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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	ctions to the Form 550	0-SF.		peotion
Part I	Annual Report I	dentification Information					
For caler	dar plan year 2013 or fisc	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
	eturn/report is for:	an (not multiemployer)		a one-partici	pant plan		
B This	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths))	
C Chec	box if filing under:			DFVC progra	am		
		special extension (enter descript	· ·				
Part II	Basic Plan Infor	mation—enter all requested inform	nation		•		
1a Nam	•	P.A. PROFIT SHARING PLAN			1b	Three-digit plan number	
	o					(PN) •	001
		1c	Effective date o	•			
	sponsor's name and add SIA & PAIN MEDICINE,	lress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi	
1500 NOB	TU DIVIE UMV CHITE 1	102			2c	Sponsor's telep	
WEST PA	TH DIXIE HWY, SUITE 1 LM BEACH, FL 33401	103			2d		(see instructions)
3a Plan	administrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the	last return/report filed fr	or this plan enter the	4h	EIN 59-27	7500.44
nam	e, EIN, and the plan num	ber from the last return/report.	•	•	_	DNI	750941
_		OLOGY, CRITICAL CARE & PAIN N			4c	T	001
_		at the beginning of the plan year			5a	 	26
		at the end of the plan year			5b		21
		ccount balances as of the end of the	• •	•	5c		21
	•	during the plan year invested in eligi	•	•			X Yes No
		the annual examination and report of (See instructions on waiver eligibility					X Yes No
If yo	u answered "No" to eit	her line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.	
C If the	e plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution:	A penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.	
SB or Sc		er penalties set forth in the instructio d signed by an enrolled actuary, as v lete.					
SIGN	Filed with authorized/v	ralid electronic signature.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ninistrator
SIGN HERE							
		Signature of employer/plan sponsor Date Enter name of individe					
Preparer	s name (including firm na	ame, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Da	t III. Financial Information								
Pai									
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End of Year		
-	Total plan assets	7a	291596		+		3262135		
	Total plan liabilities	7b		0	+		0		
	Net plan assets (subtract line 7b from line 7a)	7c	291596	0	+		3262135		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	14069	1					
	(2) Participants	8a(2)	14523	0					
	(3) Others (including rollovers)	8a(3)		0					
-	her income (loss)								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					651711		
	Benefits paid (including direct rollovers and insurance premiums	- 00					001711		
	to provide benefits)	8d	30074	0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	479	6					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					305536		
i	Net income (loss) (subtract line 8h from line 8c)	8i					346175		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
	2A 2E 2G 2J 2R 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
Pari	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		tions withi	n the time period described in		103	140	Amount		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	, , , , ,	`	•			X			
	on line 10a.)			10b					
С	Was the plan covered by a fidelity bond?			10c	X		250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X			
	or dishonesty?			10d					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all								
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10q	X		591		
	If this is an individual account plan, was there a blackout period? (·	iog		.,	33.		
	2520.101-3.)	•		10h		X			
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	1-3		10i					
Part	<u> </u>								
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)								
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•	· · · · · · · · · · · · · · · · · · ·		, and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year	•	•			12b			

Page	3 -	1
------	-----	---

С	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	t VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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 coof the PBGC?	ontrol		Yes X No					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):	c(2) Ell	13c(3) PN(s)						
Part	VIII Trust Information (optional)								
14a	Name of trust	l 4b Tr	ust's EIN						

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information								
For o	alendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/201	3				
A T	his return/report is for. 🛛 🕱 a single-employer plan 📗	a multiple-employer	plan (not multiemployer)	a one-pa	articipant plan				
Вт	his return/report is: the first return/report	the final return/repor	t						
	an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)					
C o	heck box if filing under: 🕱 Form 5558	automatic extension		DFVC program					
_ •	special extension (enter description	1)		L '	•				
Da	Part II Basic Plan Information enter all requested information								
1a	1b Three-digit								
	,	plan numbe	er .						
	Anesthesia & Pain Medicine, P.A. Profit Shar:	ing Plan		(PN) ► 1c Effective da	001				
				01/01/19					
	Plan sponsor's name and address; include room or suite number (er	nployer, if for a singl	e-employer plan)	 	dentification Number				
	Anesthesia & Pain Medicine, PA			(EIN) 59					
				2c Sponsor's t	elephone number				
	1500 North Dixie Hwy, Suite 103			(561) 84					
				20 Business co 621111	ode (see instructions)				
	West Palm Beach FL 33401 Plan administrator's name and address X Same as Plan Sponsor	Name Same as	Plan Spanger Address	3b Administrate	ara EINI				
• u	Tan administrator 3 frame and address [25] Outrie as 1 fan oponsor	Traine Came as	I Iaii opolisoi Audiess	OD Administrati	OI S LIIV				
				30 Administratorio talente de accione					
				3c Administrator's telephone number					
	f the name and/or EIN of the plan sponsor has changed since the la	4b EIN 59-2	750941						
	name, EIN, and the plan number from the last return/report.			4 004					
	Sponsor's name Anesthesiology, Critical Care & F			4c PN 001					
	otal number of participants at the beginning of the plan year Total number of participants at the end of the plan year			5a 5b	26 21				
	Number of participants with account balances as of the end of the pla			30	21				
	complete this item)			5c	21				
6a \	Vere all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)		XYes No				
	Are you claiming a waiver of the annual examination and report of an	A PO N	•	•	Entry Policy				
	inder 29 CFR 2520.104-46? (See Instructions on waiver eligibility an	. 117771			X Yes No				
	f you answered "No" to either line 6a or line 6b, the plan cannot f the plan is a defined benefit plan, is it covered under the PBGC ins				No Not determined				
									
	ion: A penalty for the late or incomplete filing of this return/repo		·						
Unde SB o	er penalties of perjury and other penalties set forth in the instructions r Schedule MB completed and signed by an enrolled actuary, as wel	, I declare that I have Il as the electronic ve	examined this return/represent	oort, including, if ap	plicable, a Schedule				
	f, it is true, correct, and complete.	n do trio cicotrorno vo	ision of this total proport	, and to the best of	my knowledge and				
SIG	No.								
HE	3/41	Date	Enter name of individua	al eigning as plan ac	lministrator				
97800	(Ma)								
SIG		Date	Enter name of individua		er or nian enoncer				
6,13,150	arer's name (including firm name, if applicable) and address; include		ne number (optional)						
. باب	months in appropriate and address, months		\=p==================================	spaint o totopho	(optional)				
	1								
			[

P	art III Financial Information								····	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year					
a	Total plan assets	7a	2,915,9	60	3,262,135				.35	
b	Total plan liabilities	7b		0					0	
C	Net plan assets (subtract line 7b from line 7a)	7c	2,915,9	60 -		3,262,			262,1	35
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(1)	140,6	91						
	(2) Participants	8a(2)	145,2							
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	365,7	90						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1	<u> </u>	20 8 4 5 4 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	651,7	111
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	300,7	40						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	4,7	96						
g	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						. ;	305,5	36
ī	Net income (loss) (subtract line 8h from line 8c)	8i						;	346,1	75
1	Transfers to (from) the plan (see instructions)	8j		0						
Pa	irt IV Plan Characteristics		•							
	If the plan provides pension benefits, enter the applicable pension fea	atura code	ee from the Liet of Plan Charact	oriotic	Code	e in ti	ha inetructio	ne'		
Va	2A 2E 2G 2J 2R 3D 3H	ature cour	69 HOIR HIS CISCOLL IGH CHAIACE	GHOUL	Code	:S III (I	no monucia	110.		
+			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
D	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	s from the List of Plan Character	ristic	Codes	in the	e instruction	s: 		
Pa	rt V Compliance Questions	•								•
10	During the plan year:				Yes	No]	Amo	unt	
	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		(Do not i	nclude transactions reported	10b		х				
C	Was the plan covered by a fidelity bond?	********))+())*(+();*(+)*(+)*(+)*(+)*(+)*(+)*(+)*(+)*(+)*(+)	10c	х				250	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fiver dishonesty?	delity bon	d, that was caused by fraud	10d		х				<u> </u>
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of instructions.)	r persons f the bene	by an insurance carrier, ofits under the plan? (See			x				•
f	Has the plan failed to provide any benefit when due under the plan?			10f		х	1			
			· · · · · · · · · · · · · · · · · · ·				<u> </u>			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х		122122000		\$1951(Au)?	591
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		х				
i	If 10h was answered 'Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			101						
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)]Yes [X No
11:	Enter the unpaid minimum required contribution for current year from			.,,,,,,,,,,		11a		_		
12							CA2IG	<u> </u>	Yes [N N
14	Is this a defined contribution plan subject to the minimum funding re			960tt	OH 30.	Z VI E	ANDAL III		יו באַ [י	110
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а 	If a waiver of the minimum funding standard for a prior year is being granting the waiver	***********	Mon				e date of the		er ruling ar	
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	************		****		12b				

	Form 5500-SF 2013		Page 3-	_					
	Enter the amount contributed by the employer to the plan for the	his plan vear			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enegative amount)	nter the result (enter a	minus sign to the left of a		12d				
е	Will the minimum funding amount reported on line 12d be met	by the funding deadlin	e?	******	🗀	Yes	□ No	□ N/A	
Pari	VII Plan Terminations and Transfers of Ass	ets							
13a	Has a resolution to terminate the plan been adopted in any pla	n year?			☐ Ye	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the	he employer this year	410011110001110001111011101111011110111101111	541115411	13a				
b	Were all the plan assets distributed to participants or beneficia of the PBGC?		ther plan, or brought unde	the co	ntrol		☐ Yes	X No	
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to anot	her plan(s), identify the pla	n(s) to					
	3c(1) Name of plan(s):			130	(2) EIN(s)	13c(3) PN(s)	
	•								
Part	VIII Trust Information (optional)								
14a Name of trust						14b Trust's EIN			

.