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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.				
Pá	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011			
Α .	This return/report is for:	a multiple	ant plan					
В	This return/report is: the first return/report	the final re	eturn/report					
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)				
C	Check box if filing under:	DFVC program						
	special extension (enter descriptio	n)						
Pa	irt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b ·	Three-digit			
	& FACIAL SURGERY CENTER OF HATTIESBURG, P.A. 401(K) P	PLAN		ı	plan number			
					(PN) •	001		
				1c	Effective date of 01/01/	•		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif			
ORA	L & FACIAL SURGERY CENTER OF HATTIESBURG, P.A	1 - 3 - 7	3 - 1 -7 - 1 - 7		(EIN) 20-550			
				2c S	Sponsor's telepl	none number		
811 5	SOUTH 28TH AVENUE				601-261			
HAT	TESBURG, MS 39402			2d 1	`	see instructions)		
20	Disconducinistratorio accesso and address (if come accessor and address)		"	2h	62111			
ORAL	Plan administrator's name and address (if same as plan sponsor, er & FACIAL SURGERY CENTER OF 811 SOUTH 2	28TH AVE	NUE	30 /	Administrator's E 20-55	11N 08417		
HATT	TIESBURG, P.A HATTIESBUR	RG, MS 39	402	3c /	3c Administrator's telephone number			
4					601-261-2611			
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	eport filed for this plan, enter the	40	4b EIN			
а	Sponsor's name			4c	PN			
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					1		
С	Number of participants with account balances as of the end of the p			0.0				
	complete this item)			. 5c		1		
6a	Were all of the plan's assets during the plan year invested in eligible		•			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a					X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		,			<u> </u>		
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	. 7a	778240		, and a second	764123		
b	Total plan liabilities	. 7b	0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	778240			764123		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		7000					
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	18450					
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)		-36526			-11076		
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-11070		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3041					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	0					
g	Other expenses	. 8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3041		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			<u> </u>	-14117		
j	Transfers to (from) the plan (see instructions)	8j						

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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:

Part	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 on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				700000	
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		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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		101		<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nolete	Sched	lule SF	. (Form			
	5500))					Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection :	302 of	ERISA?	Yes	X No	
	(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 instrugranting the waiver							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		T			
b	Enter the minimum required contribution for this plan year			12b				
С	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 negative amount)			12d				
<u>e</u>	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?				'es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol		Пу		
	of the PBGC?							
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):	1	13	c(2) El	N(s)	13c(3)	PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le ca	use is	establ	ished.			
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret	urn/re	port, ir	ncludin	g, if applicab			
	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.	/repor	t, and	to the I	pest of my kn	owledge	and	

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	JOHN B. ROBERSON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/12/2012	JOHN B. ROBERSON				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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Department of Labor Employee Benefits Security Administration

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Pension Benefit Guaranty Corporation

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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	art I Annual Report	t Identification Information	1							
For	the calendar plan year 2011 o	r fiscal plan year beginning	01/01	/2011	and ending	12	/31/2011			
Α	This return/report is for:	x a single-employer plan	a multiple-	employer plan ((not multiemployer)	Γ	a one-particip	oant plan		
В	This return/report is:	the first return/report	the final re	turn/report		_]	Piani		
_	· · · · · · · · · · · · · · · · · · ·	an amended return/report	=	•	port (less than 12 mo	nthe)				
_	0, 1,7 %5"	H		•	port (less triair 12 filo	11(115 <i>)</i>] 55.40			
C	Check box if filing under:	X Form 5558	automatic	extension		L	DFVC progra	m		
anatur (di)	CONTROL CONTRO	special extension (enter descrip	· · · · · · · · · · · · · · · · · · ·			•				
		ormation enter all requested i	nformation.		.,					
1a	Name of plan						Three-digit blan number			
	ORAL & FACIAL SURGE	RY CENTER OF HATTIESBURG	, P.A. 401	(k) PLAN		,	PN) ►	001		
							1c Effective date of plan			
				1			01/01/1999	· · · · · · · · · · · · · · · · · · ·		
2a		dress; include room or suite number RY CENTER OF HATTIESBURG		r single-employ	er plan)			fication Number		
			,			_	EIN) 20-55			
						l .	Plan sponsor's ((601) 261-2	telephone number		
	811 SOUTH 28TH AVEN	UE						(see instructions)		
US	HATTIESBURG	MS 39402					521111	(see instructions)		
		nd address (If same as plan sponsor,	enter "Same")			3b /	Administrator's	FIN		
	Same	, , , ,	,							
						3c	Administrator's	telephone number		
						,	idininistrator 3	icicphone number		
_	If the many and the CINI of the					415				
4	name, EIN, and the plan nur	e plan sponsor has changed since the nber from the last return/report.	e last return/rep	oft filed for this	plan, enter the	4b EIN				
_a	Sponsor's Name					4c	PN			
5 <u>a</u>		at the beginning of the plan year				5a		9		
b		at the end of the plan year				<u>5b</u>		10		
С		account balances as of the end of the				5c		10		
6a		during the plan year invested in eligit						X Yes No		
b		the annual examination and report of	•	•••				EE 100 110		
		(See instructions on waiver eligibility		,				X Yes No		
200	COMMUNICATION CONTROL	ther 6a or 6b, the plan cannot use F	form 5500-SF a	and must inste	ad use Form 5500.					
	art III Financial Info	rmation								
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End	of Year		
a	Total plan assets	• • • • • • • • • • • • •	· · 7a		778,240			764,123		
b	Total plan liabilities		· · 7b		0	+	···	0		
<u>c</u>	Net plan assets (subtract line Income, Expenses, and Tran		7c		778,240	+		764,123		
o a	Contributions received or rec			(4	a) Amount	520.00	(0)	Total		
_	(1) Employers		8a(1)		7,000					
	(2) Participants		8a(2)		18,450					
	(3) Others (including rollove	rs)	8a(3)		0					
b	Other income (loss)	• • • • • • • • • • • • •	8b		(36,526)			4878		
C), 8a(2), 8a(3), and 8b)	8c	10 THE 12 CO				(11,076)		
d		ct rollovers and insurance premiums	8d		3,041					
e		ective distributions (see instructions)			0	-				
f		lers (salaries, fees, commissions)	J		0					
g	Other expenses		8g		0	-				
h	·	I, 8e, 8f, and 8g)						3,041		
j		ne 8h from line 8c)				8				
i		(see instructions)	8j					(14,117)		
			, .,			一种种类似的种种				

	Form 5500-SF 2011	Pa	age 2-						
Бà.	N Plan Characteristics				-				
9a	If the plan provides pension benefits, enter the applicable pension featuzE 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature								
Pai	tV Compliance Questions		·-·····						
10	During the plan year:			1	Yes	No	1	Amount	
а	Was there a failure to transmit to the plan any participant contribution	ns within the time perio				x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (Eon line 10a.)	Do not include transac	tions reported	10a 10b		x			
_	•		· · · · · ·	100 10c	x				700,000
c d	Was the plan covered by a fidelity bond?	elity bond, that was ca	used by fraud	10d		x			700,000
e	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of tinstructions.)	the benefits under the	plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?		[10f		х	<u> </u>		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	•	1-	10g		х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the						
	M Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							∏Ye	s XNo
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	uirements of section							
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	. .	Montl	ns, an h	d ent	er the Day	date of the		•
b	Enter the minimum required contribution for this plan year	•	•		. Г	12b			
С	Enter the amount contributed by the employer to the plan for this plan	n year			. [12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu	s sign to the left of a	•	. L	12d			
<u>е</u>	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .			<u>·</u>	• •	Yes	No	□N/A
Par	9277								s X No
13a	Has a resolution to terminate the plan been adopted in any plan year If "Yes," enter the amount of any plan assets that reverted to the emp			• •	·.[13a		. Цте	S X NO
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another p	olan, or brought unde	er the	cont	rol			a legista
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify the pl	an(s)	to	• •	• • •	. <u> </u> Үе	s X No
	I3c(1) Name of plan(s):				13	ic(2) ⊟	IN(s)	13c(3) PN(s)
									
Caut	on: A penalty for the late or incomplete filing of this return/report v	vill be assessed unl	ess reasonable cau	ıse is	esta	blishe	ed.		
SB o	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.								
	X Agr Caller -	10/10/12	JOHN B. ROBEI	RSON					
S)C		Date /	Enter name of indi			ing as	plan admir	nistrator	
Sir	Admi B Folan-	10/10/m	JOHN B. ROBEI				<u></u>		
		7 /							

Date

SIGN FAW 15 47/WWW.
HERE Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor