## 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).

\_\_\_\_

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

|      |             |                           | Complete all entries in actions and actions are actions.   | ccordance with the instru        | ctions to the Form 550   | 10-5F.    |                                    |                                   |
|------|-------------|---------------------------|--|----------------------------------|--------------------------|-----------|------------------------------------|-----------------------------------|
|      | art I       |                           | Identification Information   |                                  |                          |           |                                    |                                   |
| For  | calenda     | ar plan year 2012 or fis  |  | /2012                            | and ending               | 12/31/2   | <u>2012</u>                        |                                   |
| Α    | This ret    | urn/report is for:        | X a single-employer plan   | a multiple-employer p            | olan (not multiemployer) |           | a one-participan                   | it plan                           |
| В    | This ret    | urn/report is:            | the first return/report  | the final return/report          |                          |           |                                    |                                   |
|      |             |                           | an amended return/report   | a short plan year retur          | n/report (less than 12 m | onths)    |                                    |                                   |
| С    | Check b     | oox if filing under:      | X Form 5558  | automatic extension              |                          |           | DFVC program                       |                                   |
|      |             | 3                         | special extension (enter desc  | cription)                        |                          |           |                                    |                                   |
| Pa   | art II      | Basic Plan Info           | rmation—enter all requested in   |                                  |                          |           |                                    |                                   |
|      | Name        |                           | That on an requested in  | Tomacon                          |                          | 1b        | Three-digit                        |                                   |
|      |             | •                         | C PROFIT SHARING PLAN  |                                  |                          |           | plan number                        |                                   |
|      |             |                           |  |                                  |                          |           | (PN) <b>•</b>                      | 001                               |
|      |             |                           |  |                                  |                          | 1c        | Effective date of pla              |                                   |
| 20   | Discount    |                           | des estados es | /                                |                          | O.L.      | 01/01/19                           |                                   |
| CAN  | CER C/      | ARE SPECIALISTS IN        | dress; include room or suite numb  | er (employer, it for a single    | -employer plan)          | <b>ZD</b> | Employer Identifica (EIN) 65-07648 |                                   |
|      |             |                           |  |                                  |                          | 20        | Sponsor's telephor                 |                                   |
| 2815 | S SEA       | CREST BLVD                |  |                                  |                          | 20        | 561-737-0                          |                                   |
|      |             | ACH, FL 33435             |  |                                  |                          | 2d        | Business code (see                 | e instructions)                   |
|      |             |                           |  |                                  |                          |           | 621111                             | · · · · · · · · · · · · · · · · · |
| 3a   | Plan ad     | dministrator's name an    | nd address XSame as Plan Spon  | sor Name Same as Plai            | n Sponsor Address        | 3b        | Administrator's EIN                | I                                 |
|      |             |                           | _  | _                                |                          |           |                                    |                                   |
|      |             |                           |  |                                  |                          | 3c        | Administrator's tele               | phone number                      |
|      |             |                           |  |                                  |                          |           |                                    |                                   |
|      |             |                           |  |                                  |                          |           |                                    |                                   |
|      |             |                           |  |                                  |                          |           |                                    |                                   |
| 4    | If the n    | ame and/or EIN of the     | e plan sponsor has changed since   | the last return/report filed for | or this plan, enter the  | 4h        | EIN                                |                                   |
| -    |             |                           | mber from the last return/report.  |                                  | p,                       |           |                                    |                                   |
| а    | Sponso      | or's name                 |  |                                  |                          | 4c        | PN                                 |                                   |
| 5a   | Total r     | number of participants    | at the beginning of the plan year $\!.\!$  |                                  |                          | 5a        |                                    | 7                                 |
| b    | Total r     | number of participants    | at the end of the plan year  |                                  |                          | 5b        |                                    | 5                                 |
| С    | Numbe       | er of participants with a | account balances as of the end of  | the plan year (defined bene      | efit plans do not        | _         |                                    | _                                 |
|      |             | ,                         |  |                                  |                          | 5c        |                                    | 5                                 |
|      |             |                           | s during the plan year invested in   |                                  |                          |           |                                    | X Yes   No                        |
| b    |             |                           | the annual examination and repo<br>(See instructions on waiver eligit  |                                  |                          |           |                                    | X Yes No                          |
|      |             |                           | ther line 6a or line 6b, the plan  |                                  |                          |           |                                    | ш ш                               |
| Cau  |             |                           | or incomplete filing of this retur   |                                  |                          |           |                                    |                                   |
|      |             |                           | her penalties set forth in the instru  |                                  |                          |           |                                    | e. a Schedule                     |
| SB   | or Sche     | dule MB completed ar      | nd signed by an enrolled actuary,  |                                  |                          |           |                                    |                                   |
| beli | ef, it is t | rue, correct, and comp    | olete.   |                                  |                          |           |                                    |                                   |
| SIG  | N           | Filed with authorized/    | valid electronic signature.  | 10/08/2013                       | JAMES PARSONS            |           |                                    |                                   |
| HEI  |             |                           |  | Doto                             | +                        | lual aia  | uning on plan admini               | introtor                          |
|      |             | Signature of plan a       |  | Date                             | Enter name of individ    | iuai sig  | ning as pian admini                | ISITALOI                          |
| SIG  |             | Filed with authorized/    | valid electronic signature.  | 10/08/2013                       | JAMES PARSONS            |           |                                    |                                   |
|      |             | Signature of emplo        |  | Date                             | Enter name of individ    |           |                                    |                                   |
| Pre  | parer's i   | name (including firm n    | ame, if applicable) and address; in  | nclude room or suite numbe       | r (optional)             | Prep      | earer's telephone nu               | mper (optional)                   |
|      |             |                           |  |                                  |                          |           |                                    |                                   |
|      |             |                           |  |                                  |                          |           |                                    |                                   |
|      |             |                           |  |                                  |                          |           |                                    |                                   |
|      |             |                           |  |                                  |                          |           |                                    |                                   |

Form 5500-SF 2012 Page **2** 

| Part III   Financial Information   Teach parameters and Liabilities   Teach paramete   | Dor       | t III   Financial Information  |             | <u> </u>                        |          |         |          |                   |  |  |
|--|-----------|--|-------------|---------------------------------|----------|---------|----------|-------------------|--|--|
| a Total plan sasets. 7a 1522373 583237  b Total plan liabilities. 7b 17a 1522373 583237  b Total plan liabilities. 7b 17a 1522373 583237  c Net plan sasets (subtract tine 7b from line 7a). 7c 1522373 6852237  8 Income. Expenses. and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (b) Employers. 884(1) 19059  (2) Participants. 884(2) 6416  (3) Others (including rollovers). 884(3) 6416  (4) Other income (add lines 684(1), 68(2), 68(3), and 8b). 8b 122280  d Benefits paid (including rollovers and insurance premiums to provide benefits). 8c 6 142785  d Benefits paid (including rollovers and insurance premiums to provide benefits). 8d 680751  d Contain deemed anxiety corrective distributions (see instructions). 8e 0 1 16  d Administratus service providers (calaties, feets, commissions). 8f 1150  g Other expenses. 8d 9 0 661891  h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 661891  j Transfers to (from) the plan (see instructions). 8f 661891  j Transfers to (from) the plan (see instructions). 8f 661891  j Transfers to (from) the plan (see instructions). 8f 7 1678  d Was three a failure to transmitt of the plan any participant contributions within the time period described in 29 CFF 2510.3-1027 (See instructions and DOL's Voluntary Fiduciany Correction Program). 10a X 10a  |           | <u> </u>   |             | (a) Daniminu of Var             |          | T       |          | (h) Food of Voca  |  |  |
| b Total plan liabilities. 7b   1522373   183037  |           |  | 7-          |                                 |          |         |          |                   |  |  |
| C Net plan assets (subtract line 7 from line 7a)   |           | •  |             | 132237                          | 3        |         | 983237   |                   |  |  |
| 8 Contributions received or receivable from: (b) Employers (c) Participants. (e) Par |           |  |             | 152237                          | 73       |         | 000027   |                   |  |  |
| a Contributions received or receivable from: (1) Employers   |           | · · · · · · · · · · · · · · · · · · ·  | 70          |                                 | <u> </u> |         |          |                   |  |  |
| (1) Employers  |           |  |             | (a) Amount                      |          |         |          | (b) Total         |  |  |
| (3) Others (including rollovers)   |           |  | 8a(1)       | 1305                            | 9        |         |          |                   |  |  |
| b Cither income (loss)   |           | (2) Participants   | s           |                                 |          |         |          |                   |  |  |
| C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)   |           | (3) Others (including rollovers)   | 8a(3)       |                                 |          |         |          |                   |  |  |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)  | b         | Other income (loss)  | 8b          | 12329                           | 90       |         |          |                   |  |  |
| to provide benefits)   | С         | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |                                 |          |         |          | 142765            |  |  |
| f Administrative service providers (salaries, fees, commissions)   |           |  | 8d          | 68075                           | 51       |         |          |                   |  |  |
| g Other expenses (add lines 8d, 8e, 8f, and 8g)   8sh   681901   | e         | Certain deemed and/or corrective distributions (see instructions)  | 8e          |                                 | 0        |         |          |                   |  |  |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  | f         | Administrative service providers (salaries, fees, commissions)   | 8f          | 115                             | 50       |         |          |                   |  |  |
| i Net income (loss) (subtract line 8h from line 8c)  | g         | Other expenses   | 8g          |                                 | 0        |         |          |                   |  |  |
| Transfers to (from) the plan (see instructions)   8  | <u>h</u>  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h          |                                 |          |         |          | 681901            |  |  |
| 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 2G 2J 2R 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:  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   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    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 fidelity bond, that was caused by fraud   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 off the benefits under the plan? (See instructions).  f   Has the plan failed to provide any benefit when due under the plan?   10e   X    g   Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   | <u>_i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i          |                                 |          |         |          | -539136           |  |  |
| 9a   | <u>j</u>  | Transfers to (from) the plan (see instructions)  | 8j          |                                 | 0        |         |          |                   |  |  |
| 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   |           |  |             |                                 |          |         |          |                   |  |  |
| Part V   Compliance Questions   Test   | 9a        |  | feature co  | des from the List of Plan Char  | acteris  | stic Co | des in   | the instructions: |  |  |
| 10 During the plan year:   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  | b         | If the plan provides welfare benefits, enter the applicable welfare for  | eature cod  | les from the List of Plan Chara | cterist  | ic Coc  | les in t | he instructions:  |  |  |
| 10 During the plan year:   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  | Part      | V Compliance Questions   |             |                                 |          |         |          |                   |  |  |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  | 10        | <u> </u>   |             |                                 |          | Yes     | No       | Amount            |  |  |
| on line 10a.)  | а         |  |             |                                 | 10a      |         | X        |                   |  |  |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   | b         | , , ,  | `           | •                               | 10b      |         | X        |                   |  |  |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   | С         | Was the plan covered by a fidelity bond?   |             |                                 | 10c      | X       |          | 150000            |  |  |
| 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.)  | d         | · · · · · · · · · · · · · · · · · · ·  | -           | -                               |          |         | X        | 100000            |  |  |
| instructions.)   | е         | Were any fees or commissions paid to any brokers, agents, or oth   | ner person  | s by an insurance carrier,      |          |         |          |                   |  |  |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  |           |  |             |                                 | 10e      |         | X        |                   |  |  |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | f         | Has the plan failed to provide any benefit when due under the plan   | n?          |                                 | 10f      |         | Χ        |                   |  |  |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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  | a         | Did the plan have any participant loans? (If "Yes." enter amount a   | s of vear e | end.)                           | 100      |         | Χ        |                   |  |  |
| 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   |           | If this is an individual account plan, was there a blackout period?  | (See instru | uctions and 29 CFR              |          |         | X        |                   |  |  |
| 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)  | i         | If 10h was answered "Yes," check the box if you either provided the  | ne require  | d notice or one of the          |          |         |          |                   |  |  |
| 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)   | Dart      | 1 1 5 11   | 1-0         |                                 | 101      |         |          |                   |  |  |
| 11a Enter the amount from Schedule SB line 39  |           | Is this a defined benefit plan subject to minimum funding requirem   |             |                                 |          |         |          |                   |  |  |
| (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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver  | 11a       |  |             |                                 |          |         |          | 793 [2]           |  |  |
| 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.   | 12        | Is this a defined contribution plan subject to the minimum funding   | requireme   | ents of section 412 of the Code | e or se  | ction   | 302 of   | ERISA? Yes X 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.   |           | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,  | , as applic | able.)                          |          |         |          |                   |  |  |
|  | а         | 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 |             |                                 |          |         |          |                   |  |  |
| b Enter the minimum required contribution for this plan 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 <b>3</b> - 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 <b>3c(2)</b> E | IN(s)      | <b>13c(3)</b> PN(s) |
| Part | VIII Trust Information (optional)  |                  |            |                     |
|      | Name of trust  | <b>14b</b> ⊤     | rust's EIN |                     |

### 5500-SF Electronic Filing Authorization

Plan Name:

CANCER CARE SPECIALISTS INC PROFIT SHARING PLAN

EIN/PN:

65-0764868/001

Plan Year:

01/01/2012 - 12/31/2012

I hereby authorize Hackett Pickering Daugherty & Daugherty to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

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.

Plan Administrator

**\sign**}

(date)

Plan Sponsor

(sign)

(date)

# Form 6500-SF

Dapartment of the Treatury Internal Revenue Service

# 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 section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2012

| Department of Labor<br>Employee Banefits Security Administration    | Retirement income second Act of  | I Revenue Code (the                                      | Code).                                   |   | is Open to Public |  |  |  |
|---|--|--|--|---|-------------------|--|--|--|
| Pension Benefit Guaranty Corporation                                | ► Complete all entries in accord   | ance with the instru                                     | ictions to the Form 550                  |   |                   |  |  |  |
| Part   Annual Report Ic   | dentification information  |  |  | 12/31/2012                              |                   |  |  |  |
| For calendar plan year 2012 or fisca                                | al plan year beginning   | 01/01/2012   | and ending                               |   |                   |  |  |  |
| A This return/report is for:  |  |  | olan (not multlemployer)                 | a one-particl                           | pant pian         |  |  |  |
| B This return/report is:  |  | the final return/report                                  |  | 81- 43                                  |                   |  |  |  |
|   |  |  | m/report (less than 12 m                 |   |                   |  |  |  |
| C Check box if filing under:  | x Form 6668  | automatic extension                                      |  | DFVC progre                             | ım                |  |  |  |
| Ţ Ţ   | special extension (enter description   | )  |  |   |                   |  |  |  |
| Part   Basic Plan Infor   | mation enter all requested inform  | nation   |  | +                                       | ·                 |  |  |  |
| 1a Name of plan   |  |  |  | 1b Three-digit plan number              |                   |  |  |  |
| •   | ISTS INC PROFIT SHARING PL   | an   |  | (PN) ►                                  | 001               |  |  |  |
| CANCER CARD DEAVA-M-  | DID AND ANDRES TITLE   | <del>-</del>   |  | 1c Effective date of plan<br>01/01/1998 |                   |  |  |  |
|   |  |  | a amployer plan)                         | 2b Employer Ident                       |                   |  |  |  |
| 2a Plan sponsor's name and add<br>CANCER CARE SPECIALI              | ress; include room of suite number (en<br>CSTS INC                                   | Ablohet' it tot a sinen                                  | 3-8ttibloker burn                        | (EIN) 65-07                             |                   |  |  |  |
| •   |  |  |  | 2c Sponsor's telep                      | hone number       |  |  |  |
| 2815 S. SEACREST BLV  | ZD.  |  |  | (561) 737-                              |                   |  |  |  |
| 4018 B. HERVINDS TE.  |  |  |  | 2d Business code<br>621111              | (866 lugationore) |  |  |  |
| US BOYTON BEACH   | FL 33435   | Warra TT Comp. or.                                       | Dian Spareor Address                     | 3b Administrator's                      | EIN               |  |  |  |
| 3a Plan administrator's name and                                    | d address 🗓 Same as Plan Sponsor   | Name L Same as   | HISU Obdusor vyorees                     | Ob Matanagas                            | -11.              |  |  |  |
|   |  |  |  | 3c Administrator's                      | 18dmun enodrelet  |  |  |  |
|   |  |  |  | Or Williamsunion                        | totobusina        |  |  |  |
|   |  |  |  |   |                   |  |  |  |
|   |  |  |  |   |                   |  |  |  |
| 4 If the name and/or EIN of the                                     | plan sponsor has changed since the la  | ot return/report filed                                   | for this plan, enter the                 | Ab FIN                                  |                   |  |  |  |
| name, EIN, and the plan numb  | per from the last return/report.   |  | 1  | 4c PN                                   |                   |  |  |  |
| 8 Sponsor's name  |  |  | ····                                     | 5a                                      | 7                 |  |  |  |
| 5a Total number of participants a                                   | t the beginning of the plan year   |  | ****                                     | 5b                                      | 5                 |  |  |  |
| b Total number of participants a                                    | the end of the plan year minimum.  | mannamanamana<br>  | om njare do 00j                          |   |                   |  |  |  |
| C Number of participants with ac                                    | ecount balances as of the end of the pl  | энсиниск <del>оминали</del><br>90 дея <i>(</i> соных сес | nomination de l'est                      | 5c                                      | 5                 |  |  |  |
| Ra Ware all of the plan's assets d                                  | luring the plan year invested in eligible  | asseta? (See instruc                                     | dions.)                                  | E4442345443443414114144444444444444444  | XYes No           |  |  |  |
| h Are you claiming a waiver of the                                  | he annual examination and report of an   | n Independent qualific                                   | ed public accountant (IQI                | PA)                                     | XYes No           |  |  |  |
| under 29 CFR 2520.104-46? (   | See instructions on waiver eligibility an  | na conditions.)  | 4 114 14 14 14 14 14 14 14 14 14 14 14 1 | 3246286161131313191481161142444514      | Wigs Min          |  |  |  |
| If you answered "No" to elth  | ser line 6a or line 6b. the plan canno   | t use Form 5500-SF                                       | and must instead use                     | Form 5500.                              |                   |  |  |  |
| Caution: A penalty for the late of                                  | r incomplete filing of this return/rep   | ort will be assessed                                     | unless reasonable ca                     | USO IS OSTADIOSINA.                     | icable a Schedule |  |  |  |
|   | er penalties set forth in the Instructions<br>d signed by an enrolled actuary, as we |  | a avamined this fatilitiis               | ADOU INCHINIO. II MODII                 | y knowledge and   |  |  |  |
| SB or Schedule MB completed an belief, it is true, correct and comp | ki signed by an entoked actuary, as we   | III 88 IIIO GIGUATA                                      | 3131011 01 1110 141111111,               |   | -                 |  |  |  |
| [22] [22] [A. A. []   |  | X mieliz   | X James                                  | T. PARI                                 | ONS               |  |  |  |
| VSIGN   |  | Date   | Epler name of individua                  | al signing as plan admi                 | Inistrator        |  |  |  |
| NERE Signature of plan admir  | 118TRELOT  | X 10813  | X Jane                                   | - //                                    | 140               |  |  |  |
| Xion V  | 11/  |  | Enler name of Individua                  |   |                   |  |  |  |
| Signature of employer/  | plan sponsor<br>ame, if applicable) and address; include                             | Date   |  | Preparer's telephone                    | number (optional) |  |  |  |
| Preparer's name (including tirm ne                                  | (U)9' () abbitcasie) sun soniass' meiner   | B 100m of page name                                      | At fakeran-A                             |   |                   |  |  |  |
|   |  |  | +  | 1                                       |                   |  |  |  |
|   |  |  |  |   |                   |  |  |  |
|   |  |  | ;  |   | <b>经投资的证据</b>     |  |  |  |
| ·   |  |  |  | ACM 1885                                |                   |  |  |  |

| Pa | nt III Financial Information   | <u> </u>     |   |                 |  |           |               |   |  |
|----|--|--------------|---|-----------------|--|-----------|---------------|---|--|
| 7  | Plan Assets and Liabilities  | 75 J. J.     | (a) Beginning of Year                   |                 |  |           | (b) End of    | Year  |  |
| a  | Total plan assets  | 7a           | 1,522,3                                 | 73              |  | 983,237   |               |   |  |
|    | Total plan liabilities   | 7b           |   |                 | <u> </u>   |           |               |   |  |
|    | Net plan assets (subtract line 7b from line 7a)  | 7c           | 1,522,3                                 | 73              |  |           | 983,237       |   |  |
|    | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount                              |                 |  |           | (b) Total     |   |  |
|    | Contributions received or receivable from:   | 2 (1)        | 13,05                                   | 50              | THE PROPERTY OF THE PROPERTY O |           |               |   |  |
|    | (1) Employers  | 8a(1)        |   | 6,416           |  |           |               |   |  |
|    | (2) Participants   | 8a(2)        | 0,4.                                    |                 | 5 45 A   | 1000      |               |   |  |
|    | (3) Others (including rollovers)   | 8a(3)<br>8b  | 123,29                                  | 30              |  |           |               |   |  |
|    | Other income (loss)  | 8c           |   |                 | Estima et  |           |               | 142,765   |  |
|    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | - 60         |   | e-spect t       |  |           |               | 29年2月2日   |  |
| u  | to provide benefits)   | 8d           | 680,75                                  | 51              |  | ANTENNA N |               |   |  |
| е  | Certain deemed and/or corrective distributions (see instructions)  | 8e           |   | 0               |  | o en la   |               | iologica com                                    |  |
| f  | Administrative service providers (salaries, fees, commissions)   | 8f           | 1,15                                    |                 | 2000   |           |               | PORTONE AND |  |
| g  | Other expenses   | 8g           |   | 0               |  |           |               | 204 004   |  |
| h  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |   |                 | Š.   |           |               | 681,901   |  |
| ī  | Net income (loss) (subtract line 8h from line 8c)  | 8i <u> </u>  |   | 5.72            |  |           |               | (539,136)                                       |  |
| Ţ  | Transfers to (from) the plan (see instructions)  | <u>8j</u>    |   | 0               | <b>30%</b>   | 2 0 0 2   |               |   |  |
|    | irt IV Plan Characteristics  |              |   |                 |  |           |               |   |  |
| 9a | If the plan provides pension benefits, enter the applicable pension fe   | eature cod   | es from the List of Plan Charac         | teristi         | c Cod  | es in t   | he instructio | ns:   |  |
|    | 2A 2E 2G 2J 2R 3D  |              |   |                 |  |           |               |   |  |
| b  | If the plan provides welfare benefits, enter the applicable welfare fea  | ature code:  | s from the List of Plan Characte        | ristic          | Code   | s in th   | e instruction | s:  |  |
| Pa | irt V Compliance Questions   |              |   |                 |  |           | <u>,,,,</u>   |   |  |
| 10 | During the plan year:  |              |   |                 | Yes  | No        | A             | mount   |  |
| а  | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc  | ciary Corre  | ction Program)                          | 10a             |  | х         |               |   |  |
| b  | Were there any nonexempt transactions with any party-in-interest on line 10a.)   | ? (Do not i  | nclude transactions reported            | 10b             | _  | х         |               | 172 000   |  |
| C  | Was the plan covered by a fidelity bond?   |              |   | 10c             | X  | ļ         | <br>          | 150,000   |  |
| d  | or dishonesty?   |              | *************************************** | 10d             |  | x         |               |   |  |
| е  | insurance service or other organization that provides some or all cinstructions.)  | of the bene  | efits under the plan? (See              | 10e             | _  | х         |               |   |  |
| f  | Has the plan failed to provide any benefit when due under the plan   | n?           |   | 10f             |  | ×         |               |   |  |
| g  | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year e  | end.)                                   | 10g             |  | x_        |               | and the second second second second second      |  |
| h  |  | (See instru  | rctions and 29 CFR                      | 10h             |  | х         |               |   |  |
| ī  | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101   | ne required  | i notice or one of the                  | 10i             |  |           |               |   |  |
| Pa | rt VI Pension Funding Compliance   |              |   |                 |  |           |               |   |  |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | nents? (If " | Yes," see instructions and com          | plete           | Sched  | lule S    | B (Form       | Yes X No  |  |
| 11 | a Enter the amount from Schedule SB line 39  |              |   |                 |  | 11a       |               |   |  |
| 12 |  |              |   |                 |  | 02 of     | ERISA?        | Yes X No  |  |
|    | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below   |              |   |                 |  |           |               |   |  |
| a  | The second secon | ng amortiz   | ed in this plan year, see instruc       | tions,<br>nth _ | and e  | nter t    | ne date of th | e letter ruling<br>Year                         |  |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule  |              |   |                 |  |           |               |   |  |
| b  |  |              |   |                 |  | 12b       |               | <u> </u>  |  |
|    |  |              |   |                 |  |           |               |   |  |

|      | Form 5500-SF 2012  | Page 3-                                 |                  |           |            |            |     |
|------|--|---|------------------|-----------|------------|------------|-----|
|      | 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 (ent   | er a minus sign to th                   | e left of a      | 12d       | _          |            |     |
| е    | Will the minimum funding amount reported on line 12d be met by the funding dea   |   |                  | <u>  </u> | Yes        | □ No □ N   | I/A |
| Parf | VII Plan Terminations and Transfers of Assets  |   |                  |           |            |            |     |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?  | *************************************** |                  | ☐ Ye      | s X        | No         |     |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this ye  |   |                  | 13a       |            |            |     |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?   | another plan, or bro                    | ught under the c | ontrol    |            | Yes X      | No  |
| С    | If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.) |   |                  |           |            |            |     |
|      | I3c(1) Name of plan(s):  |   | 130              | (2) EIN(  | s)         | 13c(3) PN( | s)  |
|      |  |   |                  |           |            |            |     |
| Dari | VIII Trust Information (optional)  |   |                  |           |            |            |     |
|      | Name of trust  |   |                  | 14b T     | rust's Ell | ٧          |     |
|      |  |   |                  |           |            |            |     |

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service

▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

OMB No. 1545-0212

| Pa  | rt I Identification  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|-----|--|------------------|--------------|---|----------|-------------------------------|---------------------------|------------------|-------------------|--|--|--|
| A   | Name of filer, plan administrator, or plan sponsor (see instructions)  CANCER CARE SPECIALISTS INC   |                  |              | B Filer's identifying number (see instructions) Employer identification number (EIN)(9 digits XX-XXXXXXX) |          |                               |                           |                  |                   |  |  |  |
|     | Number, street, and room or suite no. (if a P.O. box, see instructions)  |                  | •            | 55-0  | 76486    | 8                             |                           |                  |                   |  |  |  |
|     | 2815 S. SEACREST BLVD  | _                | 5            | Social  | securit  | y number (SSN)                | (9 digits X               | XX-XX            | -XXXX)            |  |  |  |
|     | City or town, state, and ZIP code  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     | BOYTON BEACH FL 33435  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
| С   | Plan name  |                  |              | Plan  |          | Pla                           | ın year e                 | endin            |                   |  |  |  |
|     | ridii lidille  |                  | nι           | ımbı  | er       | MM                            | DD                        |                  | YYYY              |  |  |  |
|     | CANCER CARE SPECIALISTS INC PROFIT SHARING PLAN  | 0                | ,            | 0   | 1        | 12                            | 31                        | L                | 2012              |  |  |  |
| Pa  | t II Extension of Time To File Form 5500 Series, and/or Form 8955  | -SSA             |              |   |          |                               |                           |                  |                   |  |  |  |
| 1   | Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above.   | he first         | t Fo         | rm 5  | 500 s    | eries return/r                | eport for                 | the p            | an listed         |  |  |  |
| 2   | I request an extension of time until 10 / 15 / 2013 to file Form Note. A signature IS NOT required if you are requesting an extension to file F  |                  |              |   |          | structions).                  |                           |                  |                   |  |  |  |
| 3   | I request an extension of time until <u>10 / 15 / 2013</u> to file Form <b>Note.</b> A signature IS NOT required if you are requesting an extension to file F  |                  |              |   |          | ructions).                    |                           |                  |                   |  |  |  |
|     | The application <b>is automatically approved</b> to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the | is exte          | ensi         | on is   | reque    | ) the Form 5<br>ested, and (b | 558 is file<br>) the date | ed on<br>e on li | or before<br>ne 2 |  |  |  |
| Par | Extension of Time To File Form 5330 (see instructions)   |                  |              |   |          |                               |                           |                  |                   |  |  |  |
| 4   | I request an extension of time until / / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the   | 5330.<br>ne norn | nal          | due   | date c   | of Form 5330.                 |                           |                  |                   |  |  |  |
| а   | Enter the Code section(s) imposing the tax   | <b>&gt;</b>      | . [          | a   |          |                               |                           |                  |                   |  |  |  |
| b   | Enter the payment amount attached  |                  |              |   |          | . •                           | b                         |                  |                   |  |  |  |
| 5   | For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension:  | n/amer           | ndn          | nent  | date.    | . •                           | с                         |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  | <del></del>      |              |   | •••      |                               |                           | ***              |                   |  |  |  |
|     |  | •                |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  | <del>-</del> |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  | <del></del>       |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  |                   |  |  |  |
|     |  |                  |              |   |          |                               |                           |                  | <del></del>       |  |  |  |
|     | penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on  | this for         | m aı         | re true   | e, corre | ct, and complete              | , and that                | l am at          | ıthorized         |  |  |  |