For	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2014									
Employee B	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal This Form is Open to Employee Benefits Security Administration Revenue Code (the Code). Public Inspection								
Pension Benefit Guaranty Corporation Public Inspection Public Inspection									
Part I		dentification Information			04/0044				
For calenda		cal plan year beginning 01/01/2014	1	6	31/2014	Line daily have according to the set of the			
	urn/report is for: urn/report is	A single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report							
		an amended return/report a short plan year return/report (less than 12 months)							
C Check I	oox if filing under:								
		special extension (enter description	on)						
Part II	Basic Plan Infor	mation—enter all requested inform	nation						
1a Name	of plan	P.A. PROFIT SHARING PLAN			(PN)	number 001			
	consor's name and add A & PAIN MEDICINE, F	ress; include room or suite number (employer, if for a single	-employer plan)	2b Emp (EIN)	01/01/1987 loyer Identification Number) 59-2750941			
1500 NORTH	1500 NORTH DIXIE HWY, SUITE 103								
WEST PALM BEACH, FL 33401 2d Business code (see instructions) 621111									
3a Plan administrator's name and address Same as Plan Sponsor.						3b Administrator's EIN			
3c Administrator's telephone number									
	name, EIN, and the plan number from the last return/report. a Sponsor's name ANESTHESIOLOGY, CRITICAL CARE & PAIN MANAGEMENT CONSULTANTS, P.A. 4C PN 001								
	5a Total number of participants at the beginning of the plan year								
b Total number of participants at the end of the plan year									
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)									
d(1) Total number of active participants at the beginning of the plan year									
d(2) Total number of active participants at the end of the plan year									
P Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested									
Caution: A Under pena SB or Sche	penalty for the late of alties of perjury and othe dule MB completed an true, correct, and comp	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as w lete.	port will be assessed ns, I declare that I have	unless reasonable cau examined this return/rep	oort, includii	ng, if applicable, a Schedule			
SIGN HERE Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator									
					as plan administrator				
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employed									
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)						s telephone number (optional)			

	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c Yes No c Yes No c Yes No c Yes No 						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	021)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	32621	35			3506725
b	Total plan liabilities	7b		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	32621	35			3506725
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
	Contributions received or receivable from:						
	1) Employers			90 855			
	(2) Participants	8a(2)	520				
	(3) Others (including rollovers)	8a(3)	4000	0	_		
	Other income (loss)	8b	1282	200	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		282245
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	319	32			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f	56	673			
	Administrative service providers (salaries, rees, commissions) 01						
	Other expenses						37655
	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8j						244590
	Part IV Plan Characteristics						
b	 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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						No	Amount
а						Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х	
С	Was the plan covered by a fidelity bond?			10c	x		250000
d				10d		х	
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.)					х	
f						Х	
g				10f 10g	Х		0
5 h				TUg	~		
i	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		Х	
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						

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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		
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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annua	Return/Report Benefit Plan	of Small Employ	vee		OMB Nos 1210-0110 1210-0089
Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2014					
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Inspection						
	Complete all entries in ac optification Information	cordance with the instru-	uctions to the Form 550	0-SF.		
For calendar plan year 2014 or fisca	lentification Information	01/01/2014	and ending	12/	/31/2014	
	7	-				ex must attach a list
This return/report is for:						
B This return/report is:	the first return/report	the final return/repor	L			
L	an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)	w.	
C Check box if filing under:	Check box if filing under: Form 5558 automatic extension DFVC program					am
	special extension (enter descr	iption)				
Part II Basic Plan Inform	mation enter all requested	information		411. 		
1a Name of plan					hree-digit	
Anesthesia & Pain Me	dicine, P.A. Profit S	haring Plan			lan number PN) ►	001
					ffective date o 1/01/1987	f plan
2a Plan sponsor's name and addr Anesthesia & Pain Me	ess; include room or suite numb	er (employer, if for a singl	e-employer plan)			ification Number
Miestnesia a fain Me	dicine, rA			1 es - 24	EIN) 59-27	
1500 North Dixie Hwy, Suit	o 103				ponsor's telep 561) 848-	hone number 3861
					usiness code 21111	(see instructions)
US West Palm Beach FL 3340 3a Plan administrator's name and		onsor Name		104	and the states	EIN
	3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN					
4 If the name and/or EIN of the p	lan sponsor has changed since	the last return/report filed	for this plan, enter the		N 59-2750	telephone number
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name Anesthesiology, Critical Care & Pain Management Consultants, 4c PN 001 						
				4c Pl	N 001	
Total number of participants at the beginning of the plan year						
b Total number of participants at the end of the plan year 5b 23 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c					23	
complete this item) 5c 22						22
d(1) Total number of active participants at the beginning of the plan year						16
d(2) Total number of active participants at the end of the plan year						
e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0						
Caution: A penalty for the late or	No. 1 March 1994 And			use is es	stablished.	
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	r penalties set forth in the instru signed by an enrolled actuary, a	ctions. I declare that I hav	e examined this return/re	port incl	uding, if appli	cable, a Schedule y knowledge and
SIGN		4/22/15	Sheldon Regenbau	ım		
1 Mar						instrator
SIGN HERE Signature of employer/p	lan sponsor	Date	Enter name of individua	10 M2 10	as employer	or plan sponsor
Preparer's name (including firm nar		nclude room or suite num			ALL CALLS IN A REAL PROPERTY AND	number (optional)
For Paperwork Reduction Act No						orm 5500-SE (2014)

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X Yes No

	6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	
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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) XYes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	ni)			(b) End of Year
a	Total plan assets	7a	3,262,1	35			3,506,725
-	Total plan liabilities	7b	-//-	0			0,000,120
	Net plan assets (subtract line 7b from line 7a)	7c	3,262,1		-		3,506,725
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		-		(b) Total
	Contributions received or receivable from:		(u) Anount		1000		
(1) Employers	8a(1)	101,1	90		-	
(2) Participants	8a(2)	52,8	55		Stat.	
((3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	128,20	00	100-D		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		di gradati	-		282,245
	Benefits paid (including direct rollovers and insurance premiums				10000	Contraction of	202,245
t	o provide benefits)	8d	31,93	32			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f /	Administrative service providers (salaries, fees, commissions)	8f	5,6	73		1	
	Other expenses	8g		50		Care the second	
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					37,655
	Net income (loss) (subtract line 8h from line 8c)	8i		See.	-		244,590
				0	1000	× 3.50	244,000
Contraction in the	Transfers to (from) the plan (see instructions)	8j		0	in see	19-000	
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x	
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not incl	ude transactions reported				
	on line 10a.)			10b		x	
						250,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all einstructions.)	of the benefit	s under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					(
h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g x If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h x 2520.101-3.) 10h x						
	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						
i				10i			
	exceptions to providing the notice applied under 29 CFR 2520.101			10i			
	exceptions to providing the notice applied under 29 CFR 2520.101	ents? (If "Ye	s," see instructions and com	plete			3 (Form
Part 11	exceptions to providing the notice applied under 29 CFR 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ye	s," see instructions and com	plete	 T		3 (Form
Part 11	exceptions to providing the notice applied under 29 CFR 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s." see instructions and com SB (Form 5500) line 39	plete			Yes X No
Part 11 11a	exceptions to providing the notice applied under 29 CFR 2520.101 t 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 free	ents? (If "Ye om Schedule requirements	s," see instructions and com SB (Form 5500) line 39 of section 412 of the Code	plete			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 _____

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.
b 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	
d Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount)	t (enter a minus sign to the left of a
e Will the minimum funding amount reported on line 12d be met by the fundir	
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	
b Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	
c If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN