Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

2b Employer Identification Number (EIN)
59-3598056

2c Plan Sponsor's telephone number
850-219-1938

2d Business code (see instructions)
621111

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/12/2016	KELBY TARDI
	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 sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	324
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	231
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	254
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	373
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	373
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	373
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	32
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2D 2E 2F 2G 2J 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 28 33 49 50 52 54 55 59 63 64 65 71 72 99	INVESTMENT ADVISORY	76045	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

NORTH AMERICAN KTRADE ALLIANCE, LLC

32-0169277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 18 59 60 63 64	RECORDKEEPER	24819	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

NILES LANKFORD GROUP

35-1580587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	15793	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EDWARD D. JONES & CO., L.P.

43-0345811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63	INVESTMENT ADVISORY	1930	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1168328	1255655
(2) Participant contributions	1b(2)	18814	29604
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23852407	24012623
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25039549	25297882
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25039549	25297882

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1254890	
(B) Participants	2a(1)(B)	1018190	
(C) Others (including rollovers)	2a(1)(C)	82481	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2355561
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	588134	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		588134
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-260821	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-260821
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1004383
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1678491
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1381717	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1381717
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	24174	
(2) Contract administrator fees	2i(2)	13979	
(3) Investment advisory and management fees	2i(3)	288	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		38441
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1420158
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		258333
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THOMAS HOWELL FERGUSON, PA **(2)** EIN: 59-3186310

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X			17513
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 26-0010549 59-3598054

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Financial Statements
and Supplemental Schedules

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Years ended December 31, 2015 and 2014
with Report of Independent Auditors

Thomas Howell Ferguson P.A.
Certified Public Accountants

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2015 and 2014

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Report of Independent Auditors

To the Participants and Plan Administrator of the
Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the year ended December 31, 2015, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets Held at End of Year and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, as of or for the year ended December 31, 2015, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Thomas Howell Ferguson P.A.

Tallahassee, Florida
August 23, 2016

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments at fair value	**$ 24,012,623**	$ 23,992,032
Receivables:		
Employer contributions	**1,255,655**	1,168,328
Participant contributions	**29,604**	18,814
Total receivables	**1,285,259**	1,187,142
Total assets	**25,297,882**	25,179,174
Liabilities	**-**	-
Net assets available for benefits	**$ 25,297,882**	$ 25,179,174

See accompanying notes.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2015

Additions to net assets attributed to:	
Interest income:	
Interest and dividends	**$ 448,419**
Net depreciation in fair value of investments	**(1,266,316)**
	(817,897)
Contributions:	
Employer	**1,255,655**
Participant	**1,018,190**
Rollovers	**82,481**
	2,356,326
Total additions	**1,538,429**
Deductions from net assets attributed to:	
Benefits paid to participants	**1,381,717**
Administrative expenses	**38,004**
Total deductions	**1,419,721**
Net increase in net assets available for benefits	**118,708**
Net assets available for benefits:	
Beginning of year	**25,179,174**
End of year	**$ 25,297,882**

See accompanying notes.

1. Description of Plan

The following description of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established and made effective April 1, 1999, for the benefit of the employees of Tallahassee Orthopedic Clinic III P.L. (the Company). The Plan and the Trust of which it is a part of are intended to satisfy all the requirements for a qualified retirement plan under the provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as the Plan's sponsor and administrator. The Plan's third party administrator is Niles Lankford Group, Inc. (Niles). The Plan's directed custodians are Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley.

Eligibility

The Plan covers all employees of the Company, with the exception of common-law, leased or union employees. Employees, other than the previously mentioned excluded employees, may become a participant on the first day of the quarter coinciding with or next following 90 days of service.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan, limited by the provisions of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, publicly traded common stocks, U.S. Government securities, corporate bonds, privately held common stock, partnership interests, and cash equivalents as investment options for participants. The Company has elected to use the Basic Matching Formula under the Safe Harbor provisions. The Company contributes 3% of compensation to the Plan. The matching Company contribution is invested directly into the investment options selected by the participant. Additional discretionary contributions may be made at the discretion of the Company's Board of Directors and are also invested directly into the investment options selected by the participant. The Company made a discretionary contribution of $989,138 for the year ended December 31, 2015. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Vesting in the Company's Safe Harbor match contribution and earnings thereon are also immediately 100% vested. Employer discretionary contributions and earnings thereon is based on years of continuous service. A participant is 100% vested in their employer discretionary contributions after three years of service.

Payment of Benefits

On termination of service due to retirement, death, disability, or termination of employment, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for additional discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through August 23, 2016, the date the financial statements were available to be issued.

Recently Adopted Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

The privately-held common stock was transferred out of Level 3 to Level 1 when the issuing company had their initial public offering in 2015.

Cash equivalents: Valued at the closing account balance held by the Plan at year end.

Certificates of deposit: Valued at the cash value.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

3. Fair Value Measurements (continued)

Publicly traded common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Privately held common stock: Valued at the most recently quoted sale price.

U.S. Government securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds: Valued at the closing price reported in the active market in which the bonds are traded.

Partnership/joint venture interests: Valued at the net book value of the partnership interest held by the Plan at year end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	**$ 784,803**	**$ -**	**$ -**	**$ 784,803**
Mutual funds, publicly-traded common stock, U.S. Government securities, corporate bonds	**23,211,950**	**-**	**-**	**23,211,950**
Partnership interest	**-**	**-**	**15,870**	**15,870**
Total assets at fair value	**$ 23,996,753**	**$ -**	**$ 15,870**	**$ 24,012,623**

Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,314,734	$ -	$ -	$ 1,314,734
Mutual funds, publicly-traded common stock, U.S. Government securities, corporate bonds	21,763,303	-	-	21,763,303
Privately-held common stock	-	-	898,125	898,125
Partnership interest	-	-	15,870	15,870
Total assets at fair value	$ 23,078,037	$ -	$ 913,995	$ 23,992,032

3. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2015.

	Level 3 Assets	
	Partnership Interest	**Privately-held Common Stock**
Balance at beginning of year	$ 15,870	$ 898,125
Realized gains (losses)	-	-
Unrealized gains (losses) relating to instruments held at the reporting date	-	(26,071)
Purchases	-	-
Sales	-	(62,500)
Transfers in and/or out of level 3	-	(809,554)
Balance at end of year	$ 15,870	$ -

	Level 3 Assets	
	Partnership Interest	**Privately-held Common Stock**
The amount of total gains or losses for the period included in the changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ -

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial investments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Partnership Interest	$ 15,870	Net book value	Quantitative information	Not applicable

4. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account.

5. Administrative Expenses

The Company pays all administrative expenses of the Plan except for certain management service expenses. Such charges not paid by the employer are applied directly to the accounts of the participants. Administrative expenses paid by the Company are excluded from these financial statements.

6. Tax Status

The Plan has not requested a determination letter from the Internal Revenue Service (IRS) regarding the Plan's exemption from federal income tax under Section 401(a) of the IRC. However, effective January 1, 2010, the Plan adopted a volume submitter profit sharing plan with CODA sponsored by SunGard Corbel, LLC. The volume submitter profit sharing plan has received an opinion letter from the IRS as to the volume submitter profit sharing plan's qualified status. The volume submitter profit sharing plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC, and as such, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

7. Related Party Transactions and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley. Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley are the custodians of the Plan and therefore these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services amounted to $38,004 for year ended December 31, 2015.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014, to the Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	**$ 25,297,882**	$ 25,179,174
Adjustment to fair value	-	(139,625)
Net assets available for benefits per the Form 5500	**$ 25,297,882**	$ 25,039,549

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2015, to the Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 118,708
Adjustment to fair value	139,625
Net increase in net assets available for benefits per the Form 5500	$ 258,333

10. Subsequent Events

Effective March 24, 2016, Edward Jones was terminated as a directed custodian and assets were transferred to Morgan Stanley and Mid Atlantic Trust Company.

Supplemental Schedules

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2015

	Fair Value
Ab Discovery Value A	$ 91,288
Ab Global Bond A	69,253
Ab Interm Bond A	30,468
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Allianzgi Focused Growth A	1,000
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Altria Group Inc	116,879
Altria Group Inccoupon 9.25% Mature 08/06/2019	2,448
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Amer Cent Mid Cap Value A	49,551
American Balanced R2	69,336
American Balanced Fund CI A	195,886
American Capital Agency	770
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American Funds 2045 Target Date Retirement Fund	18,940
American Funds 2010 Target Date Retirement Fund	186
American Funds 2035 Target Date Retirement Fund	76,460
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American Funds American Mutual Fund	146,617
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Bank of America Corpcoupon 7.63% Mature 06/01/2019	2,317

(continued)

	Fair Value
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Chicago Bridge & Iron Co. N.V.	80,709
Coca Cola Co	140,176
Constellium Hold Co Bv Cl A	13,090
Costco Wholesale Corp New	11,305
Countrywide Capital V 7.00%Coupon 7.00% Mature 11/01/2036	51,260
CVS Caremark Corpcoupon 6.60% Mature 03/15/2019	2,262
CVS Health Corp Com	29,331
Davis New York Venture A	458,845
Delaware Diversified Inc A	113,762
Delaware Select Growth A	323,259
Diageo Plc Spon Adr New	43,628
Discover Fincl Svcs	18,767
Dollar Gen Corp New Com	35,935
Donnelley (R.R.) & Sonscoupon 7.63% Mature 06/15/2020	10,312

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Duke Energy Corp New	14,706
Eastman Chemical Company	67,510
Eaton Vance Dividend Builder	37,650
Energy Trans Eqty Lp	10,992
Enterprise Prod Prtnrs L.P.	63,950
Europacific Growth Fund	16,501
Express Scripts Hldg Co Com	5,594
Exxon Mobil Corp	7,795
Facebook Inc Cl-A	52,853
Federated Bond A	35,245
Federated High Yield Trust A	17,000
Fidelity Adv Small Cap Gr A	12,146
Fidelity Adv Small Cap T	243,849
First Eagle Global A	188,094
First Eagle Gold A	5,006
First Tr Morningstar Div	14,220
First Trust Senior Flg Rte Ii	10,211
Franklin Mutual European A	28,526
Franklin Mutual Glb Discov A	1,351,730
Franklin Mutual Shares A	401,606
Franklin Us Govt Secs A	25,350
Ft Tr Etf Multi-Asset Dvrs Inc	78,862
Fundamental Investors Fund	12,504
General Elec Cap Corpcoupon 5.63% Mature 05/01/2018	2,181
General Electric Capital Corpcoupon 5.40% Mature 02/15/2017	104,544
General Electric Co	137,060
Gildan Activewear Inc	28,420
Globus Medical Inc A	8,346
Goldman Sachs Group Inccoupon 5.95% Mature 01/18/2018	2,154
Goldman Sachs Sm Md Cap Gw A	21,238
Goldman Sachs Tech Opport A	166,969
Graphic Packaging Holding Co	201,431
Growth Fund of America	37,770
Hartford Floating Rate Bd A	29,771
HCA Holdings Inc	107,532
Henderson Glb All Asset A	20,741
Hess Corporation	6,787
HRG Group Inc	20,340
Income Fund of America	34,695
Infineon Technologies Ag	29,300
Ingredion Inc Com	162,928
International Paper Co	62,745
Interxion Holding Nv	15,075

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Intl Business Machines Corp	13,762
Invesco Balanced Risk Alloc A	178,044
Invesco Diversified Dividend A	49,272
Invesco S&P 500 Index A	31,388
Investment Company of America	26,986
Ishares Msci Japan Etf	7,272
Ishares Russell 1000 Value Etf	4,893
Ishares Russell Midcap V Etf	4,806
Ishares Select Dividend Etf	239,353
Ishares Tips Bond Etf	173,128
Ivy Asset Strategy A	80,863
Ivy Mid Cap Growth A	8,825
Janus Forty A	7,013
Johnson & Johnson	39,711
JP Morgan Core Bond A	51,871
JP Morgan Div Mid Cap Grw A	26,717
JP Morgan Intrepid Euro A	6,689
Kinder Morgan Incorp	4,998
Koninklijke Ahold Nv	31,195
Kraft Foods Inccoupon 6.13% Mature 02/01/2018	2,172
Kraft Heinz Co	19,354
Loomis Sayles Strat Inc A	204,227
Lord Abbett Bond Deb C	32,643
Lord Abbett Mid Cap Stock C	5,727
Mainstay Hi Yld Corp Bond A	530,743
Marathon Oil Corpcoupon 7.50% Mature 02/15/2019	2,216
Market Vectors Gold Miners	4,253
Market Vectors Jr Gold Mines	807
Medtronic Plc Shs	11,846
Merrill Lynch & Co Inc Notecoupon 6.50% Mature 07/15/2018	26,526
Merrill Lynch & Co Inc Notecoupon 6.88% Mature 11/15/2018	22,472
MF Premier Graham A	21,859
MFA Financial Inc	1,059
MFS Corporate Bond A	85,838
MFS Intl Value A	39,522
MFS Research A	58,149
MFS Total Return A	691,054
MFS Value C	42,053
Mgd Fut Lv Class A	34,259
Micron Tech Inc	14,160
Microsoft Corp	57,977
ML Pfd Capital Trust Iii 7.375% 09/15/62Coupon 7.38% Mature 09/15/2062	25,940

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

		Fair Value
	Mobileye N.V.	15,221
	Mondelez Intl Inc Com	22,420
	Monsanto Co/New	10,594
	Moodys Corp	100,418
*	Morgan Stanley Bank N.A.	784,903
*	Morgan Stanleycoupon 5.50% Mature 07/24/2020	21,140
*	Morgan Stanleycoupon 5.63% Mature 09/23/2019	11,036
*	Morgan Stanleycoupon 7.30% Mature 05/13/2019	2,297
*	MS Charter Aspect	15,961
*	MS Charter Campbell	17,735
*	MS Charter Wnt	17,610
	Nationwide Geneva Mdcp Gw A	10,299
	Navigator Holdings Ltd.	18,837
	Nestle Spon Adr Rep Reg Shr	140,100
	New Perspective Fund	26,827
	Neuberger Abs Ret Multi Mgr A	18,993
	Nuveen Symphony Credit Oppt A	42,471
	Nuveen Tradewinds Intl Val A	367,686
	Oaktree Capital Gp Llc Ut-A	19,088
	Oppenheimer Developing Mkts A	65,808
	Oppenheimer Intl Bond Fd Cl A	145,944
	Oppenheimer Intl Smll-Mid Co A	38,556
	Oracle Corp	36,530
	Pacira Pharmaceuticals Inc Com	171,242
	Packaging Corp Amer	12,610
	Palo Alto Networks Inc	17,614
	Partnerre Finance B Llccoupon 5.50% Mature 06/01/2020	54,833
	Pbf Energy Inc	55,215
	Pennymac Mortgage Investment	83,923
	Pepsico Inc Nc	30,661
	Philip Morris Intl Inc	49,906
	Philip Morris Intl Inccoupon 4.50% Mature 03/26/2020	10,890
	Phillips 66 Com	113,702
	Pimco All Asset A	39,545
	Pimco Emerging Mkts Bond A	29,045
	Pimco Income A	104,185
	Pimco Inv Grade Corp Bd A	104,720
	Pimco Rae Fundamental Plus A	19,941
	Pimco Total Return A	964,836

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Pitney Bowes Inccoupon 5.60% Mature 03/15/2018	63,448
Polaris Lp Class A	32,232
Prime Meridian Holding Co	809,554
Procter & Gamble	36,715
Prudential Financial Inc	31,750
Prudential Financial Inccoupon 7.38% Mature 06/15/2019	2,321
Prudential Jennison Md Cp Gw A	5,040
Putnam Equity Spectrum A	108,022
Qualcomm Inc	24,993
Sarepta Therapeutics Inc Com	77,160
Small Cap World Fund	19,149
Smith & Nephew Plc Adr	186,900
Spectrum Brands Hldgs Inc Com	167,970
Sunamerica New Foc Div Stra A	1,010
Surgical Care Affiliates Inc	13,137
Tate & Lyle Plc Spon Adr	31,986
Templeton Glbl Smaller Co A	4,860
Templeton Global Bd Fd A	292,203
Teton Westwood Mghty Mites A	538,772
Thornburg Intl Value R3	19,878
Twitter Inc	8,330
Undiscovered Mngrs Bhvrl Vl A	50,536
Unit First Trust Sabrient Baker'S Dozen 2015	497,964
Unit First Trust Sabrient Forward Looking Value 3	320,835
Utilities Sel Sect Spdr Fund	173,553
Van Eck Glob Hard Assets A	23,012
Vanguard 500 Index Fund	999,401
Vanguard Internation Growth Fund	96,127
Vanguard Prime Money Market Fund	519,062
Vanguard Reit ETF	191,352
Vanguard Small Capitalization Growth Index Fund	107,821
Vanguarg Total Stock Market Index Fund	169,063
Vanguard Wellesley Income	125,477
Vanguard Windsor Fund	145,211
Vector Group Ltd	139,462
Verizon Communications	72,196
Verizon Communicationscoupon 6.10% Mature 04/15/2018	2,183
Viacom Inc New Class B	4,116
Virtus Contrarian Value A	240,012
Virtus Dynamic Trend A	144,781
Virtus Equity Trend A	350,518
Virtus Foreign Opport A	12,514
Virtus Insight Emrg Mkts A	259,548

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Virtus Intl Real Est Sec A	6,650
Virtus Low Duration Inc A	118,232
Virtus Mlti Sector Interm Bd A	17,023
Virtus Multi Sect Sht Trm Bd A	271,758
Virtus Multi-Asset Trend A	79,818
Vision 2020	15,871
Voya Smallcap Opport A	55,198
Wachovia Bank Nacoupon 5.60% Mature 03/15/2016	30,303
Walt Disney Co Hldg Co	10,508
Washington Mutual Investors Fund	21,965
Waste Mgmt Inc (Dela)	213
Wells Fargo Discovery A	50
Western Gas Partners Lp	28,518
Whole Foods Markets Inc	4,355
Wyndham Worldwide Corp	247,891
Total investments held at end of year	$ 24,012,623

*Indicates a party in interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2015

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check Here If Late Participant Loan Repayments are Included ☐	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption (PTE) 2002-51
$ -	$ -	$ 17,513	$ -	$ -

See report of independent auditors.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.
401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TALLAHASSEE ORTHOPEDIC
CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE FL 32308

2b Employer Identification Number (EIN) 59-3598056

2c Plan Sponsor's telephone number (850) 219-1938

2d Business code (see instructions) 621111

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 accompanying schedules, statements and attachments, 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 HERE	Kelby	10/6/16	KELBY TAEDI
	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 sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	324
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	231
a(2) Total number of active participants at the end of the plan year	**6a(2)**	254
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	119
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	373
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	373
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	373
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	32
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2D 2E 2F 2G 2J 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) ☐	Insurance	(1) ☐	Insurance
(2) ☐	Code section 412(e)(3) insurance contracts	(2) ☐	Code section 412(e)(3) insurance contracts
(3) ☒	Trust	(3) ☒	Trust
(4) ☐	General assets of the sponsor	(4) ☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**	
(1) ☒	**R** (Retirement Plan Information)	(1) ☒	**H** (Financial Information)
(2) ☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐	**I** (Financial Information – Small Plan)
		(3) ☐ ___	**A** (Insurance Information)
		(4) ☒	**C** (Service Provider Information)
(3) ☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) ☐	**D** (DFE/Participating Plan Information)
		(6) ☐	**G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

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(continued)

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Davis New York Venture A	458,845
Delaware Diversified Inc A	113,762
Delaware Select Growth A	323,259
Diageo Plc Spon Adr New	43,628
Discover Fincl Svcs	18,767
Dollar Gen Corp New Com	35,935
Donnelley (R.R.) & Sonscoupon 7.63% Mature 06/15/2020	10,312

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Duke Energy Corp New	14,706
Eastman Chemical Company	67,510
Eaton Vance Dividend Builder	37,650
Energy Trans Eqty Lp	10,992
Enterprise Prod Prtnrs L.P.	63,950
Europacific Growth Fund	16,501
Express Scripts Hldg Co Com	5,594
Exxon Mobil Corp	7,795
Facebook Inc Cl-A	52,853
Federated Bond A	35,245
Federated High Yield Trust A	17,000
Fidelity Adv Small Cap Gr A	12,146
Fidelity Adv Small Cap T	243,849
First Eagle Global A	188,094
First Eagle Gold A	5,006
First Tr Morningstar Div	14,220
First Trust Senior Flg Rte Ii	10,211
Franklin Mutual European A	28,526
Franklin Mutual Glb Discov A	1,351,730
Franklin Mutual Shares A	401,606
Franklin Us Govt Secs A	25,350
Ft Tr Etf Multi-Asset Dvrs Inc	78,862
Fundamental Investors Fund	12,504
General Elec Cap Corpcoupon 5.63% Mature 05/01/2018	2,181
General Electric Capital Corpcoupon 5.40% Mature 02/15/2017	104,544
General Electric Co	137,060
Gildan Activewear Inc	28,420
Globus Medical Inc A	8,346
Goldman Sachs Group Inccoupon 5.95% Mature 01/18/2018	2,154
Goldman Sachs Sm Md Cap Gw A	21,238
Goldman Sachs Tech Opport A	166,969
Graphic Packaging Holding Co	201,431
Growth Fund of America	37,770
Hartford Floating Rate Bd A	29,771
HCA Holdings Inc	107,532
Henderson Glb All Asset A	20,741
Hess Corporation	6,787
HRG Group Inc	20,340
Income Fund of America	34,695
Infineon Technologies Ag	29,300
Ingredion Inc Com	162,928
International Paper Co	62,745
Interxion Holding Nv	15,075

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Intl Business Machines Corp	13,762
Invesco Balanced Risk Alloc A	178,044
Invesco Diversified Dividend A	49,272
Invesco S&P 500 Index A	31,388
Investment Company of America	26,986
Ishares Msci Japan Etf	7,272
Ishares Russell 1000 Value Etf	4,893
Ishares Russell Midcap V Etf	4,806
Ishares Select Dividend Etf	239,353
Ishares Tips Bond Etf	173,128
Ivy Asset Strategy A	80,863
Ivy Mid Cap Growth A	8,825
Janus Forty A	7,013
Johnson & Johnson	39,711
JP Morgan Core Bond A	51,871
JP Morgan Div Mid Cap Grw A	26,717
JP Morgan Intrepid Euro A	6,689
Kinder Morgan Incorp	4,998
Koninklijke Ahold Nv	31,195
Kraft Foods Inccoupon 6.13% Mature 02/01/2018	2,172
Kraft Heinz Co	19,354
Loomis Sayles Strat Inc A	204,227
Lord Abbett Bond Deb C	32,643
Lord Abbett Mid Cap Stock C	5,727
Mainstay Hi Yld Corp Bond A	530,743
Marathon Oil Corpcoupon 7.50% Mature 02/15/2019	2,216
Market Vectors Gold Miners	4,253
Market Vectors Jr Gold Mines	807
Medtronic Plc Shs	11,846
Merrill Lynch & Co Inc Notecoupon 6.50% Mature 07/15/2018	26,526
Merrill Lynch & Co Inc Notecoupon 6.88% Mature 11/15/2018	22,472
MF Premier Graham A	21,859
MFA Financial Inc	1,059
MFS Corporate Bond A	85,838
MFS Intl Value A	39,522
MFS Research A	58,149
MFS Total Return A	691,054
MFS Value C	42,053
Mgd Fut Lv Class A	34,259
Micron Tech Inc	14,160
Microsoft Corp	57,977
ML Pfd Capital Trust Iii 7.375% 09/15/62Coupon 7.38% Mature 09/15/2062	25,940

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

		Fair Value
	Mobileye N.V.	15,221
	Mondelez Intl Inc Com	22,420
	Monsanto Co/New	10,594
	Moodys Corp	100,418
*	Morgan Stanley Bank N.A.	784,903
*	Morgan Stanleycoupon 5.50% Mature 07/24/2020	21,140
*	Morgan Stanleycoupon 5.63% Mature 09/23/2019	11,036
*	Morgan Stanleycoupon 7.30% Mature 05/13/2019	2,297
*	MS Charter Aspect	15,961
*	MS Charter Campbell	17,735
*	MS Charter Wnt	17,610
	Nationwide Geneva Mdcp Gw A	10,299
	Navigator Holdings Ltd.	18,837
	Nestle Spon Adr Rep Reg Shr	140,100
	New Perspective Fund	26,827
	Neuberger Abs Ret Multi Mgr A	18,993
	Nuveen Symphony Credit Oppt A	42,471
	Nuveen Tradewinds Intl Val A	367,686
	Oaktree Capital Gp Llc Ut-A	19,088
	Oppenheimer Developing Mkts A	65,808
	Oppenheimer Intl Bond Fd Cl A	145,944
	Oppenheimer Intl Smll-Mid Co A	38,556
	Oracle Corp	36,530
	Pacira Pharmaceuticals Inc Com	171,242
	Packaging Corp Amer	12,610
	Palo Alto Networks Inc	17,614
	Partnerre Finance B Llccoupon 5.50% Mature 06/01/2020	54,833
	Pbf Energy Inc	55,215
	Pennymac Mortgage Investment	83,923
	Pepsico Inc Nc	30,661
	Philip Morris Intl Inc	49,906
	Philip Morris Intl Inccoupon 4.50% Mature 03/26/2020	10,890
	Phillips 66 Com	113,702
	Pimco All Asset A	39,545
	Pimco Emerging Mkts Bond A	29,045
	Pimco Income A	104,185
	Pimco Inv Grade Corp Bd A	104,720
	Pimco Rae Fundamental Plus A	19,941
	Pimco Total Return A	964,836

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Pitney Bowes Inccoupon 5.60% Mature 03/15/2018	63,448
Polaris Lp Class A	32,232
Prime Meridian Holding Co	809,554
Procter & Gamble	36,715
Prudential Financial Inc	31,750
Prudential Financial Inccoupon 7.38% Mature 06/15/2019	2,321
Prudential Jennison Md Cp Gw A	5,040
Putnam Equity Spectrum A	108,022
Qualcomm Inc	24,993
Sarepta Therapeutics Inc Com	77,160
Small Cap World Fund	19,149
Smith & Nephew Plc Adr	186,900
Spectrum Brands Hldgs Inc Com	167,970
Sunamerica New Foc Div Stra A	1,010
Surgical Care Affiliates Inc	13,137
Tate & Lyle Plc Spon Adr	31,986
Templeton Glbl Smaller Co A	4,860
Templeton Global Bd Fd A	292,203
Teton Westwood Mghty Mites A	538,772
Thornburg Intl Value R3	19,878
Twitter Inc	8,330
Undiscovered Mngrs Bhvrl Vl A	50,536
Unit First Trust Sabrient Baker'S Dozen 2015	497,964
Unit First Trust Sabrient Forward Looking Value 3	320,835
Utilities Sel Sect Spdr Fund	173,553
Van Eck Glob Hard Assets A	23,012
Vanguard 500 Index Fund	999,401
Vanguard Internation Growth Fund	96,127
Vanguard Prime Money Market Fund	519,062
Vanguard Reit ETF	191,352
Vanguard Small Capitalization Growth Index Fund	107,821
Vanguarg Total Stock Market Index Fund	169,063
Vanguard Wellesley Income	125,477
Vanguard Windsor Fund	145,211
Vector Group Ltd	139,462
Verizon Communications	72,196
Verizon Communicationscoupon 6.10% Mature 04/15/2018	2,183
Viacom Inc New Class B	4,116
Virtus Contrarian Value A	240,012
Virtus Dynamic Trend A	144,781
Virtus Equity Trend A	350,518
Virtus Foreign Opport A	12,514
Virtus Insight Emrg Mkts A	259,548

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Virtus Intl Real Est Sec A	6,650
Virtus Low Duration Inc A	118,232
Virtus Mlti Sector Interm Bd A	17,023
Virtus Multi Sect Sht Trm Bd A	271,758
Virtus Multi-Asset Trend A	79,818
Vision 2020	15,871
Voya Smallcap Opport A	55,198
Wachovia Bank Nacoupon 5.60% Mature 03/15/2016	30,303
Walt Disney Co Hldg Co	10,508
Washington Mutual Investors Fund	21,965
Waste Mgmt Inc (Dela)	213
Wells Fargo Discovery A	50
Western Gas Partners Lp	28,518
Whole Foods Markets Inc	4,355
Wyndham Worldwide Corp	247,891
Total investments held at end of year	$ 24,012,623

*Indicates a party in interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.