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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | | | Complete all entries in acc | cordance with the instruc | tions to the Form 55t | и- эг. | | | | | |
|--|-------------------|---|--|--------------------------------|---------------------------|----------------------------|--------------------------------|--------------------------|--|--|--|
| | art I | | Identification Information | | | | | | | | |
| For | calenda | ar plan year 2012 or fis | scal plan year beginning 01/01/2 | 2012 | and ending | 12/31/2 | 2012 | | | | |
| Α | This retu | urn/report is for: | x a single-employer plan | a multiple-employer pla | an (not multiemployer) | er) a one-participant plan | | | | | |
| В | This retu | urn/report is: | the first return/report | the final return/report | | | | | | | |
| | | | an amended return/report | a short plan year return | /report (less than 12 m | onths) |) | | | | |
| С | Check b | oox if filing under: | Form 5558 | automatic extension | | | DFVC progra | ım | | | |
| | | | special extension (enter descri | ption) | | | | | | | |
| Pa | art II | Basic Plan Info | rmation—enter all requested info | ormation | | | | | | | |
| 1a | Name of | of plan | | | | 1b | Three-digit | | | | |
| EDG | EMED H | IEALTHCARE SOLUT | TIONS, INC. 401(K) SAVINGS PLAI | N | | | plan number | 000 | | | |
| | | | | | | | (PN) • | 002 | | | |
| | | | | | | 1C | Effective date o | • | | | |
| 2a EDG | Plan sp EMED I | oonsor's name and add HEALTHCARE SOLUT | dress; include room or suite numbe TIONS, INC. | r (employer, if for a single-e | employer plan) | 2b | Employer Identi (EIN) 65-08 | fication Number 20431 | | | |
| 4000 | TDEV | A)/ENILIE | | | | 2c | Sponsor's telep | | | | |
| SUIT | E 200 | AVENUE DN, FL 33431 | | | | 2d | | see instructions) | | | |
| 3a | Plan ac | dministrator's name an | nd address XSame as Plan Sponso | or Name Same as Plan | Sponsor Address | 3b | Administrator's | | | | |
| | | | | | | 30 | Administrator's | telephone number | | | |
| | | | | | | 30 | Administrator 5 | lelepriorie riumbei | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the | | | | | | 4b EIN | | | | | |
| а | | EIN, and the plan nun or's name | mber from the last return/report. | | | 4c PN | | | | | |
| 5a | | | at the beginning of the plan year | | | 5a | | 40 | | | |
| b | Total n | umber of participants | at the end of the plan year | | | 5b | | 38 | | | |
| С | | | account balances as of the end of the | | • | 5c | | 33 | | | |
| 62 | | , | s during the plan year invested in eli | | | | | X Yes ☐ No | | | |
| b | | | the annual examination and report | | | | | M 163 140 | | | |
| | | | ? (See instructions on waiver eligibil | | | | | X Yes No | | | |
| | If you | answered "No" to ei | ther line 6a or line 6b, the plan ca | annot use Form 5500-SF | and must instead use | Form | 5500. | | | | |
| Ca | ution: A | penalty for the late of | or incomplete filing of this return | /report will be assessed ι | ınless reasonable ca | use is | established. | | | | |
| Und | der pena | lities of perjury and oth | her penalties set forth in the instruct | tions, I declare that I have e | examined this return/re | port, ir | ncluding, if applic | able, a Schedule | | | |
| | | dule MB completed ar rue, correct, and comp | nd signed by an enrolled actuary, as plete. | s well as the electronic vers | sion of this return/repor | t, and | to the best of my | knowledge and | | | |
| SIGN | | Filed with authorized/v | valid electronic signature. | 07/15/2013 | SCOTT KURSTIN | | | | | | |
| HE | RE | Signature of plan ac | dministrator | Date | Enter name of individ | lual siç | ning as plan adr | ninistrator | | | |
| SIG | SN . | | | | | | | | | | |
| HE | | Signature of employ | ver/plan sponsor | Date | Enter name of individ | lual sid | ning as employe | r or plan sponsor | | | |
| Pre | parer's i | Signature of employer/plan sponsor Date Enter name of individues name (including firm name, if applicable) and address; include room or suite number (optional) | | | _ | | number (optional) | | | | |
| | | - (· · · · · · · · · · · · · · · · · · | , | | V 1 * * * * * / | | | () [| | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Form 5500-SF 2012 Page **2**

| Par | rt III Financial Information | | | | | | | | | | |
|--------|--|----------------|--------------------------------|------------|---------|-----------------|-------------------|--|--|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End of Year | | | | |
| a | Total plan assets | . 7a | 139956 | | | 1564926 | | | | | |
| | Total plan liabilities | 7b | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 139956 | 1399566 | | | 1564926 | | | | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | | | |
| | Contributions received or receivable from: | | (a) runount | | | | (2) 10:01 | | | | |
| | (1) Employers | mployers | | | | | | | | | |
| | (2) Participants |) Participants | | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 139 | 95 | | | | | | | |
| b | Other income (loss) | . 8b | 15727 | 7 1 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 279702 | | | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 11241 | 3 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 192 | 29 | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 114342 | | | | |
| | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 165360 | | | | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | t IV Plan Characteristics | <u> </u> | | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instructions: | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instructions: | | | | |
| Part | t V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | | | |
| a | | | | 10a | 100 | X | Amount | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not | include transactions reported | 10b | | X | | | | | |
| | | | | 10c | X | | 120000 | | | | |
| d | · · · · · · · · · · · · · · · · · · · | | | 100 | | | 120000 | | | | |
| | 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 | | 8151 | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | Χ | 3101 | | | | |
| | | | | | X | | | | | | |
| g h | | | <u> </u> | 10g | ^ | | 22838 | | | | |
| | 2520.101-3.) | | | 10h | | X | | | | | |
| | 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) | | | | | | | | | | |
| 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, | | | | | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | ıth | , and e | enter th Day | | | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | • | | | | | T | | | | |
| 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): | 1 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

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). OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

| _ | | ents Security Administration | . | syclide code (the or | , de j. | Inspection | | | | | |
|---|---|---|--|-------------------------|--|---|---|--------------------|---|--|--|
| P | ension Ben | efil Guerenty Corporation | > Complete all entries in accordan | ce with the instruct | tions to the Form 5500 |)-SF. | | | | | |
| | irt i | Annual Report le | dentification information | | | | | | | | |
| For | calenda | r plan year 2012 or fisc | cal plan year beginning 01/01/2012 | | and ending 1 | <u>2/31/2</u> | 012 | | | | |
| A | This return/report is for: X a single-employer plan | | | | | | | | | | |
| ₿ | This retu | m/report is: | | e final return/report | | | | | | | |
| | | | an amended return/report as | hort plan year retum. | report (less than 12 mo | onths) | _ | | | | |
| C | Check b | ox if filing under: | Form 5558 au | tomatic extension | | Ĺ | ım | | | | |
| • | | • · · · · · · · · · · · · · · · · · · · | special extension (enter description) | | | | | | | | |
| 13- | rt II | Racic Plan Infor | mation enter all requested information | m | | | | | | | |
| | Name o | | Indian enter an requested informatio | | | 1b | Three-digit | | | | |
| | | | c. 401(k) Savings Plan | | | | plan number | 020 | | | |
| eage | INED HE | earncare solutions, me | s. 40 (k) Savings Flatt | | | | 602 | | | | |
| | | | | | | | 1c Effective date of plan 10/01/1999 | | | | |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) EdgeMED Healthcare Solutions, Inc. | | | | | | 2b Employer Identification Number (EIN) 65-0820431 | | | | | |
| _ | | | | | | 2c | Sponsor's telep (561) 31 | | | | |
| | T-Rex / 200 | Avenuc | | | | 2d | Business code (| see instructio | ns) | | |
| Boca | Raton. | FL 33431 | | | Carmone Adde | 34 | Administrator's | | m | | |
| 3a | P)an ad | lministrator's name and | d address 🏿 Same as Plan Sponsor Nam | ie USame as Plan | Sponsor Address | 30 | Administrator s | ELIIV | | | |
| | | | | | | 36 | Administrator's | telephone nur | прег | | |
| | | | | | | "" | , | • | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | the fact | ration/rappet filed fo | r this plan, enter the | 4b | EIN | | | | |
| 4 | If the name, | ame and/or EIN of the EìN, and the pla∩ nuπ | plan sponsor has changed since the last ober from the last return/report. | , геципутероп тива то | ((iis pian, anter the | | | | | | |
| а | Sponso | or's name | | | | | 4c PN | | | | |
| 5a | Total n | umber of participants | at the beginning of the plan year | , | | 5a | | | 40 | | |
| b | Total n | umber of participents : | at the end of the plan year | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5b | | | 38 | | |
| C | Numbe | er of participants with a | ccount balances as of the end of the plan | n year (defined bene | fit plans do not | 5c | | | 33 | | |
| | comple | ete tois item) | and the state of t | seeste? /See inetruct | ions \ | 4 | | X Yes | No | | |
| 6a | Were | all of the plan's assets | during the plan year invested in eligible a the annual examination and report of an | independent muslifie | d nublic accountant (IQ | PA) | | | _ | | |
| Þ | Are yo | u claiming a waiver of 20 CED 2620 104-462 | the annual examination and report of an (See instructions on waiver eligibility and | d conditions.) | O Papino accountant (1- | · · ·, | | X Yes | _ No | | |
| | tf wou | apprehend "No" to ell | ther line 6a or line 6b, the plan cannot | use Form 5500-SF | and must instead use | Form | 6500. | | | | |
| | II YUU | | or incomplete filing of this return/repor | t will be assessed i | inless reasonable cat | ıse İş | established. | | | | |
| | | | 11: | l Manjara that t have i | svamined this refulinge | oor. m | iciuolisu, n appin | cable, a Sched | elut | | |
| Und | der pena or Scho | ittes of pegury and our dule MR completed an | ner penalties set forth in the instructions, indisigned by an enrolled actuary, as well . | as the electronic vers | sion of this return/repor | t, and t | to the best of my | y knowledge a | ınd | | |
| beli | ief. It is t | rue, correct, and some | lete. | | | | | | | | |
| | | | | -11247 | Scott Kurstin | | | | | | |
| SIG | | /lux/la | | 7/12/13 | | | | | | | |
| HE | RE | Signature of plan at | dministrator | Date | Enter name of individ | lual sig | ining as plan ad | ministrator | | | |
| SIG | 2NI | | | ļ | | | | | | | |
| | RE | Signature of employer/plan sponsor Date Enter name of individ | | | | lual sig | ning as employ | er or plan spo | nsor | | |
| | | pame (polluding firm o | ame, if applicable) and address; include (| room ar suite numbe | | Prep | arer's telephone | number (opt | ional) | | |
| l rie | paiel 5 | name (melecing more | Minister Malamanan and annual control of the contro | | | 1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | (** * ********************************* | | |
| For | Paperw | ork Reduction Act Notic | e and OMB Control Numbers, see the instru | ictions for Form 5500- | SF. | | | Form 5500-SF V. | (2012) 120126 | | |

y parent on the party and the

12b

| Form 5500-SF 2012 | | Page 2 | | - | | | | | | |
|--|----------------------------|--|----------|-------------|----------------|--|--|--|--|--|
| Part III Financial Information | | | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | • | l | | (b) End of Year | | | | |
| a Total plan assets | 7a | 1399568 | | | | 1564926 | | | | |
| b Total plan liabilities | 7b | | | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7¢ | 1399566 | <u> </u> | 1_ | | 1564926 | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | | | | |
| Contributions received or receivable from: (1) Employers | 8a(1) | 50107 | | | 1.34 | | | | | |
| (2) Participants | | | | | | | | | | |
| (3) Others (including rollovers) | Tartoparte | | | | | | | | | |
| b Other income (loss) | 8b | 157271 | | | <u> </u> | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 279702 | | | | |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits). | 8đ | 112413 | 3 | 14. | | | | | | |
| Certain deemed and/or corrective distributions (see instructions) | 8e | | , | 2.3 | | <u> Parting and Arabina and Arab</u> | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | 1929 | } | 1.4 | <u> </u> | | | | | |
| g Other expenses | , | | | 4 | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | 114342 | | | | |
| Net income (loss) (subtract line 8h from line 8c) | | | | | | 165360 | | | | |
| Transfers to (from) the plan (see instructions) | | | | 14.11 | | | | | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension | | | | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions | | | | | | | | | | |
| 40 Curing the plan year | | | | Yes | No | Amount | | | | |
| a Was there a failure to transmit to the plan any participant contrib | Juciany Co | rection rivgram, accomm | 10a | | х | | | | | |
| b Were there any nonexempt transactions with any party-in-interes on line 10a.) | st? (Do no | (IUCINGÉ MAIUSACHOUR JEBOTTER | 10b | | × | , <u>,</u> | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | × | | 120000 | | | | |
| d. Did the plan have a loss whether or not reimbursed by the plan | s fidelity b | ond, that was caused by fraud | 10d | | х | | | | | |
| or dishonesty? • Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) | ther perso of the ber | ns by an insurance carrier, nefits under the plan? (See | 10e | х | | 8151 | | | | |
| f Has the plan falled to provide any benefit when due under the p | lan? | | 10f | | | | | | | |
| The second secon | as of year | r end.) | 10g | X | <u> </u> | 22838 | | | | |
| h if this is an individual account plan, was there a blackout period 2520.101-3.) | ? (See inst | tructions and 29 CFR | 10h | | × | | | | | |
| i if 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 | the requir | red notice or one of the | 10i | | | | | | | |
| Complete | | | | | | | | | | |
| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) | ments? (li | f "Yes," see instructions and cor | mplete | Sche | dule SI | 3 (Form Yes X No | | | | |
| College College CO | | | | | 118 | | | | | |
| and the second s | ng require | ments of section 412 of the Cod | le or s | ection | 302 of | ERISA? Yes X No | | | | |
| | | | | | | | | | | |
| a If a walver of the minimum funding standard for a prior year is b | eing amor | mzed in this plant year, see mout | | s, and | enter t Day | he date of the letter ruling Year | | | | |
| If you completed line 12a, complete lines 3, 9, and 10 of School | lule MB (F | orm 5500), and skip to line 13 | 3 | <u>-</u> | 12b | | | | | |

b Enter the minimum required contribution for this plan year.

| | Form 5500-SF 2012 Page 3 - 1 | | | | | | | | | |
|-------------------|--|-------------|-------|----------|-----------------|----------|------|-------|------|--|
| | Enter the amount contributed by the employer to the plan for this plan year. | Ľ | 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) | Ľ | 12d | | | | | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | ٠ ١ | res | <u> </u> | Νo | | N/A | |
| Part | | | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | [| | Yes | ΧN | 0 | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | ^ | 13a | <u> </u> | | | | | | |
| b | F. Advantage of the control of the c | | | | | | Ye | s X | No | |
| C | 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.) | | | | | _ | · | | | |
| 1 | 3c(1) Name of plan(s): | 13c | (2) E | N(s) | | - | 13c(| 3) Pi | N(s) | |
| | The state of the s | | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | | | |
| 14a Name of trust | | | | | 14b Trust's EIN | | | | | |
| | | | | | | | | | | |