Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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).

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

e Employee Retirement 201

5b

5c

5d(1)

5d(2)

5e

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: 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 **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit HEART CENTER OF CHARLOTTE, P.A. 401(K) PROFIT SHARING PLAN AND TRUST plan number (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number HEART CENTER OF CHARLOTTE, P.A. (EIN) 65-1109372 Sponsor's telephone number 941-625-6223 4161 TAMIAMI TRAIL, SUITE 802 PORT CHARLOTTE, FL 33952 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a

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 in true, correct, and complete

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2015	VICTOR N. HOWARD, M.D.				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

b Total number of participants at the end of the plan year.....

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

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

9

0

0

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							<u>.</u>	′es [′es [No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No	Not de	termir	ned
Par	t III Financial Information	1	1							
_7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End			
	Total plan assets	7a	9044					94	46433	
	Total plan liabilities	7b	004	0	-			0	0	
	Net plan assets (subtract line 7b from line 7a)	7c	9044	+00					46433	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	567	718						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						į	56718	
	Benefits paid (including direct rollovers and insurance premiums	0.1	132	246						
	to provide benefits)	8d	102	0						
	Certain deemed and/or corrective distributions (see instructions)	8e 8f	15	507						
	Administrative service providers (salaries, fees, commissions)			0						
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							14753	
	Net income (loss) (subtract line 8h from line 8c)	8i					41965			
	Transfers to (from) the plan (see instructions)	8i		0						
Par	, , , , , ,	l oj								
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	tic Cod	les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					3400
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							\	'es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule 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 :	302 of	ERISA?	١	′es 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 lette Year _	r ruling	3

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lf :	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			
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	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes N	10	
	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 PBGC?	e 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report	Identification Information	1						
For calendar plan year 2014 or f		01/01/2014	and ending	12/31/201	4			
A This return/report is for:								
	a one-participant plan the first return/report	a foreign plan the final return/report						
B This return/report is								
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filling under:	X Form 5558	automatic extension		DFVC progra	am			
	special extension (enter desc	oription)						
Part II Basic Plan Info	ormation—enter all requested In	nformation						
1a Name of plan				1b Three-digit				
Heart Center of Cha	rlotte, P.A. 401(k)	Profit		plan number (PN) ▶	001			
Sharing Plan and Tr	rust			1c Effective date of 01/01/2002	f plan			
2a Plan sponsor's name and ad Heart Center of Cha	ddress; include room or suite numl	oer (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 65–1109372				
Heart Center Of Cha	ullocce, P.A.			2c Sponsor's telep				
				(941) 625-				
4161 Tamiami Trail,	Suite 802			2d Business code				
Port Charlotte		F1.	33952	621111				
3a Plan administrator's name a	nd address XSame as Plan Spor	esor.		3b Administrator's EIN				
4 If the name and/or EIN of the	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN							
name, EIN, and the plan nu a Sponsor's name	umber from the last return/report.		•	4c PN				
5a Total number of participants	s at the beginning of the plan year			. 5a	11			
b Total number of participants	s at the end of the plan year			. 5b	9			
complete this item)	account balances as of the end o			. 5c	9			
•	articipants at the beginning of the p			5d(1)				
d(2) Total number of active p	articlpants at the end of the plan ye	ear		5d(2)	0			
e Number of participants that the less than 100% vested	terminated employment during the	plan year with accrued bene	efits that were	5e	0			
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established.				
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic ver	examined this return/resion of this return/repo	eport, including, if applice rt, and to the best of my	eable, a Schedule knowledge and			
sign July 7	Towar	10-5-15	Victor N. Hou	ward, M.D.				
HERE Signafure of plan								
SIGN Victor N. Howard, M.D.								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp								
	name, if applicable) and address (Preparer's telephone				

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 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann 	an indepe and condi ot use Fo	ndent qualified public accounta itions.) orm 5500-SF and must instea	int (IC	QPA) • Form	ı 5500	······································		Yes	No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance	program (see ERISA section 4	021)?	·	Yes	No [Not	deter	mined
Part III Financial Information					***************************************			SOLAR PROPERTY AND ADDRESS OF THE PARTY AND AD	
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	d of Ye	ear	***************************************
a Total plan assets	7a	904	1,46	68				94	16,433
b Total plan liabilities	7b			0	*******				(
C Net plan assets (subtract line 7b from line 7a)	7с	904	1,46	58				94	16,433
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	************************			(b)	Total	***********	
Contributions received or receivable from: (1) Employers	8a(1)			0					
(2) Participants.	8a(2)		***************************************	0		With the second			
(3) Others (including rollovers)	8a(3)			0		1:			
b Other income (loss)	8b	ς,	5 , 71		****	***************************************			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			. 0			i	E	56,718
d Benefits paid (including direct rollovers and insurance premiums	- 00	CONTROL OF THE CONTRO							70,710
to provide benefits)	8d	13	3,24	16					
e Certain deemed and/or corrective distributions (see instructions)	8e			0	niquicon que no constante e				
f Administrative service providers (salaries, fees, commissions)	8f		1,50)7	·	-			
g Other expenses	8g			0	-				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				·····		-]	14,753
i Net income (loss) (subtract line 8h from line 8c)	8i							4	11,965
j Transfers to (from) the plan (see instructions)	8j			0		1.3			
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature cod	les from the List of Plan Charac	cteris	tic Cod	les in t	he instruc	tions:		
10 During the plan year:				Yes	No	1	Amo	unt	
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			10a		Х				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х				10	0,000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х					3,400
f Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as	of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period? (f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	d notice or one of the	10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements 5500 and line 11a below)							П	Yes	☐ No
11a Enter the unpaid minimum required contribution for current year from	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	302 of	ERISA?		Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u></u>			
If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				, and e	enter th Day		the let Year		ing

	Form 5500-SF 2014	Page 3 -								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and skip to line 13						***************************************		
b	Enter the minimum required contribution for this plan year			12b						
С	Enter the amount contributed by the employer to the plan for this plan	ı year		12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			12 d						
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			Y	'es [] No [N/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	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									
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					ontrol Yes X No					
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify	the plan(s)	to						
	13c(1) Name of plan(s):		1	3c(2) El	IN(s)		13c(3) PN(s)			
Part	VIII Trust Information (optional)						<u> </u>	***************************************		
				14b Trust's EIN						