0			
2a		dress; include room or suite number (em al Research Consultants, In		r single-employer plan)	2b Employer Ide				
	boutheastern Crinica	II Neseuron Consultants, In			(EIN) 59-2				
					2c Plan sponsor's telephone number				
	4215 Edgewater Drive	e			(407) 539				
***	0-11-	77 20004			541700	e (see instructions)			
<u>ʊs</u> 3a	Orlando Plan administrator's name an	FL 32804 d address (If same as plan sponsor, ent	er "Same")		3b Administrator	e EIN			
ou	Same	a dadress (ii saine as plan sponsor, em	er Game)		OD Administrator	5 LIIV			
					3c Administrator's telephone number				
					3C Administrator	s telephone number			
_		·							
4	If the name and/or EIN of the name, EIN, and the plan num	ort filed for this plan, enter the	4b EIN						
a	Sponsor's Name	ber nem the last retain, report.			4c PN				
5a	Total number of participants a	at the beginning of the plan year			5a	5			
b		at the end of the plan year \ldots							
С		ccount balances as of the end of the pla			5c	4			
6a		during the plan year invested in eligible a				X Yes No			
b		he annual examination and report of an	•	•		<u> </u>			
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility and	d conditions	3.)		X Yes No			
	If you answered "No" to eith	ner 6a or 6b, the plan cannot use Forn	n 5500-SF	and must instead use Form 5500.	W. d				
Pa	rt III Financial Infor	mation		·					
7	Plan Assets and Liabilities		100 170000 0000	(a) Beginning of Year	(b) Er	nd of Year			
а	Total plan assets		. 7a	108,910		67,509			
b	Total plan liabilities		. 7b	0					
C	Net plan assets (subtract line	7b from line 7a)	. 7c	108,910		67,509			
8	Income, Expenses, and Trans		00 St. 10 March	(a) Amount	(k) Total			
а	Contributions received or received (1) Employers	elvable from:	. 8a(1)						
	(2) Participants		. 8a(2)	1,450	Processing and the second seco				
	(3) Others (including rollovers	s)	. 8a(3)		a traditional state of the stat				
b	, , ,		. 8b	(1,531)	samplema (De com				
С	, ,	, 8a(2), 8a(3), and 8b)	. 8c			(81)			
d	, , ,	rollovers and insurance premiums	<u> </u>	Comment of Colorest Colorest residence (September 2002) (September 2003) (September 2003)	222.42	(91)			
	to provide benefits)		. 8d	41,320					
		ctive distributions (see instructions) .	. 8e		And the state of t				
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f		CONTROL OF SECTION ASSESSMENT				
g	Other expenses		. 8g		(A)	A STATE OF THE STA			
h	, ,	8e, 8f, and 8g)	. 8h	and an Artifact Manager		41,320			
i	, , ,	e 8h from line 8c)	. 8i			(41,401)			
<u>i</u>	Transfers to (from) the plan (s	ee instructions)	. 8j		Page Carlot				

	SPAN OF SAME	Page 2	2-					11100		
	Form 5500-SF 2011	L L RESIDENCE TO LA	, <u> </u>	1111			10	1 110		
Part	V Plan Characteristics he plan provides pension benefits, enter the applicable pension feature	codes from the List of	Plan Characteristi	ic Co	odea in	the in	structions:			
9a If	he plan provides pension benefits, enter the applicable pension leaders.	00000 (10111111111111111111111111111111	Olastarlation		dae in ti	a inc	tructions:			
þ If	2도 2F 2G 2J 2포 3D he plan provides welfare benefits, enter the applicable welfare feature c	odes from the List of P	ian Characteristic		463 111 11			and the second s		
Part	Compliance Questions	1 110		1	Yes N	lo T	Amo	unt		
AT INCOME.			seedbad in	_			T. L.			
a	Was there a fallure to transmit to the plan any participant contributions \	within the time period α)oπection Program)	4	Qa_		X		No.		
b	· · · · · · · · · · · · · · · · · · ·		s reported	do		x		1.1		
_	on line 10a.)	• • •	Γ-	000	x		111	300,000		
c	Was the plan covered by a fidelity bond?							1.111		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or distronesty?	у фоло, так ман саозс	Ī	lOd		X	U.S.	11131		
e	Were any fees or commissions paid to any brokers, agents, or other per	sons by an insurance o	arrier, an? (See			x				
	insurance services of other organization that provides some or an arrangement of the contract			10e			177	11.1.		
f	instructions.) Has the plan falled to provide any benefit when due under the plan?			10f	<u> </u>	x	I Local Control of the Control of th	H. I. S.		
	Did the plan have any participant loans? (If "Yes," enter amount as of y	/oarend.)		10g		Х	S. BOOMS COLUMN CO. MING			
g h	If this is an individual account plan, was there a blackout period? (See	matructions and 29 or		10h		x				
ì	If 10h was answered "Yea," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3.	quired notice or one of	the	10i		endrii 1		A STATE OF THE STA		
Par	Large Vand									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete controls as it was a large of the second of									
12	5500)) Is this a defined contribution plan subject to the minimum funding requ (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 a	mortized in this plan ye		ne, a lh	and ene	Day	y	39r		
16	rou completed line 12a, complete lines 3, 9, and 10 of Schedule Mic	(LOIM though mus our	le en		_ T	12b				
b	Enter the minimum required contribution for this plan year					12c				
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus :	sign to the left of	8.		12d				
	negative amount)			-			Yes [_No □N/A		
<u> </u>	will the minimum funding amount reported on line 12d be met by the	turiding deadanner						the second second		
		2		,				Yes X No		
136	Has a resolution to terminate the plan been adopted in any plan year If "Yes," onter the amount of any plan easets that reverted to the emp	oloyer this year	<u></u>		• -	13a	VIII.	A SALL SALL SALL SALL SALL SALL SALL SA		
	If Yes, once the amount of any participants or beneficiaries, to	ansferred to another pla	an, or brought un	der i	he con	roi		The last of the la		
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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 manuchons.)					13c(2) EIN(s) 13c(3				
	13c(1) Name of plan(s):	11.00	7 21 11 1 20 1 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20							
	A NAME OF THE OWNER OWN		1, 101111	\downarrow			SHEET T	1000		
	The second secon									
	LEADING THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF T			<u></u>	n le net	ahliai	hori			
Сві	tion: A penalty for the late or incomplete filing of this return/report	Will be assessed unie	es reasonable c	een/	et incl	dina	if applicable, s	Schedule		
SB	er penalties of perjury and other penalties set forth in the instructions, I on Schedule MB completed and signed by an enrolled actuary, as well as	declare that I navo oxa a the electronic version	mned this return/rep	ort,	and to	he be	at of my know	ledge and		
	bellef, it is true, correct, and complete						1.1.00			
	GN CONTRACTOR OF THE CONTRACTO	Date	Enter name of in				s plan admini:	strator		
20.0	JOHN F. Byrnes, Jr.									
	GW.	Date	Enter name of in	-		,	s employer or	plan sponsor		
100	Signature of employer/plan sporsor	to the state	Ti Milana				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			