

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee Benefit Plan**OMB Nos. 1210-0110
1210-0089**2012****This Form is Open to Public Inspection**

► Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification InformationFor calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

- 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 first return/report the final return/report
- C** Check box if filing under: Form 5558 automatic extension DFVC program
- special extension (enter description)

Part II Basic Plan Information—enter all requested information**1a** Name of plan

MARSHALL F. WEISS, MD, PC PROFIT SHARING PLAN

1b Three-digit plan number (PN) ► **001****2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

MARSHALL F. WEISS, MD, PC

2b Employer Identification Number (EIN) **13-2708614**629 PARK AVENUE
NEW YORK, NY 10065-3552**2c** Sponsor's telephone number **212-861-7755****3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.**4b** EIN**a** Sponsor's name**4c** PN**5a** Total number of participants at the beginning of the plan year**4****b** Total number of participants at the end of the plan year.....**4****c** Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....**3****6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No**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.)..... Yes No**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 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 HERE	Filed with authorized/valid electronic signature.	07/29/2013	DR.MARSHALL F. WEISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2013	DR.MARSHALL F. WEISS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 2464263	2401849
b	Total plan liabilities.....	7b 0	0
c	Net plan assets (subtract line 7b from line 7a).....	7c 2464263	2401849
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)	
(3)	Others (including rollovers).....	8a(3) 0	
b	Other income (loss).....	8b 109586	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c	109586
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 172000	
e	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	172000
i	Net income (loss) (subtract line 8h from line 8c).....	8i	-62414
j	Transfers to (from) the plan (see instructions)	8j 0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 3D

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	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)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b	X	
c	Was the plan covered by a fidelity bond?	10c X		290000
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	
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.)	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		92208
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
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 VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)

Yes No

11a Enter the amount from Schedule SB line 39.....

11a

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.)

Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....

12b

c 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	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 control of the PBGC?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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(2) EIN(s)	13c(3) PN(s)
13c(1) Name of plan(s):		

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

Form 5500-SF		Short Form Annual Return/Report of Small Employer Benefit Plan	
OMB Nos. 1210-0110 1210-0089		For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012	
Part I Annual Report Identification Information This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Pension Benefit Guaranty Corporation Department of Labor Employee Benefits Security Administration Internal Revenue Service Department of the Treasury			
Part II Basic Plan Information --- enter all requested information This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) <input type="checkbox"/> an amended return/report <input type="checkbox"/> a Form 558 <input type="checkbox"/> a DFVC program <input type="checkbox"/> a special extension (enter description) Check box if filing under: <input type="checkbox"/> PC Marschall F. Weisss, MD, PC 629 Park Avenue New York NY 10065-3552 Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address Plan administrators name and address a 3b Administrators EIN 3c Administrators telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c You answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. d Under penalties of perjury and after penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule B or Schedule M5 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.			
Part III Plan Information --- enter all requested information 1b Three-digit plan number Marschall F. Weisss, MD, PC Protection Sharing Plan 001 1c Effective date of plan 03/01/1972 2b Employer identification number (EIN) 13-2708614 2c Sponsors telephone number (212) 861-7755 2d Business code (see instructions) 621111 a 3b Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address 3c Administrators telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a b c d e f g h i j k l m n o p q r s t u v w x y z			

Part III Financial Information**7 Plan Assets and Liabilities**

(a) Beginning of Year

(b) End of Year

a Total plan assets	7a	2,464,263	2,401,849
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b Total plan liabilities	7b	0	0
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c Net plan assets (subtract line 7b from line 7a)	7c	2,464,263	2,401,849
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d Income, Expenses, and Transfers for this Plan Year	(1) Employers	0	0
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e Participants	8a(1)	0	0
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f (3) Others (including rollovers)	8a(2)	0	0
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g Other income (loss)	8b	109,586	109,586
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h Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0	0
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i Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	172,000	172,000
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j Certain deferred and/or corrective distributions (see instructions)	8e	0	0
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k Administerative service providers (salaries, fees, commissions)	8f	0	0
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l Other expenses	8g	0	0
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m Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	172,000	172,000
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n Net income (loss) (subtract line 8h from line 8c)	8i	0	0
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o Transfers to (from) the plan (see instructions)	8j	0	0
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p 2A 2E 3D			
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q a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.			
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r 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)	10a	x	
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s b Were there any nonempt party-in-interests? (Do not include transactions reported on line 10a)	10b	x	
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t c Was the plan covered by a fidelity bond?	10c	x	290,000
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u 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	
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v 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)	10e	x	
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w f Has the plan failed to provide any benefit when due under the plan?	10f	x	
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x g Did the plan have any participant loans? (If "yes," enter amount as of year end)	10g	x	92,208
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y h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)	10h	x	
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z 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	x	
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aa 11 Is this a defined benefit plan subject to minimum funding requirements? (If "yes," see instructions and complete Schedule SB (Form 5500) and line 1a below)	11a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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bb 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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cc 12b Enter the minimum required contribution for this plan year	12b		
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dd 13 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
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ee 14 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver			
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ff 15 b If "yes," complete line 12a or lines 12b, 12c, and 12e below, as applicable.)			
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gg 16 c If this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?			
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hh 17 d Enter the amount from Schedule SB line 39	17a		
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ii 18 e If "yes," see instructions and complete Schedule SB (Form 5500) and line 1a below)			
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jj 19 f If you completed line 18e, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 19.	19a		
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kk 20 g If "yes," complete line 19a or lines 19b, 19c, and 19d below, as applicable.)			
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ll 21 h If "yes," complete line 19b or lines 19c, 19d, and 19e below, as applicable.)			
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mm 22 i If "yes," complete line 19c or lines 19d, 19e, and 19f below, as applicable.)			
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nn 23 j If "yes," complete line 19d or lines 19e, 19f, and 19g below, as applicable.)			
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oo 24 k If "yes," complete line 19e or lines 19f, 19g, and 19h below, as applicable.)			
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pp 25 l If "yes," complete line 19f or lines 19g, 19h, and 19i below, as applicable.)			
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qq 26 m If "yes," complete line 19g or lines 19h, 19i, and 19j below, as applicable.)			
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rr 27 n If "yes," complete line 19h or lines 19i, 19j, and 19k below, as applicable.)			
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ss 28 o If "yes," complete line 19i or lines 19j, 19k, and 19l below, as applicable.)			
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tt 29 p If "yes," complete line 19j or lines 19k, 19l, and 19m below, as applicable.)			
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uu 30 q If "yes," complete line 19k or lines 19l, 19m, and 19n below, as applicable.)			
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vv 31 r If "yes," complete line 19l or lines 19m, 19n, and 19o below, as applicable.)			
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ww 32 s If "yes," complete line 19m or lines 19n, 19o, and 19p below, as applicable.)			
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xx 33 t If "yes," complete line 19n or lines 19o, 19p, and 19q below, as applicable.)			
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yy 34 u If "yes," complete line 19o or lines 19p, 19q, and 19r below, as applicable.)			
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zz 35 v If "yes," complete line 19p or lines 19q, 19r, and 19s below, as applicable.)			
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aa 36 w If "yes," complete line 19q or lines 19r, 19s, and 19t below, as applicable.)			
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bb 37 x If "yes," complete line 19r or lines 19s, 19t, and 19u below, as applicable.)			
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cc 38 y If "yes," complete line 19s or lines 19t, 19u, and 19v below, as applicable.)			
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dd 39 z If "yes," complete line 19t or lines 19u, 19v, and 19w below, as applicable.)			
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ee 40 aa If "yes," complete line 19u or lines 19v, 19w, and 19x below, as applicable.)			
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ff 41 bb If "yes," complete line 19v or lines 19w, 19x, and 19y below, as applicable.)			
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gg 42 cc If "yes," complete line 19w or lines 19x, 19y, and 19z below, as applicable.)			
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hh 43 dd If "yes," complete line 19x or lines 19y, 19z, and 19aa below, as applicable.)			
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ii 44 ee If "yes," complete line 19y or lines 19z, 19aa, and 19bb below, as applicable.)			
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jj 45 ff If "yes," complete line 19z or lines 19aa, 19bb, and 19cc below, as applicable.)			
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kk 46 gg If "yes," complete line 19aa or lines 19bb, 19cc, and 19dd below, as applicable.)			
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ll 47 hh If "yes," complete line 19bb or lines 19cc, 19dd, and 19ee below, as applicable.)			
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mm 48 ii If "yes," complete line 19cc or lines 19dd, 19ee, and 19ff below, as applicable.)			
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nn 49 jj If "yes," complete line 19dd or lines 19ee, 19ff, and 19gg below, as applicable.)			
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oo 50 kk If "yes," complete line 19ee or lines 19ff, 19gg, and 19hh below, as applicable.)			
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pp 51 ll If "yes," complete line 19ff or lines 19gg, 19hh, and 19ii below, as applicable.)			
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qq 52 mm If "yes," complete line 19gg or lines 19hh, 19ii, and 19jj below, as applicable.)			
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rr 53 nn If "yes," complete line 19hh or lines 19ii, 19jj, and 19kk below, as applicable.)			
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ss 54 oo If "yes," complete line 19ii or lines 19jj, 19kk, and 19ll below, as applicable.)			
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tt 55 pp If "yes," complete line 19jj or lines 19kk, 19ll, and 19mm below, as applicable.)			
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uu 56 qq If "yes," complete line 19kk or lines 19ll, 19mm, and 19nn below, as applicable.)			
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vv 57 rr If "yes," complete line 19ll or lines 19mm, 19nn, and 19oo below, as applicable.)			
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ww 58 ss If "yes," complete line 19mm or lines 19nn, 19oo, and 19pp below, as applicable.)			
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xx 59 tt If "yes," complete line 19nn or lines 19oo, 19pp, and 19qq below, as applicable.)			
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yy 60 uu If "yes," complete line 19oo or lines 19pp, 19qq, and 19rr below, as applicable.)			
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zz 61 vv If "yes," complete line 19pp or lines 19qq, 19rr, and 19ss below, as applicable.)			
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aa 62 ww If "yes," complete line 19qq or lines 19rr, 19ss, and 19tt below, as applicable.)			
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bb 63 xx If "yes," complete line 19rr or lines 19ss, 19tt, and 19uu below, as applicable.)			
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cc 64 yy If "yes," complete line 19ss or lines 19tt, 19uu, and 19vv below, as applicable.)			
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dd 65 zz If "yes," complete line 19tt or lines 19uu, 19vv, and 19ww below, as applicable.)			
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ee 66 aa If "yes," complete line 19uu or lines 19vv, 19ww, and 19xx below, as applicable.)			
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ff 67 bb If "yes," complete line 19vv or lines 19ww, 19xx, and 19yy below, as applicable.)			
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gg 68 cc If "yes," complete line 19ww or lines 19xx, 19yy, and 19zz below, as applicable.)			
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hh 69 dd If "yes," complete line 19xx or lines 19yy, 19zz, and 19aa below, as applicable.)			
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ii 70 ee If "yes," complete line 19yy or lines 19zz, 19aa, and 19bb below, as applicable.)			
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jj 71 ff If "yes," complete line 19zz or lines 19aa, 19bb, and 19cc below, as applicable.)			
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kk 72 gg If "yes," complete line 19aa or lines 19bb, 19cc, and 19dd below, as applicable.)			
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ll 73 hh If "yes," complete line 19bb or lines 19cc, 19dd, and 19ee below, as applicable.)			
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mm 74 ii If "yes," complete line 19cc or lines 19dd, 19ee, and 19ff below, as applicable.)			
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nn 75 jj If "yes," complete line 19dd or lines 19ee, 19ff, and 19gg below, as applicable.)			
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oo 76 kk If "yes," complete line 19ee or lines 19ff, 19gg, and 19hh below, as applicable.)			
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pp 77 ll If "yes," complete line 19ff or lines 19gg, 19hh, and 19ii below, as applicable.)			
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qq 78 mm If "yes," complete line 19gg or lines 19hh, 19ii, and 19jj below, as applicable.)			
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rr 79 oo If "yes," complete line 19hh or lines 19ii, 19jj, and 19kk below, as applicable.)			
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ss 80 pp If "yes," complete line 19ii or lines 19jj, 19kk, and 19ll below, as applicable.)			
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tt 81 qq If "yes," complete line 19jj or lines 19kk, 19ll, and 19mm below, as applicable.)			
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uu 82 rr If "yes," complete line 19kk or lines 19ll, 19mm, and 19nn below, as applicable.)			
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vv 83 ss If "yes," complete line 19ll or lines 19mm, 19nn, and 19oo below, as applicable.)			
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ww 84 tt If "yes," complete line 19mm or lines 19nn, 19oo, and 19pp below, as applicable.)			
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xx 85 uu If "yes," complete line 19nn or lines 19oo, 19pp, and 19qq below, as applicable.)			
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yy 86 vv If "yes," complete line 19oo or lines 19pp, 19qq, and 19rr below, as applicable.)			
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zz 87 aa If "yes," complete line 19pp or lines 19qq, 19rr, and 19ss below, as applicable.)			
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aa 88 bb If "yes," complete line 19qq or lines 19rr, 19ss, and 19tt below, as applicable.)			
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cc 89 cc If "yes," complete line 19rr or lines 19ss, 19tt, and 19uu below, as applicable.)			
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dd 90 dd If "yes," complete line 19ss or lines 19tt, 19uu, and 19vv below, as applicable.)			
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ee 91 ee If "yes," complete line 19tt or lines 19uu, 19vv, and 19ww below, as applicable.)			
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ff 92 ff If "yes," complete line 19uu or lines 19vv, 19ww, and 19xx below, as applicable.)			
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gg 93 gg If "yes," complete line 19vv or lines 19ww, 19xx, and 19yy below, as applicable.)			
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hh 94 hh If "yes," complete line 19ww or lines 19xx, 19yy, and 19zz below, as applicable.)			
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ii 95 ii If "yes," complete line 19xx or lines 19yy, 19zz, and 19aa below, as applicable.)			
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jj 96 jj If "yes," complete line 19yy or lines 19zz, 19aa, and 19bb below, as applicable.)			
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kk 97 kk If "yes," complete line 19zz or lines 19aa, 19bb, and 19cc below, as applicable.)			
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ll 98 ll If "yes," complete line 19aa or lines 19bb, 19cc, and 19dd below, as applicable.)			
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mm 99 mm If "yes," complete line 19bb or lines 19cc, 19dd, and 19ee below, as applicable.)			
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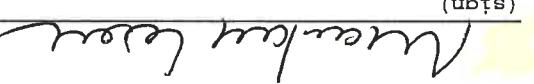
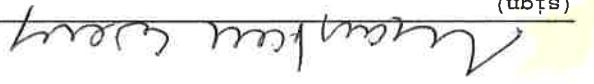
nn 100 nn If "yes," complete line 19cc or lines 19dd, 19ee, and 19ff below, as applicable.)			
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oo 101 oo If "yes," complete line 19dd or lines 19ee, 19ff, and 19gg below, as applicable.)			
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pp 102 pp If "yes," complete line 19ee or lines 19ff, 19gg, and 19hh below, as applicable.)			
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Part VII Plan Terminations and Transfers of Assets		
d Subtract the amount in line 12c from the amount reported on line 12d. Enter the result (enter a minus sign to the left of a negative amount).	12d	
e Will the minimum funding amount be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13a 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 control of the PBGC?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's EIN	

5500-SF Electronic Filing Authorization

Plan Name:	Marschall F. Weiss, MD, PC Profit Sharing Plan	Plan Year:	01/01/2012 - 12/31/2012
EIN/PN:	13-2708614/001		
I hereby authorize Charles Stipeleman, ESFA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAS). I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.			
			
(sign)		(sign)	
7/29/13		7/23/13	
(date)			