Unternal Revenue Security Act of 1974 (ERISA), and sections 607(b) and 6056(a) of the Internal Revenue Code (Ithe Code). 2012 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 6056(a) of the Internal Revenue Code (Ithe Code). Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information an ending 04/23/2012 a one-participant plat the first return/report is for: a single-employeer plan a multiple-employer plan (not multiemployer) a one-participant plat an one-participant plat the first return/report a one-participant plat an amended return/report a single-employer plan automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 DFVC program 1 Part II Basic Plan Information—enter all requested information 1 1 DFVC program 12 Part Oper Identification on or suite number (employer, if for a single-employer plan) 2 Deproper Identification (EIN) 51:0660981 24 Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2 Deproper Identification (EIN) 51:0600981 24 Plan administrator's name and		rm 5500-SF	Short Form Annual Return/Report of Small Emplo			oyee		OMB Nos. 1210-01 1210-008	
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 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 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 knowled 	UITE 101 /ESLEY C 3a Plan a T & FACI/ 4 If the name a Spons 5a Total b Total c Numb	CHAPEL, FL 33544 administrator's name and AL PLASTIC SURGERY 3 name and/or EIN of the p e, EIN, and the plan numb sor's name number of participants a ber of participants with ac	SPECIALISTS, PL 2311 CYF SUITE 10 WESLEY Dan sponsor has changed since ber from the last return/report. t the beginning of the plan year . t the end of the plan year	The last return/report filed	for this plan, enter the	3b 3c 4b 4c 5a 5b	6211 Administrator's 51-00 Administrator's 813-92 EIN	11 EIN 660981 telephone numb	
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or pla Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number	Are y unde Bor Scheelef, it is Bor Scheelef, it is	CHAPEL, FL 33544 administrator's name and AL PLASTIC SURGERY a name and/or EIN of the p e, EIN, and the plan numb sor's name number of participants a number of participants a ber of participants with ac obtet this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-46? (u answered "No" to eith A penalty for the late or nalties of perjury and othe redule MB completed and the true, correct, and completed filed with authorized/va Signature of plan addi	SPECIALISTS, PL 2311 CYF SUITE 10 WESLEY	PRESS COVE CHAPEL, FL 33544 the last return/report filed the plan year (defined be eligible assets? (See instr rt of an independent quali bility and conditions.) cannot use Form 5500-S n/report will be assesse ctions, I declare that I hav as well as the electronic v 01/09/2013 Date Date	for this plan, enter the nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable c e examined this return/report JODI SCOTCH Enter name of indiv	4b 4c 5a 5b 5b 5c QPA) e Form ause is eport, in ort, and	6211 Administrator's 51-00 Administrator's 813-92 EIN PN 5500. established. ncluding, if applic to the best of my gning as plan add gning as employed	11 EIN 360981 telephone numl 9-6673 X Yes X Yes X Yes X Yes x Yes x y x y y y Yes x y <	

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year		(b) End of Year		
a Total plan assets	7a	32107	0			0	
b Total plan liabilities	7b		0				
C Net plan assets (subtract line 7b from line 7a)	7c	32107	0			0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:			•				
(1) Employers	8a(1)		0	_			
(2) Participants	8a(2)		0	_			
(3) Others (including rollovers)	8a(3)		0	_			
b Other income (loss)	8b	1357	1			40574	
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			-		13571	
to provide benefits)	8d	22	1				
e Certain deemed and/or corrective distributions (see instructions)	8e		0				
f Administrative service providers (salaries, fees, commissions)	8f		0				
g Other expenses	8g	33442	0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					334641	
i Net income (loss) (subtract line 8h from line 8c)	8i					-321070	
j Transfers to (from) the plan (see instructions)	8j		0				
Part IV Plan Characteristics							
2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions	eature codes	from the List of Plan Charac	cteristi	c Code	es in th	e instructions:	
Part V Compliance Questions 10 During the plan year:			<u> </u>	Yes	No	A	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	tions within th	ne time period described in		163	NO	Amount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	tion Program)	10a		Х		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x		
C Was the plan covered by a fidelity bond?			10c		Х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X		
e 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.)					x		
f Has the plan failed to provide any benefit when due under the plan?					Х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		x		
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	· · · · · · · · · · · · · · · · · · ·			<u>.</u>			
 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 					11a	Yes No	
 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 	requirements	s of section 412 of the Code			11a	Yes No	
 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements as applicable	s of section 412 of the Code e.) in this plan year, see instruc	or sec	ction 3	11a 02 of E	RISA? Yes No	
 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements as applicable ng amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or sec	ction 3 and e	11a 02 of E	ERISA? Yes No e date of the letter ruling	

Form 5500-SF 2012

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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 of a negative amount)	12d			
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?	. X Y	/es N	C	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_	
1	I3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
SELE	CT PHYSICIANS ALLIANCE 401(K) PSP 27-33	37174		001	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺	rusťs EIN		