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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete all entries in acco	ruance with the motif	uctions to the Form 55	00- 3г.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	12	and ending	12/31/2	2012			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer))	a one-particip	oant plan		
B This ret	urn/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	ırn/report (less than 12 r	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m		
		special extension (enter descript	ion)						
Part II	Basic Plan Info	rmation—enter all requested inforr	nation						
1a Name	of plan				1b	Three-digit			
I PATHOLOG	GY, LLC 401(K) PROF	IT SHARING PLAN AND TRUST				plan number	001		
					10	(PN) Figure (PN) Effective date of			
					10	01/01/	•		
2a Plan sp	ponsor's name and add	dress; include room or suite number (employer, if for a single	e-employer plan)	2b	Employer Identif			
I PATHOLO	GY, LLC			,		(EIN) 05-0610018			
					2c	Sponsor's telep			
501 W PEAC						863-510)-5971		
LAKELAND,	FL 33815				2d	Business code (
20 Dlan a	desiminate de mana en	d address Ocean as Blancons	Nama Doma as Di	C Adduses	2h	62111			
PATHOLOG'	dministrator's name an	<u> </u>		an Sponsor Address	30	Administrator's I	10018		
PATHOLOG	T, LLC	501 W PEAC LAKELAND, I			3с	3c Administrator's telephone number			
						863-510)-5971		
4 If the r	name and/or FIN of the	plan anapaar has shanged since the	last return/report filed	for this plan, optor the	4h	FINI			
		 plan sponsor has changed since the nber from the last return/report. 	last return/report liled	for this plan, enter the	40	EIN			
	or's name	·			4c	PN			
5a Total r	number of participants	at the beginning of the plan year			. 5a		11		
b Total r	number of participants	at the end of the plan year			. 5b		10		
		account balances as of the end of the		•	5c		10		
·	•	during the plan year invested in eligi					X Yes No		
		the annual examination and report of							
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditions.)				X Yes No		
lf you	answered "No" to ei	ther line 6a or line 6b, the plan can	not use Form 5500-S	F and must instead use	e Form	5500.			
		or incomplete filing of this return/re							
		ner penalties set forth in the instruction a signed by an enrolled actuary, as well as the control of the contr							
	true, correct, and comp		ven de the electronic ve		rt, and	to the best of my	Miowicage and		
	Filed with outborized/	valid electronic signature.	07/02/2013	WEST EX MOSSILET	TO				
SIGN HERE				WESLEY MOSCHET			-1-1-44		
	Signature of plan ac	diffinistrator	Date	Enter name of indivi	duai sig	ning as pian aun	imstrator		
SIGN HERE									
	Signature of employ		Date	Enter name of individual	_				
rieparer s	name (including firm h	ame, if applicable) and address; inclu	ide 100m of Suite numb	ei (optional)	Frep	arer s rerepnone	number (optional)		

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>						
Par	<u> </u>		(a) Deminute of Ver				(h) Fuel of Voca		
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year		
	otal plan assets 7a 1590			8			274495		
	7 Total plan liabilities			70			074405		
	Net plan assets (subtract line 7b from line 7a)	7c		159078			274495		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1) 6596							
	(2) Participants								
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1600)7					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					119294		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	339)5					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	48	2					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3877		
i	Net income (loss) (subtract line 8h from line 8c)	8i					115417		
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Amount		
b		? (Do not	include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ		400000		
d				100			100000		
	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ			
	Did the plan have any participant loans? (If "Yes," enter amount a					X			
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the second seco	ne require	d notice or one of the	10h					
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	103 140		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes X 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?	control		Yes X 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	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor to Benefits Security Administra

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 (ERUSA), and sections 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0059

2012

This Form is Open to Public

Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instac	icoj. Hone to the Form 5501	1-9E	îns	pection		
Part I Annual Report	Identification Information	enica mini me manoc	notes to the Louis 2200	,-GF.				
For calandar plan year 2012 or fi		/01/2012	and ending	1	2/31/2012			
A This return/report is for: 🗵 a single-employer plan 📗 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan								
B This return/report is:	_ =	the final return/report	, , , , , ,	_	•			
		•	report (less than 12 mo	nthsi				
C Check box If filing under:		automatic extension		· r	DFVC progra	ım		
O Citack pox it thing diseas.	special extension (enter description			_] = , , +			
Part II Basic Plan Info	rmation—enter all requested informa				·.			
1a Name of plan	Tittation while an reducated unbillia	mor)		1b :	Three-digit			
	1(k) Profit Sharing Plan	n and Trust			lan number	001		
					PN) >			
					Effective date o 1/01/2010			
22 Dian enongore name and ad	idress; Includo room or suite number (er	malaune II far a cianta e	omployer plant	<u> </u>		fication Number		
I PATHOLOGY, LLC	(cress) increas toom or some member (cr	irhinker! is for a similio-d	amployer plant	l .	EIN) 05-061			
·					Sponsor's telep			
501 W PEACHTREE ST					363-510-5	_		
				2d E	Business code (see instructions)		
LAKELAND	FL 33815				521111			
3a Plan administrator's name a	nd address Same as Plan Sponsor N	ame Same as Plan	Sponsor Address		Administrator's			
I Pathology, LLC				05-0610018				
				3c Administrator's telephone number 863-510-5971				
501 W PEACHTREE ST				`				
	^^							
LAKELAND	FL 33815							
	e plan sponsor has changed since the la	est return/report filed fo	r this plan, enter the	4b	EIN			
· · · · · · · · · · · · · · · · · · ·	imber from the last return/report.			4c	5h)			
a Sponsor's name	at the healaning of the plan week			1	riv I			
5a Total number of participants at the beginning of the plan year								
Total number of participants at the end of the plan year								
		5c		10				
complete this item)								
	of the annual examination and report of a				*************			
under 29 CFR 2520.104-46	i7 (See instructions on waiver eligibility a	and conditions.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******		X Yes No		
If you answered "No" to e	either line 52 or line 6b, the plan cann	ot usa Form 5500-SF	and must instead use	Form:	5500.	· · · · · · · · · · · · · · · · · · ·		
Caution: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	uniesa reasonable cat	iso is e	stablishod.			
Under penalties of perjury and of	ther penalties set forth in the instruction: and signed by an enrolled actuary, as we	s, I declare that I have	examined this return/re	port, in	Juding, if applic	able, a Schedule		
belief, it is true, correct, and com	ла зірнев ву ва елгонев асшагу, аз we ixiele.	ell ga nia alactionic val	eiou ot tine temusisbou	i, anu ii	o me dest of my	knowedge and		
	tool ()							
SIGN 6/25/		5/19/13	Wesley Mosche	tto				
HERE Signature of plan :	administrator	Date	Enter name of individ	ual sign	ning as plan ad	ministrator		
SIGN W 7 MI	45	5/19/13	Wesley Mo	sch	ectto			
HERE Signature of emplo	over/plan sponsor	Date	Enter name of individ			er or plan sponsor		
	name, if applicable) and address; includ		r (optional)			number (optional)		
			. ,		•	· · · ·		
	•							
				<u> </u>				
			•					
						• •		
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see the ins	tructions for Form 5500-	3F.			Form 5500-SF (2012)		
nannana ana ana ana antana kana kana ana ana ana ana ana ana an	Bin ngangan gangan galagang beganen beganen binan pake ankentender dan diberak entrebangan berak entreban orde	er mang punggi y digago, y dina at in prati a militara Meri Maranina mata natiti ia	and the state of the property of the state o	na vesto esta v	erwindows i nemegi straminectore min	v. 120128		

Par	t III Financial Information		transport of the second				programme and the second	
7	lan Assets and Liabilities (a) Beginning of Yea			r		(b) End of Year		
a	Total plan assets	7a	1:	5907	18		274495	
Ь	Total plan liabilities	7b						
_ c	Net plan assets (subtract line 7b from line 7a)	7c	1:	5907	8		274495	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers							
	2) Participants				21			
	(3) Others (including rollovers)	8a(3)					`	
b	Other income (loss)	dB		1600	17		:	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					119294	
d	Benefits paid (including direct rollovers and insurance premiums			339	15		* ,	
	to provide banefits)	8d			<u> </u>	· · · · ·		
	Certain deemed and/or corrective distributions (see instructions)	80			;;			
	Administrative service providers (salaries, fees, commissions)	8f	<u> </u>	48	32			
	Other expenses	8g			+		2022	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+	·	3877	
	Net income (loss) (subtract line 8h from line 8c)						115417	
		8j					~	
Par		4	1 7 11 11 1 15 1					
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2T 3D							
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in ti	he instructions:	
Part	V Compliance Questions							
10	During the plan year:	·	· 	······	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidure).			10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	Include transactions reported	10b		х		
	Was the plan covered by a fidelity bond?		*****************************	10c	х		100000	
d	Old the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		
0	Were any fees or commissions paid to any brokers, agents, or oil insurance service or other organization that provides some or all instructions.)	of the ben	elits under the plan? (See	10e		х		
f	Has the plan falled to provide any benefit when due under the pla			10f		x		
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i		he require	d notice or one of the	101				
Part						•		
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11s below)	nents? (lf '	Yes," see instructions and com	plete	Sche	dule SE	G (Form Yes No	
11a	11a Enter the amount from Schedule SB line 39							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions th	s, and	enter ti Day		
H	you completed line 12s, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year	**********	مسومسرمانگ سور در استانی و میود نیز و استرانید در در سردان در سردان در سردان در سردان در سردان در استوان کرد	,,,,,,		12b	والمحادثة المستراك والمستراك والمسترك والمستراك والمستراك والمسترك والمستراك والمستراك والمستراك والمستراك والمستراك والمستراك	

	Form 5500-SF 2012	Page 3 -			
G	Enter the amount contributed by the employer to the	plan for this plan year	12c	T	
d		ne 12b. Enter the result (onler a minus sign to tho left of a	12d		-
		d be met by the funding deadline?		Yes	□ No □ N/A
Part	VII Plan Terminations and Transfers of	f Assets			
13a	Has a resolution to terminate the plan been adopted in ar	ny pian year?		Yes X N	lo
	If "Yes," enter the amount of any plan assets that reve	erted to the employer this year	13a		
b		beneficiaries, transferred to another plan, or brought unde			Yes X No
С		transferred from this plan to another plan(s), Identify the pl		_	-
1	3c(1) Name of plan(s):		13c(2) E	in(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			_	
14a	Name of trust		14b T	rust's EIN	