Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					ė	2	2013		
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).									
	nefit Guaranty Corporation	)-SF.	1115	pection					
Part I	Annual Report Id ar plan year 2013 or fisca	entification Information al plan year beginning 01/01/2013		and ending 1	2/31/2	2012			
_	l.	· · · · ·	multiple employer pl	an (not multiemployer)	2/31/2		ant plan		
	urn/report is for:		a one-particip	bant plan					
B This return/report is: the first return/report the final return/report the final return/report as short plan year return/report (less than 12 mont)									
C Check box if filing under: X Form 5558 automatic extension					DFVC program				
	oox if filing under:								
Part II	Basic Plan Inform	special extension (enter description)							
1a Name					1b	Three-digit			
	•	DNS, INC. 401(K) SAVINGS PLAN				plan number (PN) ▶	002		
					1c	Effective date of 10/01	•		
2a Plan sp EDGEMED	oonsor's name and addre	ess; include room or suite number (emp DNS, INC.	bloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 65-08			
4800 T-REX	AVENUE				2c	Sponsor's telep 561-314			
SUITE 200 BOCA RATO	DN, FL 33431				2d	Business code ( 54151			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
name,	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the		EIN			
a Sponso		the beginning of the plan upon			4c	PN			
		the beginning of the plan year			5a		43		
		the end of the plan year			5b		45		
			• •		<b>5c</b> 3				
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)			🗙 Yes 🗌 No		
		e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No		
		er line 6a or line 6b, the plan cannot	,						
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adn	ninistrator	dual signing as plan administrator						
SIGN									
HERE	Signature of employe		Date	Enter name of individual signing as employer or plan sp					
Preparer's	name (including firm nan	ne, if applicable) and address; include r	room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

L

Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year			
a Total plan assets	7a	<b>7a</b> 15649					1831268
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)		156492	6				1831268
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a Contributions received or receivable from:	0-(1)	44709	٥				
(1) Employers		6936					
(2) Participants		0000					
(3) Others (including rollovers) b Other income (loss)		24450	q				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		21100	<u> </u>				358579
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00						000010
to provide benefits)	8d	8889	6				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	334	1				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						92237
i Net income (loss) (subtract line 8h from line 8c)	_						266342
j Transfers to (from) the plan (see instructions)	··· 8j						
b       If the plan provides welfare benefits, enter the applicable welfare         art V       Compliance Questions							
0 During the plan year:				Yes	No		Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> </ul>			10a	Yes	No X		Amount
<b>a</b> Was there a failure to transmit to the plan any participant contrib	duciary Correc st? (Do not inc	tion Program)	10a 10b	Yes			Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	duciary Correc st? (Do not inc	tion Program) lude transactions reported		Yes	Х		Amount 200
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> </ul>	duciary Correc st? (Do not inc s fidelity bond	tion Program) lude transactions reported	10b		Х		
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C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	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 of the PBGC?	control		Yes 🗙 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	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	<b>14b</b> Tru	ust's EIN					

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	n 5500-SF	Short Form Annual Re	turn/Report of enefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089					
	ent of the Treasury		2013								
Depa	Revenue Service	This form is required to be filed Retirement Income Security Act of 1	∋ (a) of								
	fits Security Administration	the internation to the internation of the internati	Revenue Code (the Co		Inspection						
		entification Information	ince with the instruct	dons to the Controlog	-01.						
For calendar	plan year 2013 or fisc	al plan year beginning 01/01/2013		and ending 1	2/31/2	013					
	<u> </u>		a multiple-employer pla	ın (not multiemployer)	[	] a one-participant plan					
B This retur	1	the first return/report tt	he final return/report								
	. [	an amended return/report	short plan year return	/report (less than 12 mo	onths)						
C Check br	x if filing under:	🕅 Form 5558	automatic extension DFVC program								
C Check box if filing under: X Form 5558 automatic extension automatic extension by vo program											
Part II	Basic Plan Infor	mation—enter all requested informat									
1a Name of				~		Three-digit					
	althcare Solutions, Inc	. 401(k) Savings Plan				(PN) 002					
						Effective date of plan 10/01/1999					
2a Plan spo	onsor's name and add	ress; include room or suite number (en		employer plan)		Employer Identification Number					
надемер He	althcare Solutions, Inc	'n			i	(EIN) 65-0820431 Sponsor's telephone number					
4800 T-Rex A	venue				2d	(561) 314-7222 Business code (see instructions)					
Suite 200 Boca Raton, F	FL 33431				L	. 541512					
3a Plan adı	ministrator's name and	i address 🗙 Same as Plan Sponsor Na	ame []]Same as Plan	Sponsor Address	36	Administrator's EIN					
4 If the na	ame and/or EIN of the	plan sponsor has changed since the la	ast return/report filed fo	r this plan, enter the	4b	EIN					
	make a substant state of the	1									
name, 3		ber from the last return/report.			4c	PN ·					
name, 3 <b>a</b> Sponso	r's name				4c 5a	PN 43					
name, 3 <b>a</b> Sponso <b>5a</b> Total ni	r's name umber of participants a	at the beginning of the plan year			5a						
name, 3 <u>a</u> Sponso <b>5a</b> Total ni <b>b</b> Total ni <b>c</b> Numbe	r's name umber of participants a umber of participants a r of participants with a	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the p	lan year (defined bene	fit plans do not	5a	43					
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Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a Total plan assets	7a		1564926			1831268			
b Total plan llabilities	7Ь								
C Net plan assets (subtract line 7b from line 7a)		1564926	1564926		1831268				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:				97		n an an an Thank an an ann an Air. Tha ann an an an an an Air ann an Air			
(1) Employers	8 <u>a(1)</u>	44709			<u>na de la companya de</u> Esta de la companya d				
(2) Participants	8a(2)	69361							
(3) Others (including rollovers)	8a(3)	0.447.02		1999 1997	• •				
b Other income (loss)	d8	244509			358579				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>					358579			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	86896	88896			na da porta de la composición de la com La composición de la c La composición de la c			
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	<u>8</u> f	3341	3341			na se angles angles Brits ang angles ang			
g Other expenses	- 8g			<u> </u>		<u>an an a</u>			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	n an		<u>.</u>		92237			
i Net income (loss) (subtract line 8h from line 8c)	81		- in .	-	266342				
J Transfers to (from) the plan (see instructions)	8]					and the second			
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:         2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part V Compliance Questions									
10 During the plan year:				Yes	No	Amount			
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fid	luciary Cor	rection Program)	10a		x				
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		x				
C Was the plan covered by a fidelity bond?			10c	x		200000			
Cl Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		х				
e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al	ther perso I of the be	ns by an insurance carrier, nefits under the plan? (See	10e	x		8787			
instructions.)					x				
f Has the plan failed to provide any benefit when due under the pl			10f		L^				
g Did the plan have any participant loans? (If "Yes," enter amount			10g	X		15300			
h if this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	ļ 	x	e Maria da Arabia da Brazilia. Antes da Arabia da Arabia			
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require 01-3 <u></u>	ed notice or one of the	10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and cor	nplete	Sche	dule SE	3 (Form			
11a Enter the unpaid minimum required contribution for current year					11a				
12 Is this a defined contribution plan subject to the minimum fundin	g requiren	nents of section 412 of the Cod	e or <u>s</u>	ection	302 of	ERISA? Yes X No			
(If IIV on I complete line 12e or lines 12b, 12c, 12d, and 12e below	w. as appli	icable.)							
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amort	ized in this plan year, see instru Mo	nun	3, and	enter ti Day	ne date of the letter ruling			
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	uie MB (Fe	orm 5500), and skip to line 13							
b Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this plan year	12¢		
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).	12đ		
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 🗶 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	3c(2) E	IN(\$)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
<u>1 </u>	Name of trust	<b>14b</b> T	rust's EIN	······