For	m 5500-SF	Short Form Annual Ret	OMB Nos. 1210-0110 1210-0089								
	ment of the Treasury al Revenue Service	<b>Be</b> This form is required to be filed u	2012								
	partment of Labor nefits Security Administration	Retirement Income Security Act of 19 the Internal R	B(a) of This Form is Open to Public								
Pension Be	nefit Guaranty Corporation	0-SF.	Ins	pection							
Part I		entification Information									
For calenda	r plan year 2012 or fisca			and ending 1	2/31/	2012					
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan				
B This retu	urn/report is:	the first return/report the	e final return/report								
	[	onths	)								
C Check box if filing under:							DFVC program				
special extension (enter description)											
Part II	Basic Plan Inform	nation—enter all requested information	n								
1a Name		·			1b	Three-digit					
JANUS MED	ICAL PC PROFIT SHAR	RING 401(K) PENSION PLAN				plan number	002				
					10	(PN) ►					
					IC	Effective date of 01/01	•				
2a Plan sp JANUS MED		ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 26-19	fication Number				
121 CROYD					2c	c Sponsor's telephone number 718-821-0643					
ALBERTSON					2d	d Business code (see instruction 621111					
3a Plan ad	ministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	<b>3b</b> Administrator's EIN					
3c Administrator's telephone number											
	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	return/report med to	r mis plan, enter me	4b EIN 4c PN						
		the beginning of the plan year									
	• •	the end of the plan year			5a						
					5b						
		count balances as of the end of the plar			5c						
		uring the plan year invested in eligible a					X Yes No				
<b>b</b> Are yo	u claiming a waiver of th	e annual examination and report of an	independent qualifie	d public accountant (IQ	PA)						
		See instructions on waiver eligibility and					X Yes No				
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	5500.					
		incomplete filing of this return/repor									
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. 07/02/2013 DR. MUKUL ARYA										
HERE	HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator						ninistrator				
SIGN Filed with authorized/valid electronic signature. 07/02/2013 DR. MUKUL ARYA											
HERE		of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					r or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) THEODORE ANDERSEN PENSION ASSOCIATES 2001 WEST MAIN STREET SUITE 230 PENSION ASSOCIATES						number (optional)					
STAMFORD	, CT 06902										

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities						
		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	6370				85511
<b>b</b> Total plan liabilities	7b		0			0
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	6370	0			85511
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers		1500				
(2) Participants		1700		_		
(3) Others (including rollovers)			0	_		
<b>b</b> Other income (loss)		-1018	9			
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_		21811
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions).	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		0			
g Other expenses			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						0
i Net income (loss) (subtract line 8h from line 8c)						21811
j Transfers to (from) the plan (see instructions)			0			
Part IV Plan Characteristics	0)		•			
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2R 3E</li> <li>b If the plan provides welfare benefits, enter the applicable welfare</li> </ul>						
Part V Compliance Questions			Т	<u> </u>		
<b>10</b> During the plan year:		a time a suis d des suib a d is		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fit			10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not incl	ude transactions reported	10b		x	
<b>C</b> Was the plan covered by a fidelity bond?			10c		Х	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity bond,	that was caused by fraud	100		х	
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.)	l of the benefits	under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pl	lan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of vear end	)	10g		Х	
<ul> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	? (See instruction	ons and 29 CFR	10g		x	
i If 10h was answered "Yes," check the box if you either provided	the required no	otice or one of the	10i			
exceptions to providing the notice applied under 29 CFR 2520.1			·			
exceptions to providing the notice applied under 29 CFR 2520.1						
exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance	ments? (If "Yes	," see instructions and com	plete \$	Schedu	ule SB	(Form
exceptions to providing the notice applied under 29 CFR 2520.1         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)					ule SB (	(Form
exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance II Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) I1a Enter the amount from Schedule SB line 39				1	1a	Yes 🛛 N
exceptions to providing the notice applied under 29 CFR 2520.1         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ng requirements	of section 412 of the Code		1	1a	Yes X N
exceptions to providing the notice applied under 29 CFR 2520.1         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39	ng requirements w, as applicable eing amortized i	of section 412 of the Code e.) n this plan year, see instruc	or sec	ction 3	1 <b>1a</b> 02 of E	RISA?
<ul> <li>exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li></ul>	ng requirements w, as applicable eing amortized i	o of section 412 of the Code e.) n this plan year, see instruc 	or sec	ction 3	1 <b>1a</b> 02 of E	RISA? Yes X No

С	Enter	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 of a tive amount)	12d				
е		he 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?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
С	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	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be	e	2012					
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6           Employee Benefits Security Administration         the Internal Revenue Code (the Code).           Pension Benefit Guaranty Corporation         Complete all entries in accordance with the instructions to the Form				8(a) of	s Open to Public spection			
Part I Annual Report	Identification Information	cordance with the instruc	tions to the Form 550	0-SF.				
For calendar plan year 2012 or fi		01/01/2012	and ending	12,	/31/2012	·····		
A This return/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)	Γ	] a one-particip	ant nian		
B This return/report is:	the first return/report	the final return/report	· · · ·	i	1 karat	and a factor of		
	an amended return/report	a short plan year return	lanat (lace than 12 n	onthe)				
Charle have if filling symptoms	T Form 5558	automátic extension	archoir (reas mail 12 ii	ioniiis)	DFVC program	<u>.</u>		
C Check box if filing under:								
(and the second s	special extension (enter descri	•. •						
	prmation enter all requested in	nformation			T			
1a Name of plan					hree-digit			
Janus Medical PC Pr	rofit Sharing 401(k) Per	nsion Plan		1 1	PN) 🕨	002		
				1	ffective date of	plan		
29 Dian ananania nama and an	fernani lankıda yaran aratika niyaka	· famating it far a stada	a hai ai ka sa a ta ƙasa Y		)1/01/2009			
Janus Medical PC	Idress; include room or suite numbe	ir (employer, ir for a single-	ampioyer plan)	1	Employer Identif EIN) 26-196	ication Number		
121 Crovden Court				2c Sponsor's telephone number (718) 821-0643				
				2d Business code (see instructions)				
US Albertson	NY 11507				21111			
3a Plan administrator's name a	nd address 🕱 Same as Plan Spo	nsor Name 🔄 Same as P	ian Sponsor Address	J 3D A	dministrator's E	IN		
	e plan sponsor has changed since the normal sponsor has changed since the last return/report.	ne last return/report filed for	this plan, enter the	4b E	-IN			
a Sponsor's name	noer nom me last returnineport.			4c P	5K1			
	at the beginning of the plan year			5a		1		
	at the end of the plan year			5b		- 1		
C Number of participants with	account balances as of the end of th	e plan year (defined benef		_				
			······	<u>5c</u>	L	1		
	during the plan year invested in elig		**********************	*******	******	X Yes No		
	the annual examination and report (See instructions on waiver eligibility)	····· · · · · · · · · · · · · · · · ·	bronc acconitant (inte	-A)		X Yes No		
	ther line 6a or line 6b, the plan ca	*********	nd must instead use I	Form 55	00.			
	or incomplete filing of this return					·····		
Under penalties of perjury and of	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have (	examined this return/re	port, incl	uding, if applica			
SIGN 4			Dr. Mukul Arya					
HERE Signature of plan adm	Inistrator	Date	Enter name of individu	al signing	s as nIan admin	istrator		
11/1	<del></del>		Dr. Mukul Arya	<u></u>				
SIGN HERE Signature of employed	r/plan sponsor		Enter name of individu	al signing	as employer o	r nlan snonsor		
	name, if applicable) and address; inc			·	***	umber (optional)		
Theodore Andersen					)3) 356-030			
Pension Associate	<b>5</b>							
2001 West Main St	reet							
Suite 230								
US Stamford	CT 06902	- 						
For Paperwork Reduction Act	Notice and OMB Control Numbers	s, see the instructions for	Form 5500-SE		Fo	rm 5500-SF (2012)		

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Page 2

Pa	art III Financial Information		······································		****	*****			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End	of Year	
а	Total plan assets	. 7a	63,7	00				85,511	
b	Total plan liabilities	. 7b		0			······································	0	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	63,7	0.0				85,511	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) T	······································	
a	Contributions received or receivable from: (1) Employers	. 8a(1)	15,0	00					
	(2) Participants	. 8a(2)	17,000			S. K			
	(3) Others (including rollovers)			0					
b	Other income (loss)		(10,18	9)					
بير المحمد من الم	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	· · · · · · · · · · · · · · · · · · ·		1940 (			<u>araista an suista</u>	21,811	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	<u>er, understereter son der der der der der der der der der der</u>	0					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	· · · · · · · · · · · · · · · · · · ·	0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g	ander and a second s	0.1					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1						0	
i:	Net income (loss) (subtract line 8h from line 8c)	. 8i						21,811	
1	Transfers to (from) the plan (see instructions)	8j		Ö				***	
[pg	rt IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·				<u> </u>	dr. Sada (dr. 1997) M		
,l	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	T	Amount	
	A 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)								
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)								
C	Was the plan covered by a fidelity bond?			10c	:	x			
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?	fidelity bond	d, that was caused by fraud	10d		x			
e	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	r persons b f the benef	y an insurance carrier, its under the plan? (See			x	-	999747-11799749999999999999999999999999	
f	Has the plan failed to provide any benefit when due under the plan	1?	*******	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear en	d.)	10g	+	x	1		
h		See instruc	tions and 29 CFR	10h		x			
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11									
11a	t Enter the amount from Schedule SB line 39				1	1a			
12	Is this a defined contribution plan subject to the minimum funding r			r sect	on 302	? of E	RISA?	Yes 🗷 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			<del>et poin</del>		<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	********	Mor	ons, a	ind ent	er the Da		e letter ruling Year	
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.					<b>11</b>	
b	Enter the minimum required contribution for this plan year	*********	******************	********	1	2b			

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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	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y 🗌	res 🗴 No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		Yes X No					
С	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.)							
	13c(1) Name of plan(s): 13	c(2) EIN	l(s) <b>13c(3)</b> PN(s)					
Part	VIII Trust Information (optional)							

14a Name of trust	14b Trust's EIN