Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury rnal Revenue Service		2	2012					
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 19	This form is required to be filed under sections 104 and 4065 of the Employee etirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).						
	enefit Guaranty Corporation	 Complete all entries in accordation 	-SF.	This Form is Open to Public Inspection					
Part I									
For calend	ar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 12	2/31/2	2012			
A This return/report is for:									
B This ret	B This return/report is:								
•	Ĺ	n/report (less than 12 mo							
C Check	box if filing under:		utomatic extension			DFVC program			
Dort II	Basia Blan Inform	special extension (enter description)							
Part II	•	nation—enter all requested information	on		1h	Three-digit			
1a Name MEDHAT F.	SAMI, M.D., P.C. PROFI	IT SHARING PLAN			1D	plan number			
				-		(PN) ▶ 002			
					1c	Effective date of plan 01/01/1991			
	ponsor's name and addre . SAMI, M.D., P.C.	ess; include room or suite number (emp	ployer, if for a single-e	əmployer plan)	2b	Employer Identification Number (EIN) 11-2439086			
35 FOXHUN	IT CRESCENT			-	2c	Sponsor's telephone number 516-922-4760			
SYOSSET,	NY 11791			-	2d	Business code (see instructions) 621111			
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN			
				-	30	Administrator's telephone number			
		lan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN			
a Spons	or's name				4c PN				
		the beginning of the plan year			5a	4			
		the end of the plan year		-	5b	4			
		count balances as of the end of the pla			5c	2			
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (S	uring the plan year invested in eligible a annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualified d conditions.)	d public accountant (IQF	PA)	 Yes [] No			
		incomplete filing of this return/repor							
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	ort, in	cluding, if applicable, a Schedule			
SIGN	Filed with authorized/val	lid electronic signature.	08/23/2013	VIVIANE SAMI					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	al sig	ning as plan administrator			
SIGN									
HERE	Signature of employe		Date			ning as employer or plan sponsor			
Preparer's	name (including firm nam	ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone number (optional)			

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

Par	t III Financial Information									
7 Plan Assets and Liabilities			(a) Beginning of Yea	r			(b) End of Year			
а	Total plan assets	7a		10546546			12206478			
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1054654	10546546			12206478			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:	0-(1)		0						
	(1) Employers	8a(1)		0 0						
	 (2) Participants	8a(2) 8a(3)		0						
h	Other income (loss)	8b	208238	-		4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	200230	5			2082389			
	Benefits paid (including direct rollovers and insurance premiums	00					2002309			
	to provide benefits)	8d	34616	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	7629	4						
g	Other expenses	8g		0	_					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					422457			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1659932			
J	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j		0						
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:			
10	During the plan year:				Yes	No	Amount			
a				10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benef	fits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided th 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									
11a	Enter the amount from Schedule SB line 39					11a				
11a 12	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding						ERISA? 🗌 Yes 🗙 No			
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requiremer , as applica	nts of section 412 of the Code ble.)	or se	ction 3	302 of I				
12 a	Is this a defined contribution plan subject to the minimum funding (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 bein granting the waiver.	requiremer , as applica ng amortize	nts of section 412 of the Code ble.) d in this plan year, see instructionMon	or se	ction 3	302 of I				
12 a If	Is this a defined contribution plan subject to the minimum funding (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	requiremen , as applica ng amortize e MB (Form	nts of section 412 of the Code ble.) d in this plan year, see instruc 	or se ctions, th	ction 3	302 of I enter th	e date of the letter ruling			

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	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				
	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?								
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	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

FQ	rm 5500-SF	Short Form Annual Return/Report of Small Employee							
	anment of the Treesury email Revenue Service	This form is required to be		ee	2012				
	Department of Labor Benefits Security Administration	9(a) of	This Form is Open to Public Inspection						
Pansion E	Pension Benefit Gueranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I For calence	Annual Report Id	entification Information	01/01/	2012	and ending		12/31/2012		
	-	a single-employer plan	a multi	ple-employer p	ian (not multiemployer)		a one-participant plan		
6 This re	etum/report is:	the first return/report	the fina	al return/report					
		an amended return/report	a short	plan year return	h/report (less than 12 m	nonths)			
C Check	box if filing under.	7	آسبنا	atic extension			DFVC program		
Durt II	Ranka Dian Inform	special extension (enter descri							
Part II 1a Name		nation-enter all requested info	ormation		***	1b	Three-digit		
		P.C. PROFIT SHARIN	G PLAN				plan number (PN) ▶ 002		
							Effective date of plan 01/01/1991		
	ponsor's name and addre F. Sami, M.D.,	ess; Include room or suite numbe P.C.	r (employe	r, If for a single-	employer plan)	4	Employer Identification Number (EIN) 11-2439086		
35 Fox	hunt Crescent					1	Sponsor's telephone number 516-922-4760		
Syoase	F	NY 11791				1	Business code (see instructions)		
-		NY 11791 address XSame as Plan Sponso	or Name	XSame as Plar	Sponsor Address		621111 Administrator's EIN		
		U III	L				Administrator's telephone number		
		an sponsor has changed since the from the last return/report.	ne last retui	m/report filed fo	or this plan, enter the	4b	EIN		
	or's name					40	PN		
		the beginning of the plan year					4		
		ount balances as of the end of th				<u>6b</u>	4		
comp	lete this item)						2		
		uring the plan year invested in eli e annual examination and report							
under	29 CFR 2520, 104-46? (S	See instructions on waiver eligibil	ity and con	ditions.)					
		er line 6a or line 6b, the plan ca ncomplete filing of this return/							
Under peni SB or Sche	alties of perjury and other	penalties set forth in the Instruct	ions, I decl	are that I have	examined this return/re	port in	cluding, if applicable, a Schedule		
SIGN	Villame	Sam:	8	3113	VIVIANE SAMI				
	9	- and the second se			Enter name of individ	iual sig	ning as plan administrator		
SIGN HERE									
Preparer's	Signature of employer name (including firm nam	/plan sponsor e, if applicable) and address; Inc	Dat lude room		Enter name of individ r (optional)		ning as employer or plan sponsor arer's telephone number (optional)		
			,						
For Paperwo	onk Reduction Act Notice as	d OMB Control Numbers, see the	instructions	for Form 6600-	ġF.		Form 6600-8F (2012)		

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Form 6600-SF (2012) v. 120126

1.

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a	Plan Assets and Liabilities		(a) Beginning of Yes	(a) Beginping of Year (b) En			b) End of	Year
-	Total plan assets	7a		4654				122064
b	Total plan liabilities				0	9		
	Net plan assets (subtract line 7b from line 7a)	7c	105	4654	6			122064
8	Income, Expanses, and Transfers for this Plan Year	10			1		(b) Tot	
	Contributions received or receivable from:		(a) Amount	10103	+			241
	(1) Employers	Ba(1)		_	0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0		9109710	
b	Other income (loss)	85	20	8238	9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-				20823
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ßd	3.	4616	3		32.5	
e	Certain deemed and/or corrective distributions (see instructions)	88			0			
f	Administrative service providers (salaries, fees, commissions)	8f		7629	4		all Carto	
g	Other expenses	8g			0	Constraints		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1. 18.11					4224
1	Net income (loss) (subtract line 8h from line 8c)	8i			_			16599
j	Transfers to (from) the plan (see Instructions).	8]			0			
b Par	If the plan provides weifare benefits, enter the applicable welfare for V Compliance Questions	sature codes	from the List of Plan Chara	cterist	ic Cod	ies in the i	nstruction	3 :
	a controline and departured							
	Contraction of the second s				Yes.	No		maint
10	During the plan year. Was there a failure to transmit to the plan any participant contribu			100	Yes	No X	Ai	mount
10 a	During the plan year. Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-In-Interest	ciary Correct ? (Do not inc	tion Program)	10a	Yes		Aı	mount
10 a b	During the plan year. Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correc ? (Do not inc	tion Program) Iude transactions reported	10b		x	A	
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1D a b c d	During the plan year. Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	iciary Correc ? (Do not inc fidelity bond,	tion Program) tude transactions reported that was caused by fraud	10b		x	A	
1D a b c d	During the plan year. Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit;	tion Program) tude transactions reported that was caused by fraud by an insurance carrier, a under the plan? (See	10b 10c		x	A	
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10 a b c d e f g h i Part 11	During the plan year. Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or diahonesty?. Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan have any participant loans? (If 'Yes,' enter amount as if this is an individual account plan, was there a blackout period? (2520, 101-3.) If 10h was answered 'Yes,' check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520, 10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and ling 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding	requirements	tion Program) tude transactions reported that was caused by fraud my an insurance carrier, s under the plan? (See)) ons and 29 CFR office or one of the s," see instructions and com s of section 412 of the Code	10b 10c 10d 10d 10f 10g 10h 10i	X	X X X X X X X Iule SB (Fi	orm	5000
10 a b c d e f g h i 2art 11	 During the plan year. Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or diahoneaty?. Were any fees or commissions pad to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant loans? (If 'Yes,' enter amount as the plan have any participant is provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39. 	requirement: as applicable applicable as applicable applicable as applicable	tion Program) tude transactions reported that was caused by fraud my an insurance carrier, s under the plan? (See)) ons and 29 CFR otice or one of the s," see instructions and corr s of section 412 of the Code e.) in this plan year see instructions	10b 10c 10d 10e 10f 10g 10h 10i 10i e or see	X Schection :	X X X X X X X X X 11a 302 of ERI	orm	5000

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C Enter the amount contributed by the employer to the plan for this plan year	120		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).	tofa 124		<u> </u>
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No NA
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	the second se	2000	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the control	r	Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	the plan(s) to		
13c(1) Name of plan(s)	13c(2)	EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	<u> </u>		
14a Name of trust	14b	frust's EIN	