Foi	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	This form is required to be fi		nd 4065 of the Employe	e		2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058	(a) of This Form is Open to Public Inspection				
Pension B	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.	Ins	spection		
Part I		entification Information							
For calend	ar plan year 2013 or fisca		)13	and ending 1	2/31/20	)13			
A This re	turn/report is for:	a single-employer plan		an (not multiemployer)	L	a one-partici	pant plan		
<b>B</b> This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report		n/report (less than 12 mo	onths)	7 ·-			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
Part II	Pasia Blan Inform	special extension (enter descrip nation—enter all requested infor	,						
1a Name		nation—enter all requested infor	mation		1h -	Three-digit			
	IEALTH SERVICES INC	401(K) PLAN				blan number			
						PN) 🕨	001		
					1c [	Effective date o			
2a Plan s	ponsor's name and addr	ess; include room or suite number	(employer, if for a single-	emplover plan)	2b ⊦		/2008 fication Number		
	HEALTH SERVICES, INC						48127		
1111 KANE	CONCOURSE				2c S	Sponsor's telep 305-86			
SUITE 501	OR ISLANDS, FL 33154				2d E	Business code	(see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	<b>3</b> b /	Administrator's			
RX HOME HE	ALTH SERVICES, INC.		CONCOURSE		20		48127		
		SUITE 501 BAY HARBC	R ISLANDS, FL 33154		36 /	305-86	telephone number 5-2244		
name		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	r this plan, enter the	4b				
		the beginning of the plan year			40 F		1		
		the end of the plan year			5a 5b		1		
		count balances as of the end of the							
comp	lete this item)			•	5c		1		
		uring the plan year invested in elig					X Yes No		
		e annual examination and report of See instructions on waiver eligibilit					X Yes 🗌 No		
	,	er line 6a or line 6b, the plan car	• •						
<b>c</b> If the	plan is a defined benefit	blan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .	🗍 '	Yes No	Not determined		
Caution: A	A penalty for the late or	incomplete filing of this return/r	eport will be assessed	unless reasonable cau	se is e	stablished.			
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, inc	luding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	10/10/2014	DRAKE TORRADO					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sign	ing as plan adr	ministrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sign	ing as employe	er or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address; incl	ude room or suite numbe	r (optional)	Prepa	rer's telephone	number (optional)		

Pa	t III Financial Information	-											
7	Plan Assets and Liabilities	(a) Beginning of Yea	ır	(b) End of Year									
а	Total plan assets	7a	1199	3				13010					
b	Total plan liabilities	7b		0				0					
С	Net plan assets (subtract line 7b from line 7a)	7c	1199	11993					13010				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) 1	otal						
а	Contributions received or receivable from:	0-(1)											
	(1) Employers	8a(1)											
	(2) Participants (a) Others (including rollovers)	8a(2) 8a(3)	101	7									
	Other income (loss)												
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c						1017					
_	Benefits paid (including direct rollovers and insurance premiums							1011					
	to provide benefits)	8d											
е	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)	8h						0					
	Net income (loss) (subtract line 8h from line 8c)	8i						1017					
J	Transfers to (from) the plan (see instructions)	8j											
	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Chara	acteristic (	Codes in	the instruc	ctions	:					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic C	odes in f	he instruct	ions:						
							ionio.						
Part	V Compliance Questions												
10	During the plan year:			Ye	s No		Amo	ount					
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a	×								
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b	Х								
c	Was the plan covered by a fidelity bond?			10c	Х								
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		~								
	or dishonesty?			10d	X								
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all				~								
	instructions.)			10e	Х								
f	Has the plan failed to provide any benefit when due under the pla	n?		10f	X								
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х		_		_	-			
h	· · · · · · · · · · · · · · · · · · ·	•			х								
<del></del>	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h									
I	exceptions to providing the notice applied under 29 CFR 2520.10			10i									
Part	VI Pension Funding Compliance					-							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes		No			
11a	Enter the unpaid minimum required contribution for current year fr				11a								
12	Is this a defined contribution plan subject to the minimum funding		· · · · · ·			FRISA?	ГГ	Yes	XN	No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				. 502 01								
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		d enter t Dav		he le Yea		ing				
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1	_ Day		i ed	·					
-	Enter the minimum required contribution for this plan year				12b								

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	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		[] Y	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 <b>c(2)</b> El	N(s)	130	<b>:(3)</b> PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> ⊺r	ust's EIN		

1	0-	0	9-	1	4	;	02	ł	4	5F	РM	;
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Form 5500-SF											
	Short Form Annual	Return/Report o Benefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emp										
Department of Labor Employee Benefits Security Administration	Employee Banafits Security Administration the Internal Revenue Code (the Code).										
Pension Benefit Guaranty Corperation	Complete all entries in acce	ordance with the instruc	tions to the Form \$500	-SF.	Inspection						
	Ientification Information										
For calendar plan year 2013 or fisc	ai pian year beginning ( X a single-employer plan (	01/01/2013	and ending	r	12/31/2013						
			an (not multlemployer)	1	a one-participant plan						
B This return/report is:	the first return/report	the final return/report									
	an amended return/report		/report (less than 12 mo	nths)	7						
C Check box if filing under:	X Form 5558	automatic extension		l	DFVC program						
Devil Desis Dive L	special extension (enter descrip				,						
Part II   Basic Plan Inform 1a Name of plan	mation-enter all requested infor	mation		15	Three-digit						
RX HOME HEALTH SERVI	CES INC 401(K) PLAN			10	plan number						
					(PN) > 001						
			Effective date of plan								
2a Plan sponsor's name and addr RX HOME HEALTH SERVIC		(employer, if for a single-	employer plan)		Employer Identification Number (EIN) 20-4148127						
			-		Sponsor's telephone number						
1111 KANE CONCOURSE					305-865-2244						
SUITE 501					Business code (see instructions)						
BAY HARBOR ISLANDS 3a Plan administrator's name and	FL 33154		Sponsor Address	621610							
RX HOME HEALTH SERVIC		r Name 🔲 Same as Plan	Sponsor Address	3b Administrator's EIN 20-4148127							
IG HONE HEADIN DERVIC	<i>,</i> ,			3c Administrator's telephone number							
1111 KANE CONCOURSE		1		:	305-865-2244						
SUITE 501											
BAY HARBOR ISLANDS	FL 33154										
4 If the name and/or EtN of the p	plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN						
name, EIN, and the plan numb a Sponsor's name	per from the last return/report.			4c	PN						
5a Total number of participants at	t the beginning of the plan year										
	t the end of the plan year		L	5b							
	count balances as of the end of the		•	50							
			'	5c							
6a Were all of the plan's assets d	during the plan year invested in elig ne annual examination and report o				X Yes 🗌 No						
under 29 CFR 2520,104-46? (	See instructions on waiver eligibilit	y and conditions.)									
-	ier line 6a or line 6b, the plan car										
C If the plan is a defined benefit p	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No Not determined						
Caution: A penalty for the late or	incomplete filing of this return/r	eport will be assessed i	unless reasonable cau	se is (	established.						
Under penalties of perjury and othe SB or Schedule MB completed and holiaf it is transformed and	signed by an eqrolled actuary, as										
belief, it is pre, covect, and comple											
			DRAKE TORRADO								
		/ / / / / / · ·		al ala	-1						
SIGN HERE Signature-of plan adm	ninistrator	Dat <i>≠ 0/9/14</i>	Enter name of individu	រងា ទាព្វ	ning as plan administrator						
HERE Signature of plan adm SIGN											
HERE Signature of employee	er/plan sponsor	Date	Enter name of individu	ual sig	ning as plan administrator ning as employer or plan sponsor arer's telephone number (optional)						
HERE Signature of employee	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor						
HERE Signature of plan adm	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor						

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 Page **2** 

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7	rt III Financial Information									
	Plan Assets and LiabIlities		(a) Beginning of Yea	Т	(b) End of Year					
a	Total plan assets	7a		11993						
	Total plan llabilities	7b			0			0		
	Net plan assets (subtract line 7b from line 7a)	7c		1199	3			13010		
8	Income. Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota			
a	Contributions received or receivable from:						<u> </u>			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers).	6a(3)		101	7					
	Other income (loss)	86			_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1017		
þ	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					•			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
i	Net Income (loss) (subtract line 8h from line 8c)	Bi			+			1017		
ĵ	Transfers to (from) the plan (see instructions)	81			-					
Pa	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in t	the instructio	ns:		
ь	If the plan provides welfare benefits, enter the applicable welfare for	ature cod	es from the List of Plan Cherac	<b>te</b> risți	c Çod	es in th	e instruction	\$;		
			<b></b>							
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Ai	mount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		х				
,	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10Б		x				
c	Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?				**				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					x				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10c						
	or dishonesty?	fidelity bor	nd, that was caused by fraud	10c 10d		x		- 10000007		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor ter persons of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See			x		- 1100000		
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	fidelity bor her persons of the bon	nd, that was caused by fraud s by an insurance carrier, ofits undor the plan? (See	10d	· · · · · · · · · · · · · · · · · · ·	x x				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bor her persons of the bon n7	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10d 10a 10f	· · · · · · · · · · · · · · · · · · ·	x x x x				
- - - - - - - - - - - - - - - - - - -	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a if this is an individual account plan, was there a blackout period? (If	fidelity bor of the ben n7 s of year e (See instru	nd, that was caused by fraud s by an insurance carrier, ofits undor the plan? (See nd.)	10d 10a 10f 10g	· · · · · · · · · · · · · · · · · · ·	x x x				
- - - - - - - - - - - - - - - - - - -	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a if this is an individual account plan, was there a blackout period? ( 2520.101-3.)	fidelity bor er persons of the ben of year e (See instru- ne required	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10d 10a 10f 10g 10h		x x x x x x				
f f h i	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? ( 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bor er persons of the ben of year e (See instru- ne required	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10d 10a 10f 10g		x x x x x x				
 f 	or dishonesty?     Were any fees or commissions paid to any brokers, agents, or oth     insurance service, or other organization that provides some or all     Instructions.)     Has the plan failed to provide any benefit when due under the plan     Did the plan have any participant loans? (If "Yes," enter amount and     If this is an individual account plan, was there a blackout period? (2520.101-3.)     If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10     VI   Pension Funding Compliance     Is this a defined benefit plan subject to minimum funding requirem	fidelity bor her person: of the ben of the ben of the ben s of year e (See instru- te required 1-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR s notice or one of the Yes," see instructions and com	10d 10f 10g 10h 10l	Schec	x x x x x x x				
	or dishonesty?     Were any fees or commissions paid to any brokers, agents, or oth     insurance service, or other organization that provides some or all     Instructions.)     Has the plan failed to provide any benefit when due under the plan     Did the plan have any participant loans? (If "Yes," enter amount and     If this is an individual account plan, was there a blackout period? (2520.101-3.)     If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10     VI   Pension Funding Compliance	fidelity bor lier person: of the ben s of year e (See instru- ne required 1-3 onts? (If ")	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR s notice or one of the Yes," see instructions and com	10d 10f 10g 10b 10b		x x x x x x x	(Form			
	or dishonesty?     Were any fees or commissions paid to any brokers, agents, or oth     insurance service, or other organization that provides some or all     Instructions.)     Has the plan failed to provide any benefit when due under the plan     Did the plan have any participant loans? (If "Yes," enter amount and     If this is an individual account plan, was there a blackout period?     2520.101-3.)     If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10     VI   Pension Funding Compliance     Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bor of the ben of the ben s of year e (See instru- te required 1-3 ants? (If ")	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR s notice or one of the Yes," see instructions and corr ule SB (Form 5500) line 39	10d 10f 10g 10h 10h	)	x x x x x x x sule SB		Yes No		
e f g h i 11 112	or dishonesty?     Were any fees or commissions paid to any brokers, agents, or oth     insurance service, or other organization that provides some or all     Instructions.)     Has the plan failed to provide any benefit when due under the plan     Did the plan have any participant loans? (If "Yes," enter amount and     If this is an individual account plan, was there a blackout period? (2520.101-3.)     If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101     VI   Pension Funding Compliance     Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)     Enter the unpaid minimum required contribution for current year fr     Is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	fidelity bor her person of the ben of the ben s of year e (See instru- te required 1-3 ants? (If " om Sched requireme as applica	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See ind.) itclons and 29 CFR it notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 onts of section 412 of the Code able.)	10d 10f 10f 10g 10h 10i	) ction :	X X X X X X Ule SB	ERIŞA? .,	Yes X No		
e f g h i 11 112	or dishonesty?     Were any fees or commissions paid to any brokers, agents, or oth     insurance service, or other organization that provides some or all     Instructions.)     Has the plan failed to provide any benefit when due under the plan     Did the plan have any participant loans? (If "Yes," enter amount and     If this is an individual account plan, was there a blackout period? (2520.101-3.)     If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101     VI   Pension Funding Compliance     Is this a defined benefit plan subject to minimum funding requirem \$500) and line 11a below)     Enter the unpaid minimum required contribution for current year fr     Is this a defined contribution plan subject to the minimum funding	fidelity bor her persons of the ben of the ben s of year e (See instru- te required 1-3 onts? (If "" om Sched requireme as applica	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR s notice or one of the Yes," see instructions and corr ule SB (Form 5500) line 39 onts of section 412 of the Code able.) ed in this plan year, see instructions	10d 10e 10f 10g 10h 10l 10l	) ction :	X X X X X X Ule SB	ERISA? .,	Yes X No		
e f g h i 11 11a 12 a 	or dishonesty?	fidelity bor her person: of the ben s of year e (See instru- ne required 1-3 onts? (If ") om Sched requireme as applica ng amortiza	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) into and 29 CFR if notice or one of the Yes," see instructions and com ule S8 (Form 5500) line 39 onts of section 412 of the Code able.) ed in this plan year, see instruc- 	10d 10o 10f 10g 10h 10i 10i e or se ctions, th	ction : and e	X X X X X X Jule SB Jule SB	ERISA? .,	Yes X No		

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Form 5500-SF 2013

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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					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	t	<b>v</b> 0	N/A
Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?		X	Yes		No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					ō
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the c	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 p which assets or liabilities were transferred. (See instructions.)	blan(s) t	io					
13c(1) Name of plan(s):	1	3c(2) E	IN(s	)		13c(3)	PN(s)
					1		
Part VIII Trust Information (optional)							
14a Name of trust		14b 1	frust	's EIN	i		