| | Form 5500-SF | | eturn/l Benefit | Report of Small Employ | /ee | | OMB Nos. 1210-0110 1210-0089 |
|----------------|---|---|--------------------|---|--------|---------------------------------|---------------------------------|
| | Department of the Treasury Internal Revenue Service | | | ctions 104 and 4065 of the Employee | | 2 | 2011 |
| En | Department of Labor nployee Benefits Security Administration | Retirement Income Security Act of | 1974 (ER | ISA), and sections 6057(b) and 6058 Code (the Code). | | This Form i | s Open to Public |
| P | ension Benefit Guaranty Corporation | Complete all entries in accord | dance witl | h the instructions to the Form 5500 |)-SF. | Ins | pection |
| - | | lentification Information | | | - | | |
| For | calendar plan year 2011 or fisca | | 1 | and ending 1 | 2/31/2 | 2011 | |
| Α - | This return/report is for: | X a single-employer plan | a multiple | e-employer plan (not multiemployer) | | a one-particip | oant plan |
| B - | This return/report is: | the first return/report | the final r | eturn/report | | | |
| | | an amended return/report | a short pla | an year return/report (less than 12 mo | onths) | | |
| C | Check box if filing under: | Form 5558 | automatic | extension | | DFVC progra | m |
| | | special extension (enter descriptio | n) | | | | |
| | | nation—enter all requested information | ation | | | | |
| | Name of plan | | | | 1b | Three-digit | |
| CAN | CER CARE SPECIALISTS INC | PROFIT SHARING PLAN | | | | plan number (PN) ▶ | 001 |
| | | | | | 1c | Effective date of | |
| | | | | | | 01/01 | |
| | Plan sponsor's name and addre | ess; include room or suite number (e | mployer, if | for a single-employer plan) | 2b | Employer Identit (EIN) 65-07 | fication Number 64868 |
| 2815 | S. SEACREST BLVD | | | | 2c | Sponsor's telep 561-73 | |
| | FON BEACH, FL 33435 | | | | 2d | Business code (62111 | |
| | Plan administrator's name and CER CARE SPECIALISTS INC | address (if same as plan sponsor, er 2815 S. SEAC | CREST BL | .VD | 3b | Administrator's 65-07 | EIN 64868 |
| | | BOYTON BE | ACH, FL 3 | 3435 | 3c | Administrator's t 561-737 | elephone number 7-0501 |
| 4 | If the name and/or EIN of the p name, EIN, and the plan numb | lan sponsor has changed since the la | ast return/ | report filed for this plan, enter the | 4b | EIN | |
| а | Sponsor's name | er nom the last return/report. | | | 4c | PN | |
| 5a | Total number of participants at | the beginning of the plan year | | | 5a | | 6 |
| b | Total number of participants at | the end of the plan year | | | 5b | | 6 |
| C | | count balances as of the end of the p | • • | - | 5c | | 6 |
| 62 | 1 / | luring the plan year invested in aligible | | | | | X Yes No |
| | | | | (See instructions.) Ident qualified public accountant (IQF | | | |
| | under 29 CFR 2520.104-46? (| See instructions on waiver eligibility a | and conditi | ons.) | ····· | | X Yes No |
| Do | If you answered "No" to eith rt III Financial Informa | | orm 5500- | SF and must instead use Form 550 |)0. | | |
| <u>га</u> 7 | Plan Assets and Liabilities | | | (a) Paginging of Vac | | (b) End | of Voor |
| 'a | | | 7a | (a) Beginning of Year 1436753 | | (b) End | 1522373 |
| b | • | | | | | | |
| c | • | 7b from line 7a) | 7c | 1436753 | | | 1522373 |
| 8 | Income, Expenses, and Transf | | | (a) Amount | | (b) 1 | otal |
| а | Contributions received or recei | vable from: | | | | | |
| | | | 8a(1) | 26550 | _ | | |
| | | | 8a(2) | 60492 | _ | | |
| Ŀ | |) | | 2005 | _ | | |
| b | · · · · | | | 2805 | | | 89847 |
| c d | | 8a(2), 8a(3), and 8b) rollovers and insurance premiums | 8c | | | | 00047 |
| u | | | 8d | | | | |
| е | Certain deemed and/or correct | ive distributions (see instructions) | 8e | | | | |
| f | Administrative service provider | s (salaries, fees, commissions) | 8f | 4227 | | | |
| g | Other expenses | | 8g | | | | |
| h | Total expenses (add lines 8d, 8 | 8e, 8f, and 8g) | 8h | | | | 4227 |
| i | | e 8h from line 8c) | 8i | | | | 85620 |
| j | Transfers to (from) the plan (se | ee instructions) | 8j | | | | |

Page 2 - 1

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:

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2E 2A 2G 2J 3D 2R
```

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 | Durir | ig the plan year: | | Yes | No | A | mount |
| а | | there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | x | | |
| b | | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.) | 10b | | × | | |
| С | Was | the plan covered by a fidelity bond? | 10c | Х | | | 150000 |
| d | | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? | 10d | | х | | |
| е | insur | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.) | 10e | | x | | |
| f | Hast | the plan failed to provide any benefit when due under the plan? | 10f | | Х | | |
| g | Did t | ne plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Х | | |
| h | | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.) | 10h | | х | | |
| i | | n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | |
| Part | | Pension Funding Compliance | | | | | |
| 11 | Is this | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | Yes X No |
| 12 | | s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | Yes X No |
| а | Ìfaw | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ing the waiver | | | | | |
| lf y | ou co | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | - | | I | |
| b | Enter | the minimum required contribution for this plan year | | | 12b | | |
| | | the amount contributed by the employer to the plan for this plan year | | | 12c | | |
| d | | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left live amount) | | | 12d | | |
| е | Will t | ne 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 | a resolution to terminate the plan been adopted in any plan year? | | | ` | res X No | |
| | lf "Ye | s," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC? | | | | | 🗌 Yes X No |
| С | | ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the n assets or liabilities were transferred. (See instructions.) | ne pla | n(s) to | 1 | | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) El | N(s) | 13c(3) PN(s) |
| | | | | | | | |
| Cauti | on: A | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | use is | estab | lished. | |

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. | 10/12/2012 | JAMES PARSONS |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 10/12/2012 | JAMES PARSONS |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

#983 P.003/003

5500-SF Electronic Filing Authorization

Plan Name:CANCER CARE SPECIALISTS INC PROFIT SHARING PLANEIN/PN:65-0764868/001Plan Year:01/01/2011 - 12/31/2011

I hereby authorize Hackett Pickering Daugherty & Daugherty to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator .gn)

Plan Sponsor sign}

| Determine Transmission 2011 This form is required to be find under sections to bail of the Code). Complete all entities finds under sections to bail of the Code). Period Restit March Variantian Period Restit March Variantiantian Variantian Period Restit March Variantian Period Restit March Variantian Period Restit March | | Form 5500-SF | | eturn/R Benefit | eport of Small Employe | e | OMB Nos. 1210-0110 1210-0089 |
|---|----------|---|--|----------------------------|--|-------------|----------------------------------|
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| 26:11:1 20:00:00:00:00:00:00:00:00:00:00:00:00:0 | | ployee Benefits Security Administration | Retirement Income Security Act | of 1974 (ER | ISA), and section 6057(b) and 6058 | | • |
| Part Bit calmating part year 2011 or fixed plan year beginning 01/01/2011 and endrog 12/31/2011 A This return/report is for: B a single-employer plan (not multice) exployer exploser explose exploser exploseres exploser exploser explos | | | | dance with | the instructions to the Form 5500 | -SF. | inspection |
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| C Check box if fling under an amended return/report a short plan year roturn/report (less than 12 months) Pariet IE Basic Plan Information an amended return/report a untradic extension DFVC program Pariet IE Basic Plan Information min extension ID There-shift min months IA Name of Jain CANCER CARE SPECIALISTS INC PROPIT SHARING PLAN ID There-shift min months CANCER CARE SPECIALISTS INC PROPIT SHARING PLAN ID There-shift min months 0.01 CANCER CARE SPECIALISTS INC PROPIT SHARING PLAN ID There-shift min months 0.02(3/298) CANCER CARE SPECIALISTS INC PROPIT SHARING PLAN ID There-shift min months 0.02(3/298) CANCER CARE SPECIALISTS INC PROPIT SHARING PLAN ID There-shift DD DD 0.02(3/298) CANCER CARE SPECIALISTS INC PD addiministant State Plan Months State Plan Addiministant State Plan Months DD | | · · · | | a multiple- | employer plan (not multiemployer) | L | a one-participant plan |
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| Part IF Basic Plan Information | С | Check box if filing under: | Form 5558 | automatic | extension | | DFVC program |
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| CANCER CARE SPECIALISTS INC PROFIT SHARING PLAN | P | art II Basic Plan Infor | mation enter all requested infor | mation. | | | |
| CANCER CARE SPECIALISTS INC PROFIT SHARING PLAN (if N) 001 2a Plan sponsof's name and address; include room or sulls number (employer, if for single-employer plan) 2b Cancer CARE SPECIALISTS INC 2b 241 Plan sponsof's name and address; include room or sulls number (employer, if for single-employer plan) 2b Cancer CARE SPECIALISTS INC 2b 2615 S. SEACREST BLVD 2c Plan sponsof's tabphore number (EIN) of Social 2c Plan sponsof's tabphore number (Sami Social) 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 3a Plan administrator's call number of participants at the beginning of the plan year 5a 6 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number (Same Social) 3c Administrator's talephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sector the plan year 5c 6 5 Total number of participants at the beginning of the plan year 5c 6 6 6 Were all of the plan's easet during the plan year invested in eligiple assets? (See instructions on walver eligibitin and conditions | 1a | Name of plan | | | | | |
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| CANCER CARE SPECIALISTS INC IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | 20 | | | | | | |
| 2815 S. SEACREST BLVD (651) 737-0501 US BOYTON BEACH FL 33435 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b 3b Administrator's telephone number 4 If the name and/or ELN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ELN, and the plan number from the last return/report. 3c 3c Total number of participants at the beginning of the plan year 5a 3c Chumber of participants at me and of the plan year. 5c 6 Complete this item) 5c 6 6 Were all of the plan's seats during the plan year invested in eligible assets? (See instructions,) X X 6 Were all of the plan's seats during the plan year invested in eligible assets? (See instructions,) X X X 7 Plan Assets and Liabilities 7a 1,436,753 1,522,373 No 8 Contributions received or receivable from: 8a(1) 26,550 89,847 8 Contributions received or receivable from: 8a(2) 60,492 89,847 | za | | | iployer, if for | single-employer plan) | | |
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| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year. 5a 6a 5a Total number of participants at the edginning of the plan year. 5b 6 5a Total number of participants at the edginning of the plan year. 5b 6 6 Number of participants with account balances as of the end of the plan year (defined benefit plands do not complete this item). 5c 6 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 6 6a Vere all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Pan Aless the and Liabilities 7a 1,436,753 1,522,373 7 Total plan liabilities 7a 1,436,753 1,522,373 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 6 Contributions received or receivable from: 8a(1) 26,550 (2) Participants 8a(2) 60,492 8b 2,805 | | | | | | 3c A | Administrator's telephone number |
| name, EIN, and the plan number from the last return/report. 4c PN Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year | | | | | | | |
| name, EIN, and the plan number from the last return/report. 4c PN Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year | 4 | If the name and/or EIN of the pl | an sponsor has changed since the las | st return/repo | ort filed for this plan, enter the | 4b ⊧ | |
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| c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 6 der ver all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 6 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-469 (See instructions on waiver eligibility and conditions.) Sc Sc 6 Part IIII Financial Information Total plan assets and Liabilities (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Total plan assets (subtract line 7b from line 7a) 7c 1, 436, 753 1, 522, 373 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 26, 550 (3) Others (including rollovers). 8a(2) 60, 492 8a(3) b Contributions flow and subs) 8a(2) 60, 492 (3) Others (including rollovers). 8a 8a(3) 8a(3) b Contributions flow and subs) 8a 8a(2) 8a(3) | | | | | | | |
| Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | Number of participants with acc | ount balances as of the end of the pla | ın year (defii | ned benefit plans do not | 0.0 | |
| 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.) | <u> </u> | | | | | | |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X X Yes No If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets (subtract line 7b from line 7a) 7a 1,436,753 1,522,373 b Total plan liabilities 7c 1,436,753 1,522,373 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 26,550 (1) Employers 8a(2) 60,492 (3) Others (including rollovers) 8a(3) 8a(3) b Other income (loss) 8a(2), 8a(3), and 8b) 8c c Cartain deemed and/or corrective distributions (see instructions) 8c 8e g Other expenses 8d 4,227 g Other expenses 8h 4,227 i Net income (loss) (subtract line 8h from line 8c) 8h 4,227 i Net income (loss) (subtract line 8h from line 8c) 8h 4,227 | | | | | - | • • | ••••• <u>X</u> Yes No |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets | D | | | | | | · · · · XYes No |
| 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets | | | r 6a or 6b, the plan cannot use Forn | n 5500-SF a | nd must instead use Form 5500. | | |
| a Total plan assets 7a 1,436,753 1,522,373 b Total plan liabilities 7b 7c 1,436,753 1,522,373 c Net plan assets (subtract line 7b from line 7a) 7c 1,436,753 1,522,373 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 26,550 (2) Participants 8a(2) 60,492 60,492 60,492 (3) Others (including rollovers) 8a(3) 8c 8a(3) b Other income (loss) 8b 2,805 89,847 b Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8e 8e c Certain deemed and/or corrective distributions (see instructions) 8e 8e 8g 8g f Administrative service providers (salaries, fees, commissions) 8h 4,227 4,227 g Other expenses 8h 4,227 8i 85,620 | Pa | art III Financial Inform | ation | A CONTRACTOR OF CONTRACTOR | | | |
| b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 1,436,753 1,522,373 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 26,550 (2) Participants 8a(2) 60,492 (3) Others (including rollovers). 8a(3) b Other income (loss) 8a(2) 60,492 (3) Other income (loss) 8a(3) 8b 2,805 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 89,847 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8e f Administrative service providers (salaries, fees, commissions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 4,227 g Other expenses 8h 4,227 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,227 g Other outpenses (add lines 8d, 6e, 8f, and 8g) 8h 4,227 | 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year |
| CNet plan assets (subtract line 7b from line 7a)7c1,436,7531,522,3738Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers(a) Amount(b) Total(1) Employers8a(1)26,550(2) Participants8a(2)60,492(3) Others (including rollovers)8b2,805CTotal income (loss)8c89,847dBenefits paid (including direct rollovers and insurance premiums to provide benefits)fAdministrative service providers (salaries, fees, commissions)gOther expenseshTotal expenses (add lines 8d, 6e, 8f, and 8g)gOther expenses (add lines 8d, 6e, 8f, and 8g)gNet income (loss) (subtract line 8h from line 8c)gNet income (los | | • | | | 1,436,753 | | 1,522,373 |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total (1) Employers Employers (a) Amount (b) Total (2) Participants (a) Amount (b) Total (3) Others (including rollovers). (a) Amount (b) Total (3) Others (including rollovers). (b) Total (a) Amount (b) Total income (loss) (b) (c) (c) (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (c) 8c 8g (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (c) 8c 8g (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (c) 8c 8g (c) Total expenses (c) 8d 8d 8g (c) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,227 4,227 (a) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 8f, 620 60,492 (a) Total expenses (add lines 8d, 8e, 8f, and 8g) (c) 8i 8 | | - | ••••• | | | | |
| a Contributions received or receivable from: (a) (b) formation (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | | . 7c | | | |
| (1) Employers 8a(1) 26,550 (2) Participants 8a(2) 60,492 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 2,805 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 89,847 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8e f Administrative service providers (salaries, fees, commissions) 8f 4,227 g Other expenses 8g 4,227 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 85,620 | - | | | | (a) Amount | | (b) Total |
| (3) Others (including rollovers). 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c a Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h a tincome (loss) (subtract line 8h from line 8c) 8h | | | | . 8a(1) | 26,550 | | |
| b Other income (loss) . | | (2) Participants | | . 8a(2) | 60,492 | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 89,847 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8d e Certain deemed and/or corrective distributions (see instructions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 4,227 g Other expenses 8d, 8e, 8f, and 8g) 8h 4,227 i Net income (loss) (subtract line 8h from line 8c) 8i 85,620 | | | | . 8a(3) | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 4,227 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i | b | · · · · | | . 8b | 2,805 | | |
| to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 4,227 g Other expenses 8d, 8e, 8f, and 8g) 8h 4,227 i Net income (loss) (subtract line 8h from line 8c) 8i 85,620 | - | | | . 8c | | | 89,847 |
| e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 4,227 g Other expenses 8g 4,227 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,227 i Net income (loss) (subtract line 8h from line 8c) 8i 85,620 | a | | | . 8d | | | |
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| | Ţ | | | . 8j | | | Earm 5500 SE (2011) |

on Act No ons for F orm 5 Form 5500-SF (2011) v.012611

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| <u>Par</u> 9a | | | | | | | | |
|---|--|--|---|---|---|---|--|--------|
| 9a | Plan Characteristics | | | | | | | |
| | If the plan provides pension benefits, enter the applicabl | e pension feature codes from the List of Plan Charac | eristic | Codes | in the | e instructio | ons: | |
| b | 2E 2A 2G 2J 3D 2R If the plan provides welfare benefits, enter the applicable | e welfare feature codes from the List of Plan Characte | ristic C | odes i | n the i | instructior | 15: | |
| Par | Compliance Questions | | | | | -***- | ···· | ······ |
| 10 | During the plan year: | | | Yes | No | 1 | Amount | |
| а | Was there a failure to transmit to the plan any participa | ant contributions within the time period described in | 40- | | x | | | |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Volu Were there any nonexempt transactions with any party on line 10a.) | -in-interest? (Do not include transactions reported | | | x | | | |
| с | Was the plan covered by a fidelity bond? | | 10c | x | | . | | 150.0 |
| d | Did the plan have a loss, whether or not reimbursed by | the plan's fidelity bond, that was caused by fraud | | | x | | | 150,0 |
| e | Were any fees or commisions paid to any brokers, age | | 100 | | | | ÷ | |
| • | Insurance services or other organization that provides a Instructions.) | some or all of the benefits under the plan? (See | 10e | | x | | | • |
| f | Has the plan failed to provide any benefit when due und | | 10f | | x | | | |
| 9- | Did the plan have any participant leans? (If "Yos," onto: | amouni-20-31-3022-2012/3 | 7030 | | . 15 | • | · · · · · · · · · · · · · · · · · · · | |
| h | If this is an Individual account plan, was there a blackou 2520.101-3.) | It period? (See instructions and 29 CFR | 10h | | x | | | |
| i | If 10h was answered "Yes," check the box if you either p exceptions to providing the notice applied under 29 CFF | provided the required notice or one of the | 101 | | | | | 6 |
| an | Pension Funding Compliance | | 1.107 1 | d. | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding | g requirements? (if "Yes," see instructions and comple | te Sch | edule | SB (F | om | | s XNo |
| 2 | Is this a defined contribution plan subject to the minimur | n funding requirements of section 412 of the Code or | | . 202 | | | | |
| lf yo | granting the walver | Schedule MB (Form 5500), and skip to line 13. | | | Day_ | | Year | |
| | | 5r | | 4 | 2h | | | |
| CE | Enter the amount contributed by the employer to the plan | a for this night your | | | 2b | | | |
| d s | Subtract the amount in line 12c from the amount in line 1 | n for this plan year 2b. Enter the result (enter a minus sign to the left of a | | 1 | 2b 2c 2d | | | |
| d s r | Subtract the amount in line 12c from the amount in line 1 negative amount) | n for this plan year 2b. Enter the result (enter a minus sign to the left of a | ••• | 1 | 2c 2d | Tyes | | |
| dis r <u>ev</u> | Subtract the amount in line 12c from the amount in line 1 negative amount) | n for this plan year 12b. Enter the result (enter a minus sign to the left of a e met by the funding deadline? | ••• | 1 | 2c 2d | Yes | No | ⊡n/A |
| d s r e v int V | Subtract the amount in line 12c from the amount in line 1 negative amount) | n for this plan year 2b. Enter the result (enter a minus sign to the left of a e met by the funding deadline? Assets | ••• | 1 | 2c 2d | Yes | | |
| d s r e v unt v | Subtract the amount in line 12c from the amount in line 1 negative amount) | n for this plan year | ••• | 1 | 2c 2d |]Yes | | |
| d s r e v intv a - intv b v | Subtract the amount in line 12c from the amount in line 1 legative amount) | n for this plan year 2b. Enter the result (enter a minus sign to the left of a <u>e met by the funding deadline?</u> <u>Assets</u> ny plan year? d to the employer this year | · · · | | 2c 2d |]Yes · · · · | | |
| d s r e v ut v a F b v o c if | Subtract the amount in line 12c from the amount in line 1 egative amount) Vili the minimum funding amount reported on line 12d b Plan Terminations and Transfers of las a resolution to terminate the plan been adopted in an "Yes," enter the amount of any plan assets that reverted vere all the plan assets distributed to participants or ben f the PBGC? | n for this plan year 2b. Enter the result (enter a minus sign to the left of a <u>e met by the funding deadline?</u> <u>Assets</u> ny plan year? d to the employer this year eficiaries, transferred to another plan, or brought under ferred from this plan to another plan(s) Identify the plan | er the c | 1 1 | 2c 2d | _]Yes | . []Yes | |
| d s r e v intv a H b v o c if w | Subtract the amount in line 12c from the amount in line 1 egative amount) VIII the minimum funding amount reported on line 12d b Plan Terminations and Transfers of las a resolution to terminate the plan been adopted in an "Yes," enter the amount of any plan assets that reverter vere all the plan assets distributed to participants or ben f the PBGC? | n for this plan year 2b. Enter the result (enter a minus sign to the left of a <u>e met by the funding deadline?</u> <u>Assets</u> ny plan year? d to the employer this year eficiaries, transferred to another plan, or brought under ferred from this plan to another plan(s) Identify the plan | er the c | 1 1 | 2c 2d | • • • | . □Yes • □Yes | X No |
| d s r e v ift v a H b v c if w | Subtract the amount in line 12c from the amount in line 1 egative amount) Vili the minimum funding amount reported on line 12d by Plan Terminations and Transfers of las a resolution to terminate the plan been adopted in an "Yes," enter the amount of any plan assets that reverter free all the plan assets distributed to participants or ben f the PBGC? | n for this plan year 2b. Enter the result (enter a minus sign to the left of a <u>e met by the funding deadline?</u> <u>Assets</u> ny plan year? d to the employer this year eficiaries, transferred to another plan, or brought under ferred from this plan to another plan(s) Identify the plan | er the c | 1 1 | 2c 2d . [3a | • • • | . []Yes | X No |
| d s r e v intv a H b v o c if w | Subtract the amount in line 12c from the amount in line 1 egative amount) Vili the minimum funding amount reported on line 12d by Plan Terminations and Transfers of las a resolution to terminate the plan been adopted in an "Yes," enter the amount of any plan assets that reverter free all the plan assets distributed to participants or ben f the PBGC? | n for this plan year 2b. Enter the result (enter a minus sign to the left of a <u>e met by the funding deadline?</u> <u>Assets</u> ny plan year? d to the employer this year eficiaries, transferred to another plan, or brought under ferred from this plan to another plan(s) Identify the plan | er the c | 1 1 | 2c 2d . [3a | • • • | . □Yes • □Yes | X No |
| d s r e v intv a H b v o c if w | Subtract the amount in line 12c from the amount in line 1 egative amount) Vili the minimum funding amount reported on line 12d by Plan Terminations and Transfers of las a resolution to terminate the plan been adopted in an "Yes," enter the amount of any plan assets that reverter free all the plan assets distributed to participants or ben f the PBGC? | n for this plan year 2b. Enter the result (enter a minus sign to the left of a <u>e met by the funding deadline?</u> <u>Assets</u> ny plan year? d to the employer this year eficiaries, transferred to another plan, or brought under ferred from this plan to another plan(s) Identify the plan | er the c | 1 1 | 2c 2d . [3a | • • • | . □Yes • □Yes | X No |
| d s r e v int v ia + iii b v o c if w 13c | Subtract the amount in line 12c from the amount in line 1 legative amount) | n for this plan year | w the c | 1 1 . 1: . 1: | 2c 2d . [3a .) EIN | <u>(s)</u> | . □Yes • □Yes | X No |
| d sr rev ev til v a H II b v o o c If 13c tion: er per or Sch | Subtract the amount in line 12c from the amount in line 1 legative amount) | n for this plan year | ar the c | 1 . 1: . 1: . 1: | 2c 2d 2d [| (S) | . □Yes · □Yes 13c(3) | X No |
| d sr r e v iff v a | Subtract the amount in line 12c from the amount in line 1 legative amount) | n for this plan year | ar the c | 1 . 1: . 1: . 1: | 2c 2d | (s) | . □Yes . □Yes . □Yes . 13c(3) | X No |
| d s r e v iff v a + iff v a + iff v o c iff w 13c c iff w 13c c iff v v s o c iff v s d s o o c iff v s d s o o c iff v v s o o c iff v s o o s c f f s o s o s d s f s o s d s o s s s o s o s o s o s o s o | Subtract the amount in line 12c from the amount in line 1 egative amount) | n for this plan year | in the c an(s) to se je e ort, inc and to | 1 . 1: . 1: . 1: . 1: . 1: | 2c 2d 2d | (s) Dilcable, a my knowle | . □Yes . □Yes . □Yes . □Yes . □Schedule edge and . ONJ | X No |
| d sr r e v iff v iff v a + iff v o o c if t if t i s c iff v v v iff v o o c iff v v o o c iff v v iff v iff v if | Subtract the amount in line 12c from the amount in line 1 legative amount) | n for this plan year | in the c an(s) to se je e ort, inc and to | 1 . 1: . 1: . 1: . 1: . 1: | 2c 2d 2d | (s) Dilcable, a my knowle | . □Yes . □Yes . □Yes . □Yes . □Yes . □Schedule | X No |
| d s r e v art v art v art v b v o o c ff m 13c c ff 13c c ff ition: ier pei- f, it is s f | Subtract the amount in line 12c from the amount in line 1 legative amount) | n for this plan year | r the c | 1 . 1: . 1: . 1: . 1: . 1: | 2c 2d 2d | (s) Solicable, a my knowle ARS n administ | YesYesYesYesYesYesYesYesYesYesYesYesYes | X No |

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File With IRS Only

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| Name of filer, plan administrator, or plan sponsor (see instructions) | B | Filer's ic | entifying number (| see instruction | is) | |
|--|-------------------------------|--------------------|---------------------------|--------------------|---------------------------------------|--|
| CANCER CARE SPECIALISTS INC | _ | | r identification numb | | , | |
| Number, street, and room or suite no. (If a P.O. box, see instructions) | | 65-0764 | | | | |
| 2815 S. SEACREST BLVD | | | | | ····· | |
| City or town, state, and ZIP code | | Social se | curity number (SSN |) (see instruction | ns) | |
| | | | | | | |
| BOYTON BEACH FL 33435 | | DI. | | | | |
| Plan name | | Plan number | | n year endir | · · · · · · · · · · · · · · · · · · · | |
| | | | MM | DD | | |
| | | | | | | |
| 1 CANCER CARE SPECIALISTS INC PROFIT SHARING PLAN | 0 | 0 1 | 12 | 31 | 2011 | |
| 2 | | | | | | |
| 2 | | <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| Part II Extension of Time To File Form 5500 Series, and/or Form | 8955-SSA | | | | | |
| 1 I request an extension of time until <u>10 / 15 / 2012</u> to file | e Form 5500 s | eries (see | instructions) | | | |
| | | | instructions). | | | |
| Note. A signature IS NOT required if you are requesting an extension to file For | m 5500 series | • | | | | |
| 2 request an extension of time until 10 / 15 / 2012 to file | Form 8955-S | SA (000 i | natructiona) | | | |
| • | | SA (See 1 | nsuucuons). | | | |
| Note. A signature IS required if you are requesting an extension to file Form 898 | DD-55A. | | | | | |
| The application is automatically approved to the date shown on line 1 and/or l the normal due date of Form 5500 series, and/or Form 8955-SSA for which this | | | | on or before | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the n | | | and (b) the date o | | | |
| | | | and (b) the date o | | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not part III Extension of Time To File Form 5330 (see instructions) | ormal due date | | and (b) the date o | | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the normal structure in the st | prmal due date | . | | | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not part III Extension of Time To File Form 5330 (see instructions) | prmal due date | . | | | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until / / / to file You may be approved for up to a 6 month extension to file Form 5330, after the file Form 5330. | prmal due date | e. Inte of Form | | | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the normal structure in the st | prmal due date | . | | | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until / / / to file You may be approved for up to a 6 month extension to file Form 5330, after the a Enter the Code section(s) imposing the tax | prmal due date | e. Inte of Form | | on line 1 | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until / / / to file You may be approved for up to a 6 month extension to file Form 5330, after the file Form 5330. | prmal due date | e. Inte of Form | | | | |
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| and/or line 2 (above) is not later than the 15th day of the third month after the not Part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until /// to file You may be approved for up to a 6 month extension to file Form 5330, after the a Enter the Code section(s) imposing the tax b Enter the payment amount attached c For excise taxes under section 4980 or 4980F of the Code, enter the revision/am | Form 5330. normal due date | ate of Forr | n 5330. | b | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not Part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until /// to file You may be approved for up to a 6 month extension to file Form 5330, after the a Enter the Code section(s) imposing the tax b Enter the payment amount attached c For excise taxes under section 4980 or 4980F of the Code, enter the revision/am | Form 5330. normal due date | ate of Forr | n 5330. | b | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not Part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until /// to file You may be approved for up to a 6 month extension to file Form 5330, after the a Enter the Code section(s) imposing the tax b Enter the payment amount attached c For excise taxes under section 4980 or 4980F of the Code, enter the revision/am | Form 5330. normal due date | ate of Forr | n 5330. | b | | |
| and/or line 2 (above) is not later than the 15th day of the third month after the not Part III Extension of Time To File Form 5330 (see instructions) 3 I request an extension of time until /// to file You may be approved for up to a 6 month extension to file Form 5330, after the a Enter the Code section(s) imposing the tax b Enter the payment amount attached c For excise taxes under section 4980 or 4980F of the Code, enter the revision/am | Form 5330. normal due date | ate of Forr | n 5330. | b | | |
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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.