For	m 5500-SF	Short Form Annual Re		of Small Employ	/ee	OMB Nos. 121 121	0-0110 0-0089
	tment of the Treasury nal Revenue Service	<b>B</b> This form is required to be filed u	enefit Plan	nd 4065 of the Employee	9	2012	
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					This Form is Open to Pul		
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.	Inspection	
Part I		entification Information					
For calenda	ar plan year 2012 or fisca	_		and ending 1	2/31/2	2012	
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan	
B This ret	urn/report is:		ne final return/report				
		an amended return/report	short plan year return	/report (less than 12 mo	onths)	_	
C Check b	box if filing under:	K Form 5558	utomatic extension			DFVC program	
		special extension (enter description)					
Part II		nation—enter all requested informati	on				
1a Name	-				1b	Three-digit plan number	
LAWRENCE	BERGMAN MD,PA PRO	DEIT SHARING PLAN				(PN) ▶ 001	
					1c	Effective date of plan	
						01/01/1991	
	consor's name and addre	ess; include room or suite number (em .A.	ployer, if for a single-	employer plan)	2b	Employer Identification Numb (EIN) 65-0221837	ber
10115 W. FC	OREST HILL BLVD., STE	E 303			2c	Sponsor's telephone numbe 561-798-5565	r
WELLINGTO	DN, FL 33414				2d	Business code (see instruction 621111	ons)
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN	
					2-	Administrator's telephone nu	
name,	EIN, and the plan numb	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the		EIN	
a Sponso					4c	PN	
		the beginning of the plan year			5a		2
		the end of the plan year			5b		2
		count balances as of the end of the pla		•	5c		2
		uring the plan year invested in eligible				X Yes	No
		e annual examination and report of an					
		See instructions on waiver eligibility an					No
		er line 6a or line 6b, the plan cannot					
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/repo r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e	examined this return/rep	ort, ir	cluding, if applicable, a Sche	
SIGN	Filed with authorized/va	lid electronic signature.	10/09/2013	LAWRENCE R. BERG	MAN		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator	
SIGN	Filed with authorized/va	lid electronic signature.	10/09/2013	LAWRENCE R. BERG	MAN		
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan spo	nsor
MICHAEL C MICHAEL C 400 COLUM			room or suite number	(optional)	Prep	arer's telephone number (opt 561-689-4093	ional)

7 Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
a Total plan assets	. 7a	92132				1070384
<b>b</b> Total plan liabilities			0			0
C Net plan assets (subtract line 7b from line 7a)	. 7c	92132	8			1070384
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)	1700	0			
(2) Participants	. 8a(2)					
(3) Others (including rollovers)	. 8a(3)					
<b>b</b> Other income (loss)	. 8b	13205	6			
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c					149056
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						
i Net income (loss) (subtract line 8h from line 8c)	. 8i					149056
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	e instructions:
Part V Compliance Questions						
10 During the plan year				Voc	No	A
	itions within th	ne time period described in		Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correc	tion Program)	10a	Yes	No X	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contribu	uciary Correct t? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes		Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correc t? (Do not inc	tion Program) lude transactions reported		Yes	х	Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> </ul>	uciary Correc t? (Do not inc fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b		х	
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	t? (Do not inc t? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c		x x	
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan base of the plan's or dishonest of the plan base of the</li></ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	
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<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a provide any participant loans? (If "Yes," enter amount a provide any participant loans?</li> </ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x x x x	
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<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X Iule SB	(Form
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3 hents? (If "Yest g requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X Iule SB	(Form
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>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.</li> <li>a If a waiver of the minimum funding standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the second standard for a prior year is being the prior year is being the more standard for a prior year is being the p</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3 hents? (If "Yes y requirements , as applicabl ng amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X X X X X 11a 302 of E	(Form
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulet Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schec	X X X X X X X X X X X IIIa 302 of E	(Form

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		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

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	m 5500-SF	Short Form Annual R	eturn/Report ( Benefit Plan	of Small Employee		OMB Nos. 1210-0110 1210-0089
	nai Rovanue Service	This form is required to be file		d 4065 of the Employee		2012
Employee B	apartment of Lebor motile Security Administration	Ratirement Income Security Act of	of 1974 (ERISA), and sec mi Revenue Code (the Ci	lons 6057(b) and 6058(a) of	This Fo	erm is Open to Public
Pension 6	enelii Guaranty Corporation	Complete all entries in accord	lance with the instru	ictions to the Form 5500-SI	-,	Inspection
Part I	Annual Report in	dentification Information				
	ar plan year 2012 or fisca		and	ending		
		a single-employer plan	a multiple-employer pi	an (not multiemployer)	a one-	participant pian
B This re	tum/report is:	die nue restauragente	the final return/report			
				n/report (less than 12 months		
C Check	box if filing under.	· • • • • • • • • • • • • • • • • • • •	automatic extension	Į	_ Devo	mangonq
		special extension (enter description	))	19 ( )		
Part II	Basic Plan Infor	mation—enter all requested infon	mation		1b	Three-digit plan
	e of plan					number (PN) > 001
	vrence Bergman I				10	Effective date of plan
Pro	ofit Sharing Pla	an				01/01/1991
-				ela ampiauat biata)	Zb	Employer Identification No.
		Iress; include room or suite number (	(employer, a for a sing	Be-entholides burnty		(EN) 65-022183
Lawi	ence R. Bergman	1, M, D, F			20	Sconsor's telephone number
* * * *		11 Blvd., Ste 303			<u> </u>	561-798-5565
					2d	Business code (see instr.)
Well	lington	FL 33414			ľ	621111
					30	Administrator's telephone number
4 Ethe	name and/or Fill of the plan	sponsor has changed since the last return	vreport filed for this plan,	enter the name, EIN,	45	EIN
enci	the nian number from the last	t return/report. a Sponsor's name	· · · · · · · · · · · · · · · · · · ·		<u>4c</u>	PN
5a Tota	al number of participants a	at the beginning of the plan year			<u>5a</u>	
b Tab	al number of participants a	at the end of the plan year				
n Nam	her of nationants with 2000.	nt balances as of the end of the plan year	(defined benefit plans do	not complete this item)	<u> </u>	
6a \A(a	no oil of the nisn's assets	during the plan year invested in elig	ible assets? (See insi	ructions.)		
<b>b</b> Are	you claiming a waiver of	the annual examination and report of	of an independent que	lillinga bonnic socociumati (Har-h	9	
und	ler 29 CFR 2520,104-46?	the annual examination and report ( (See Instructions on waiver eligibility) there are be an ince 8b, the plan ca	y and conclusions.	SE and must instead use	Form 5500	····· (********************************
lf y	ou answered "No" to el	ther line 6a or line 6b, the plan ca r incomplete filing of this return	annot use runn soo	od uniess masonable caus	a is establ	lshed.
Caution:	A penalty for the late o	er penalties set forth in the instruction	ne I declare that I ha	ve examined this return/report	including,	if applicable, a
Under pe	nations of perjury and our	plated and signed by an enrolled act	hiarv as well as the e	lectronic version of this return	report, and	i to the best of my
Şchedule	e and bellef, it is the, con	mont and applied by an original				
1	e and delier, a poter, con		[ 10/8/2013	Lawrence R. Berg	man	
Sign Here	Signature of plan-to	ininistrator	Date	Enter name of individual si		an administrator
SIGN	1 - 100	mar	10/8/2013	Lawrence R. Berg	man	
HERE	Signature of Billbloy	er/pian sponsor	Date	Enter name of individual si		
Preparer Micha	s name (including firm na el C. Becker	ume, if applicable) and address; inclu	ide roam or suits nun	tber (optional) Prep	arer's tele	phone number (optiona
Micha	el C. Becker & Columbia Drive,			56	L-689-4	093
ŀ		DT 22/00-10/0				
West	Palm Beach	<u>FL 33409-1948</u>				Form 5500-8F (20

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 6600-SF.

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Lawrence R. Bergman, M.D., P.A. Ferm 5500-SF 2012 65-0221837

Page 2-

Plan Assets and Lieblifties         Total plan flabilities         Net plan assets (subtract line 7b from line 7a).         Income, Expanses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers         (2) Participante         (3) Others (including rollovers)         Other income (loss)         Contributions received or receivable from:         (1) Employers         (2) Participante         (3) Others (including rollovers)         Other income (loss)         Contraintione (add lines 64(1), 8e(2), 8a(3), and 6b)         Benefits paid (Including direct rollovers and insurance premiums to provide benefits)         9 Certain deemed and/or corrective distributions (see instructions)         9 Other expenses (add lines 6d, 8e, 6f, and 6g)         1 Total expenses (add lines 6d, 8e, 6f, and 6g)         1 Total expenses (add lines 6d, 8e, 6f, and 6g)         1 Transfers to (from) the plan (see instructions)         2 ZE 3D         1 If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2E 3D         1 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of 2E 3D         1 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of 2E 3D         2 Wea there a failure to tran	7a 7b 7¢	(a) Beginnl	921		(b) End of Year 1070384
<ul> <li>Total plan liabilities</li> <li>Net plan assets (subtract line 7b from line 7a).</li> <li>Income, Expanses, and Transfers for this Plan Year</li> <li>Contributions received or receivable from:</li> <li>(1) Employers</li> <li>(2) Participents</li> <li>(3) Other income (loss)</li> <li>(4) Other income (loss)</li> <li>(5) Other income (loss)</li> <li>(6) Other income (loss)</li> <li>(7) Total income (loss)</li> <li>(8) Other income (loss)</li> <li>(9) Other income (loss)</li> <li>(1) Employers and insurance premiums</li> <li>(1) Employers (lines 6a(1), 8a(2), 8a(3), and 6b)</li> <li>(2) Total income (loss)</li> <li>(3) Other income (loss)</li> <li>(4) Other income (loss)</li> <li>(5) Other expenses, and/or corrective distributions (see instructions)</li> <li>(6) Other expenses</li> <li>(7) Other expenses (add lines 6d, 8e, 6f, and 8g)</li> <li>(8) Other expenses (add lines 6d, 8e, 6f, and 8g)</li> <li>(9) Other expenses (add lines 6d, 8e, 6f, and 8g)</li> <li>(1) Transfers to (from) the plan (see instructions)</li> <li>(1) Transfers to (from) the plan (see instructions)</li> <li>(2) F 3D</li> <li>(3) If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2E 3D</li> <li>(1) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of 2E 3D</li> <li>(2) Compliance Questions</li> <li>(3) During the plan year:</li> <li>(4) Was there a failure to transmit to the plan any participant contributions within the time period d 29 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program)</li> <li>(1) Were there any nonexempt transactions with any participant contributions within the section program on line 10a.)</li> </ul>	70				
<ul> <li>Net plan assets (subtract line 7b from line 7a)</li></ul>				01	0
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Part IV       Plan Characteristics         a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2E 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of 2E 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of 2E 3D         c       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of 2E 3D         Part V       Compliance Questions         During the plan year:       2         a       Was there a failure to transmit to the plan any participant contributions within the time period d 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transaction on line 10a.)	8]	Į			
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C was the plan covered by a neway bout		100	X		10000
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12 is this a defined contribution plan subject to the minimum rations a subject to the principle of the plan value of			· · · · · · · · · · · ·		1
the second and the se	ar, see	instructions,	and er	nter the	date of the letter fulin
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granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	ip to li	ne 13	, <u>(</u> ,		
b Enter the minimum required contribution for this plan year				125	<u>(  </u>