## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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

F	ension B	enefit Guaranty Corporation	➤ Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection	
P	art I	Annual Report le	dentification Information					
For	calend	lar plan year 2011 or fisc	cal plan year beginning 01/01/201	1	and ending 1	2/31/2	011	
Α	This re	turn/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В	This re	turn/report is:	the first return/report	the final re	eturn/report		<u> </u>	
			an amended return/report	a short pla	n year return/report (less than 12 mo	onths)		
C	Chaale	box if filing under:			extension	[	DFVC program	
C	CHECK	box ii iiiing under.	special extension (enter description		Octorision	Į	_ Br vo program	
		Dania Dian Jufan						
	art II		mation—enter all requested information	ation		1 h	There is all out	
		of plan E BERGMAN MD,PA PR	OFIT SHARING DI AN				Three-digit plan number	
LAVV	IXLINOL	L DEITOMAN MD,I AT N	OTT STARWOT LAN				(PN) • 001	
						1c	Effective date of plan	
							01/01/1991	
			ress; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Numbe	r
LAVV	RENC	É R. BERGMAN, M.D., I	S.A.				(EIN) 65-0221837	
						2c	Sponsor's telephone number	
		OREST HILL BLVD., ST	E 303			0.1	561-798-5565	
WEL	LINGI	ON, FL 33414				2a	Business code (see instruction: 621111	s)
32	Dlon	administrator's name and	I address (if same as plan sponsor, er	otor "Como	,")	3h	Administrator's EIN	
		E R. BERGMAN, M.D., F			L BLVD., STE 303	30	65-0221837	
			WELLINGTO	N, FL 3341	14	3с	Administrator's telephone numl	ber
							561-798-5565	
4			plan sponsor has changed since the label be from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а		sor's name	ber from the last return/report.			4c	PN	
	•		t the beginning of the plan year			5a		-
b			t the end of the plan year					-
			, ,			5b		
С			ccount balances as of the end of the p	• (	•	5с		2
6a	Were	e all of the plan's assets	during the plan year invested in eligible	le assets?	(See instructions.)		X Yes	No
b		•	he annual examination and report of a		· ·			
			(See instructions on waiver eligibility a		•		Yes [	No
D-			her 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III	Financial Inform	ation					
1		Assets and Liabilities			(a) Beginning of Year 969429	-	(b) End of Year 921328	
a		•		. 7a		-		
b		•		7b	969429		921328	
<u> </u>			7b from line 7a)	7c				
8		ne, Expenses, and Trans			(a) Amount		(b) Total	
а		ibutions received or rece	ervable from:	8a(1)	20000			
				8a(2)				
	` '	·	5)	8a(3)				
b	` ,	` "			-68101			
C			8a(2), 8a(3), and 8b)	8c			-48101	
d			rollovers and insurance premiums	1 00				
~			Tollovers and insurance premiums	. 8d				
е	Certa	in deemed and/or correc	ctive distributions (see instructions)	8e				
f	Admir	nistrative service provide	ers (salaries, fees, commissions)	. 8f				
g	Other	expenses		8g				
h	Total	expenses (add lines 8d,	8e, 8f, and 8g)					
i			e 8h from line 8c)				-48101	
j	Trans	sfers to (from) the plan (s	ee instructions)	8j				

Form	5500	-SF	201	1
COLLI	: ): )( )( )	DE	/()	

Page 2 -	1	

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	.,									
art		Compliance Questions	1		1 -					
0		ng the plan year:		Yes	No			An	ount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c	Χ						100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							Yes	X No
	If a v	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th							
					12b					
		r the minimum required contribution for this plan year			12c					
		r the amount contributed by the employer to the plan for this plan year		-	120					
u		tive amount)tire 126 from the amount in line 125. Enter the result (enter a minus sign to the left			12d					
е	Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets								
I3a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol			Ī	Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	he plai	n(s) to	1				_	
1	3c(1)	Name of plan(s):		13	c(2) E	EIN(	(s)		13c(3	PN(s)
Jnde	r pen	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	urn/rep	ort, ir	cludi	ng,	if appl			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/08/2012	LAWRENCE R. BERGMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/08/2012	LAWRENCE R. BERGMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF Department of the Treesury Internal Revenue Service	Short Form Annual	Return/Report of S Benefit Plan	mali	Employee		OMB Nos. 1210 - 0110 1210 - 0089
Em	Department of Labor Dicyee Benefits Security Administration	This form is required to be Retirement Income Security A	e filed under sections 104 and 4065 ct of 1974 (ERISA), and sections 6	of the E	imployee and 6058/e) of		2011
		the Int	emal Revenue Code (the Code).	no. (n) u	` ' 1		· · · · · · · · · · · · · · · · · · ·
F	ension Benefit Gueranty Corporation		•				orm is Open to Public
in Division			ordance with the instruction	s to th	e Form 5500-8F	•	Inspection
	Annual Report I	dentification Informatio	n	******			
<u>For</u>	calendar plan year 2011 or fisc		and ending				
	This return/report is for:	single-employer plan	a multiple-employer plan (no	t multie	employer)	a one	-participani plan
D	This return/report is:	the first return/report	the final return/report				•
_		an amended return/report	a short plan year return/repo	rt (less	than 12 months)		
C	Check box if filing under: $X$	Form 5558	automatic extension			DFVQ	program
ed was	D. Grand	special extension (enter descrip	tion)				
-	t II Basic Plan Infor	mation—enter all requested	information				
18	Name of plan		·			1b	Three-digit plan
	Lawrence Bergman						number (PN) > 001
	Profit Sharing Pl	lan				1c	
-						1	01/01/1991
28	Plan sponsor's name and add	dress; include room or suite num	ber (employer, if for a single-en	nploye	r plan)	2b	Employer Identification No.
	Lawrence R. Bergma	in, M.D., P.A.					(EIN) 65-022183
	•					2c	Sponsor's felephone number
	10115 W. Forest Hi	.ll Blvd., Ste 303				L	561-798-5565
•	Wellington	FL 33414				2d	Business code (see instr.)
						1	
-					***		621111
		d address (if same as plan spon	sor, enter "Same")			3b	Administrator's EIN
	Lawrence R. Bergma	m, M.D., P.A.				l	
	4044F **						650221837
	10115 W. Forest Hi		-			3c	Administrator's
	Wellington	FL 33414					telephone number
4	letter and and police Philadelphia				*	<u> </u>	<u>561-798-5565</u>
4		sponsor has changed since the last	return/report filed for this plan, ente	t the ha	me, EIN,	4b	EIN
5a	and the plan number from the last	t the beginning of the plan year			**************************************	4c	PN
b	Total number of participants a			*****	**********	5a	<u>2</u>
C		nt balances as of the end of the plan	was Idational inspatt plans do not		. 46.5. Thum.	5b 5c	2
6a		furing the plan year invested in a			e una nem	00	2
b		he annual examination and repo			consuntant (ICDA)	******	X Yes No
		(See instructions on waiver eligit		where e	wooding in free in	•	Von □ No
		her 6s or 6b, the plan cannot		inetes	of use Form 550		X Yes No
Par	Financial Inform	atlon		*****		<u>v.</u>	
7	Plan Assets and Liabilities				(a) Beginning o	Your	(b) End of Year
8				7a		429	921328
b	Tatal dan National			76		0	0
C		7b from line 7a)		7c	969	429	921328
8	Income, Expenses, and Trans		A STATE OF THE REAL PROPERTY AND ADDRESS OF THE PARTY OF	No. No. pp. 1	(a) Amouni		(b) Total
2	Contributions received or rece				TO THE RESIDENCE AND ADDRESS OF THE PARTY OF		
(°	i) Employers			8a(1)	20	000	
(2	2) Participants			8a(2)			
(3	3) Others (including rollovers)			8a(3)			
b	Other income (lass)		***********************	8b	-68	3101	
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	***************************************	8c		Au. 7	_48101
ď	Benefits paid (including direct	rollovers and insurance premiur	ns to provide benefits)	8d			
e	Certain deemed and/or correct	tive distributions (see instruction	ıs)	80			
. f	Administrative service provide	rs (salaries, fees, commissions)	***************************************	8f			
g	Other expenses	***********************	*****************	8g			in in the state of
h	Total expenses (add lines 8d,	8e, 8f, and 8g)		8h	The state of the s		
į	Net income (loss) (subtract lin	e 8h from line 8c)		81			-48101
	Transfers to (from) the plan (s	ee instructions)		8)			
For Pr	perwork Reduction Act Notice and Oli	e, 8f, and 8g)					

Form 5500-8	F 2011				Page 2	2					
Wild Discover				The second secon			<u>,                                    </u>	······			
	acteristics										
If the plan provides p 2E 3D	ension benefits, enter th	ne applica	ble pension fe	ature codes from	the List of Plan Ch	aracte	ristic	Codes	in the ins	truction	s:
	relfare benefits, enter the	e applicat	ole welfare fea	lure codes from t	he List of Plan Cha	racter	stic C	odes	in the instr	uctions:	:
Complian	ce Questions					Parana.					
During the plan year:							Yaq	No	. A.	mount	
Was there a failure to	transmit to the plan any	y participa	ant contribution	ns within the time	period described in	<u> </u>	100	140		HOUIR	
29 CFR 2510.3-102?	(See instructions and D	OL's Volu	untary Fiducia	v Correction Pro	oram)	10a		Х			
Were there any none	xempt transactions with	any party	-in-interest? (I	Oo not include tra	nsactions reported	1.30		<u> </u>			
on line 10a.)					•	10b		х			
Was the plan covered	by a fidelity bond?	,,,,,,,,,,,				10c	Х		<b>—</b>	100	100
Did the plan have a lo	ss, whether or not reim	bursed by	the plan's fide	ality bond, that w	is caused by fraud					100	<u> </u>
or dishonesty?				,		10d		х			
Were any fees or con	nmissions paid to any bi	rokers, ag	ents, or other	persons by an in:	Surance carrier	100			<b></b>		
insurance service or o	other organization that p	rovides s	ome or all of the	ne benefits under	the plan? (See				l		
instructions.)	*******					10e		х			
Has the plan failed to	provide any benefit whe	en due un	der the plan?		*************	10f		X	<u> </u>		
Did the plan have any	participant loans? (If "Y	res," ente	r amount as o	f vear end.)		10g		X			
If this is an individual	account plan, was there	a biacko	ut period? (Se	e instructions and	129 CFR						TORIVA TORIVA
2520.101-3.)			, , , ,			10h		х			22
	"Yes," check the box if y	ou either	provided the r	equired natice or	one of the	1011		- 21			dell'
	g the notice applied und				01.0 01 010	101			Mary Company		建製
	unding Complian			<del></del>	<u> </u>	101					
	fit plan subject to minim		a requirement	s? (If "Yes." see	instructions and co	molete	Soho	rbile S	SB /Form		
	<u> </u>				The state of the s	e deces		*****	·	Yes T	٦N
is this a defined contribut	ion plan subject to the mini	imum fundir	ng requirements	of section 412 of th	e Code or section 302	of ER	SA7	<del></del>	_	Yes X	N
	r 12b, 12c, 12d, and 12e be									.00	ā
	mum funding standard f			amortized in this	olan vear, see instr	ictions	. and	enter	the date o	if the let	ter :
granting the waiver.					Mor				Year_		
ou completed line 12	a, complete lines 3, 9,	and 10 o	f Schedule M	IB (Form 5500),	and skip to line 1	3.	<b>-</b> ``	· · ·		Bit. Standarder	
Enter the minimum re	quired contribution for th	nis plan ye	ear	-				12b			
Enter the amount con	tributed by the employer	r to the pla	an for this plan	ı year				12c		<u> </u>	
Subtract the amount is	n line 12c from the amo	unt in line	12b. Enter the	result (enter a n	ninus sign to the lef	tofa			1	Torre Civiliani	
. 25								12d	į		
Will the minimum fund	ling amount reported on	ine 12d l	be met by the	funding deadline	?		•		Yes	No I	N/A
	inations and Tran				<del>~</del>				1 1		
Has a resolution to ter	minate the plan been a	dopted in	any plan year	?		TETEVA MAN	******		1	Yes X	N
	ount of any plan assets i	-						13a	_ <del>****                                 </del>		1
Were all the plan asse	ets distributed to particip	ants or be	eneficiaries, tr	ansferred to anot	her plan, or brough	unde	the c				
of the PBGC?						. •			phone-19	Yes X	N
If during this plan year	, any assets or liabilities	s were trai	nsferred from	this plan to anoth	er plan(s), identify	he pla	n(s) to	) D	كبيسية ددد	<u> </u>	1
which assets or liabilit	ies were transferred. (S					_ •					
3c(1) Name of plan(s)						130	( <b>2</b> ) E	IN(s)	130	c(3) PN	i(s)
	, , , , , , , , , , , , , , , , , , ,	710 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 1						· · · · · · · · · · · · · · · · · · ·			
									3		
:					[				l		

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 english actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

| Signature of plan adjunctions | Date | Enter name of individual signing as plan administrator | Date | Enter name of individual signing as plan administrator | Date | Enter name of individual signing as employer or plan sponsor | Date | Enter name of individual signing as employer or plan sponsor