For	rm 5500-SF	Short Form Annu	t of Small Employ	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Reti	irement	2015				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974			This Form is Open to Public Inspection					
	enefit Guaranty Corporation			tructions to the Form 550	0-SF.					
For calenda		: Identification Information		and ending 12/3	31/2015					
		X a single-employer plan				cking this box must attach a				
A This ret	urn/report is for:	a one-participant plan	list of participating e	mployer information in acco	ordance w	vith the form instructions)				
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 mor	e months)					
C Check	box if filing under:	X Form 5558	automatic extension			DFVC program				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name CENTER FO		STIC SURGERY P.A. 401(K) PRO	FIT SHARING PLAN		1b Thre plan (PN)	number				
		· ·		ctive date of plan						
22 Dian a			0h -	01/01/2004						
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos			ZD Emp (EIN)	loyer Identification Number) 59-3641617				
	R AESTHETIC PLAS		lai code (il foreign, see ins		2c Spor	nsor's telephone number 352-796-3334				
				:	2d Busii	ness code (see instructions)				
	PITAL BOULEVARD S LE, FL 34601	SUITE 346			621111					
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.	:	3b Adm	inistrator's EIN				
				:	3c Adm	inistrator's telephone number				
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
	, EIN, and the plan nu or's name	mber from the last return/report.			4c pn					
		s at the beginning of the plan year.			5a	19				
		s at the end of the plan year		Н	5b	17				
C Numb	er of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	5c	17				
•	,	articipants at the beginning of the p		F	5d(1)	10				
• •		articipants at the end of the plan ye	•		5d(2)	10				
e Numb	per of participants that	t terminated employment during the	e plan year with accrued b	enefits that were less	5e	1				
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable caus	e is estal	olished.				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	/valid electronic signature.	10/13/2016	SUNANDA SINGH						
HERE Signature of plan administrator Date Enter name of ind						as plan administrator				
SIGN HERE										
	Signature of emploiname (including firm i	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite numb	Enter name of individua per) F		as employer or plan sponsor s telephone number				
For Paperw	ork Reduction Act Noti	ce and OMB Control Numbers, see th	e instructions for Form 550	0-SF.		Form 5500-SF (2015)				

6a Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)					Yes No			
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				•	,		X Yes No			
If you answered "No" to either line 6a or line 6b, the plan can										
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined			
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
a Total plan assets	. 7a		1271	245			1332677			
b Total plan liabilities	. 7b									
C Net plan assets (subtract line 7b from line 7a)	n assets (subtract line 7b from line 7a) 7c						1332677			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total			
a Contributions received or receivable from:	80(1)		23	992						
(1) Employers	. 8a(1) . 8a(2)			497	-					
(3) Others (including rollovers)	. 8a(3)		0.	101						
b Other income (loss)	. 8b		-25	068						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							66421			
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	. 8d		4	819						
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f			170						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						4989			
i Net income (loss) (subtract line 8h from line 8c)	. 8i						61432			
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 2T 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:			
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Chara	acterist	tic Coo	des in th	he instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's 'Program)	Voluntary F	iduciary Correction	10a		х					
b Were there any nonexempt transactions with any party-in-interes										
reported on line 10a.)			10b		Х					
C Was the plan covered by a fidelity bond?			10c	Х			250000			
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
carrier, insurance service, or other organization that provides sor	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)						2389			
	Has the plan failed to provide any benefit when due under the plan?				Х					
g Did the plan have any participant loans? (If "Yes," enter amount a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X					
h If this is an individual account plan, was there a blackout period?					х					
i If 10h was answered "Yes," check the box if you either provided	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance				•		•				

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No	

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18						No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Ann	ual Return/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fi	iled under sections 104 and 4	065 of the Employee Ret	rement		2015		
Department of Labor Employee Banefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the In).	temal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation		n accordance with the instr	uctions to the Form 550	0-SF.				
	dentification Informatio		and anding 10/91	0045				
For calendar plan year 2015 or fis			and ending 12/31/			av must stigch a		
A This return/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (F ployer information in acco					
	_	📋 a foreign plan						
B This return/report Is	the first return/report an amended return/report	the final return/report	vreport (less than 12 mor	nths)		\$		
-		7.00						
C Check box if filing under:	X Form 5558	automatic extension			OFVC prog	am		
	special extension (enter des	cription)						
Part II Basic Plan Info	mation-enter all requested	information						
1a Name of plan				1b Thre	-			
Center for Aesthetic Plastic Surger	y P.A. 401(k) Profit Sharing Plan	1		(PN)	number	002		
				· //	live date of			
					1/2004			
2a Plan sponsor's name (employ Mailing address (include room	, apt., suite no. and street, or P	O. Box)		-	loyer identi 59-36416	ication Number		
City or town, state or province Center for Aesthetic Plastic Surgery	, country, and ZIP or foreign po P.A.	stal code (il toraign, see instri		2c Spor		ho ne number 796-3334		
				2d Busir		see instructions)		
17222 Hospital Boulevard Suite 340	3			6211		,		
Brooksville, FL 34601								
3a Plan administrator's name and	d address & Same as Plan Spo	NS0F.		3b Admi	inistrator's	EIN		
				3c Admi	inistrator's '	elephone number		
4 If the name and/or EIN of the	plan sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the	46 EIN	······			
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.		ſ	4C PN				
· · · · · · · · · · · · · · · · · · ·				5a		19		
5a Total number of participants a				5b		13		
b Total number of participants a	at the end of the plan year	مريد المراجع ا	fit plane de cet					
	h à bas à la br à report es que se sous esté ané à d'Adu en con ensure -			5c		17		
d(1) Total number of active part	licipants at the beginning of the	plan year		5d(1)		10		
d(2) Total number of active part	licipants at the end of the plan y	'ear		5d(2)		10		
e Number of participants that t				5e		1		
Caution: A penalty for the late o	r incomplete filing of this retu	infreport will be assessed	uniess reasonable care	e is estal	lished			
Under penalties of perjury and oth S8 or Schedule M8 completed an	er penalties set forth in the instr d signed by an enrolied actuary.	uctions, I declare that I have	examined this return/repo	rt, includii	ng, if applic	able, a Schedule knowledge and		
belief, it is true, correct, and comp		A 6 11	0					
SIGN Arman	the XMA	9-9-16	Sunanda Singh					
HERE Signature of plan ac	Iministrator	Date	Enter name of individua	il signing a	as plan adr	ninistrator		
SIGN								
HERE	nature of employer/plan sponsor Date Enter name of individu				as employe	r or plan sponsor		
Preparer's name (including firm na	ame, if applicable) and address				telephone			
					-			
			Ļ			·····		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Form 5500-SF 2015		Page 2									
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-48? (See instructions on waiver eligibility)	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: See instructions on waiver eligibility and conditions.) Under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Image: 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.										
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	action 4	021)?		Yes	No Not determined				
Part III Financial Information					- <u>r</u>						
7 Plan Assets and Liabilities		(a) Beginning			1		(b) End of Year				
a Total plan assets											
b Total plan liabilities											
C Net plan assets (subtract line 7b from line 7a)	<u>7c</u>		127124	45	—		1332677				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b) Total				
Contributions received or receivable from: (1) Employers	Ba(1)		2399	92							
(2) Participants			674	97							
(3) Others (including rollovers)							·				
b Other income (loss)			-2506	38							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						66421				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			481	19							
Certain deemed and/or corrective distributions (see instructions).				-	+		· · · · · · · · · · · · · · · · · · ·				
f Administrative service providers (salaries, fees, commissions)	1		17	70	1						
q Other expenses											
h Total expenses (add lines 8d, 8e, 8f, and 8g)							4989				
i Net income (loss) (subtract line 8h from line 8c)							61432				
j Transfers to (from) the plan (see instructions)	··· 8j										
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension	on feature co	ides from the List of Pl	an Cha	racteri	stic Co	o des in f	the instructions:				
2E 2J 2K 2G 2T 3D B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	ies in th	e instructions:				
Part V Compliance Questions											
10 During the plan year:				Yes	Na	N/A	Amount				
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See Instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x						
b Were there any nonexempt transactions with any party-in-intere			405	Γ	х						
c Was the plan covered by a fidelity bond?			10b 10c	x			250000				
			106								
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X						
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of	the benefits under	10e	x			2389				
f Has the plan failed to provide any benefit when due under the p			10f		х						
g Did the plan have any participant loans? (If "Yes," enter amount			10g		х						
h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instru	ctions and 29 CFR	10h		х						
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	i notice or one of the	10i				:				
j Did the plan trust incur unrelated business taxable income?			10j								
Part VI Pension Funding Compliance		<u>, , , , , , , , , , , , , , , , , , ,</u>									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)											
11a Enter the unpaid minimum required contribution for all years fro						11a					
12 Is this a defined contribution plan subject to the minimum funding	ng requireme	ents of section 412 of t	ne Cod	e or se	cuon	3U2 01 E	RISA? Yes X No				

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	Form 5500-SF 2015 Page 3 - 1								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver		enter the Day	date of th	ne letter ru Year	ling			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		125						
<u>l</u> o	Enter the minimum required contribution for this plan year								
	Enter the amount contributed by the employer to the plan for this plan year		120						
ם 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).		12d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII Plan Terminations and Transfers of Assets				<u></u>				
1 3a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?				Yes 🕅	No			
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to							
	I3c(1) Name of plan(s):	13c(2)	EiN(s)		13c(3) F	PN(s)			
Part	VIII Trust Information								
	Name of trust		14b T	rust's EIN					
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX IRS Compliance Questions	I							
15a	Is the plan a 401(K) plan?		Yes		No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deterrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		ADP test	ACP			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current 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	i	No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 41	O(b):	Rat per tes	centage		rage efit test			
16b	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				
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted E for tax law changes and codes).	nter the ap	oplicable	code	(See ins	structions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial numbers of the letter's ser	er				ж			
17d	If the plan is an Individually-designed plan and received a favorable determination letter from the IRS, enter th determination letter	e date of t	he plan'	s last favo	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has t made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island		Yes		□ No				
1 9	Were in-service distributions made during the plan year?		Yes	<u></u>	No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?	ornot	Yes		N₀	∏N/A			