Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual Report	: Identification Information									
For c	alendar plan year 2016 or f	iscal plan year beginning 01/01/2	2016 and ending 12	2/31/2016	6						
A T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan								
B Th	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	2 months)							
C C	heck box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFV	C program						
Par	t II Basic Plan Info	ormation—enter all requested inf	formation								
	Name of plan ORTHOPEDICS 401(K) PL	AN		pla	nree-digit an number PN) ▶	001					
				1c Ef	ffective date of 01/01	plan /2016					
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)				2b Employer Identification Number (EIN) 45-3763891							
	PHYSICIANS CENTRAL BUSINESS OFFICE LLC				2c Sponsor's telephone number 305-888-5280						
815 NW 57 AVENUE, STE 201 MIAMI, FL 33126				2d Business code (see instructions) 621111							
3a F	Plan administrator's name a	ind address X Same as Plan Spor	nsor.	3b Ac	dministrator's E	EIN					
				3c Ad	dministrator's t	elephone number					
		ne plan sponsor has changed since simber from the last return/report.	the last return/report filed for this plan, enter the	4b EI	IN						
	Sponsor's name			4c Pt	N						
5a	Total number of participants	at the beginning of the plan year		5a		48					
b ·	Total number of participants	at the end of the plan year		5b		7					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				5c							
d(1	Total number of active pa	articipants at the beginning of the pl	an year	5d(1)		4					
•	Number of participants that	t terminated employment during the	are plan year with accrued benefits that were less	5d(2) 5e)	6					
Caut			n/report will be assessed unless reasonable ca	use is es	stablished.						
Unde	er penalties of perjury and o	ther penalties set forth in the instruc	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	port, incl	uding, if applic						

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 05/15/2017 MARK CERECEDA SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Dat<u>e</u> Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	es No		
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	X Yes ∐ N				es 🗌 No						
	If the plan is a defined benefit plan, is it covered under the PBGC in							∏No	☐ Not de	etermined		
Par		<u> </u>	<u> </u>				1					
_	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year			
	Total plan assets	7a	(a) Dogg	0				(2) 2114	510	54		
	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c		C)				510	54		
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt		(b) Total						
	Contributions received or receivable from:		, ,	8409				` ` `				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)		42399								
	(3) Others (including rollovers)	8a(3)		0.46								
	Other income (loss)	8b		846								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						51654				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		600								
	Certain deemed and/or corrective distributions (see instructions).	8e										
	Administrative service providers (salaries, fees, commissions)	8f										
	Other expenses	8g										
_ <u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								00		
	Net income (loss) (subtract line 8h from line 8c)	8i				51054						
	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics	0)										
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:			
Part	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amoun	ıt		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a	X					26325		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c		X						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
е										698		
f	f Has the plan failed to provide any benefit when due under the plan?											
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X						
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i								

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					Yes X No			
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No		
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
<u>b</u>	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he 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			1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information			•					
14a	Name	of trust			14b Trust's EIN					
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		ign-based "Prior year" ADF harbor test					
			ΙП '	"Curre	rent year" N/A					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						centage Average benefit test				
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I			entification Information												
For calenda	ar plan year 2016	or fiscal	plan year beginning		01/2016	and ending		12/31/201							
A This ret	:urn/report is for:	X	a single-employer plan a one-participant plan	lis	nultiple-employer pl st of participating en foreign plan	an (not multiemployer) (nployer information in a	(Filers ccorda	checking this bo ance with the forn	x must attach a n instructions.)						
			a one-participant plan	Паг	loreign plan										
B This retu	urn/report is	X	the first return/report		final return/report										
			an amended return/report	a s	hort plan year retur	n/report (less than 12 m	12 months)								
C Check	box if filing under:		Form 5558		tomatic extension			FVC program							
			special extension (enter desc												
Part II	Basic Plan I	nform	ation—enter all requested in	nformatio	on										
1a Name Ceda Or	of plan thopedics 4	01(k)) Plan				1b	Three-digit plan number (PN)	001						
								Effective date o	f plan						
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)							2b	Employer Identi (EIN) 45-37							
	ans Central		ountry, and ZIP or foreign pos iness	tal code	e (if foreign, see inst	ructions)	2c	Sponsor's telep	hone number						
							2d	Business code (
815 NW	57 Avenue ,	Ste	e 201					021111							
Miami					FL	33126									
3a Plan a	dministrator's nam	ne and a	iddress 🏿 Same as Plan Spo	nsor.			3b Administrator's EIN								
4 If the r	nama and/or FIN o	of the pla			(1)		41								
name	, EIN, and the plar or's name	numbe	an sponsor has changed since or from the last return/report.	tne last	return/report filea f	or this plan, enter the		EIN							
		onto at t	ha basinging of the classical				4c PN 5a								
			he beginning of the plan year.				-	ib	48						
			he end of the plan year ount balances as of the end of				1		71						
compl	ete this item)						-	ic	57						
			pants at the beginning of the p					(1)	48						
			pants at the end of the plan ye				. 5d	(2)	63						
than 1	100% vested		ninated employment during the					ie	9						
Under pena	alties of periury an	d other	ncomplete filing of this retur penalties set forth in the instru	n/repor	t will be assessed	unless reasonable ca	use is	s established.	able a Cabadula						
SB or Sche	edule MB complete rue, correct, and c	ed and s	igned by an enrolled actuary.	as well a	as the electronic ve	rsion of this return/repor	rt, and	to the best of my	/ knowledge and						
SIGN		m			5/8/17	Mark Cereceda									
HERE	Signature of pla	an admi	nistrator		Date	Enter name of individ	lual si	gning as plan adr	ninistrator						
SIGN		1/2			5/9/17	Mark Cereceda									
HERE	Signature of en	ployer	plan sponsor		Date	Enter name of individ	lual si	gning as employe	er or plan sponsor						
Preparer's	name (inefuding fir	m name	e, if applicable) and address (i	nclude r	oom or suite numbe	er)	Pre	parer's telephone	number						
	6														

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b c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	account t instea	ant (IC ad use	PA) Form	5500.		X Yes No X Yes No Not determined
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. T			b) End of	Voar
	Total plan assets	7a	(a) Beginning	or rear	0			D) Liiu oi	51,054
_	Total plan liabilities	7a 7b							
	Net plan assets (subtract line 7b from line 7a)	7c			0				51,054
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt .				(b) Tota	
	Contributions received or receivable from: (1) Employers	8a(1)	(2) . 2		409		1		
	(2) Participants	8a(2)		42,	399			.:	
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b			846	1 41		is a	<u> </u>
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							51,654
d	to provide benefits)	8d			600				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							600
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							51,054
	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a ——	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instructi	ons:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	x				26 225
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ny party-in-interest? (Do not include transactions			^	Х			26,325
c				10b		Х			
d		fidelity bo	nd, that was caused	10c					
e	Were any fees or commissions paid to any brokers, agents, or oth			100		Х			

10e

10f

10g

10h

Х

Х

Χ

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carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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				_					
Part	VI Pension Funding Compliance				_				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)				<u></u>		Yes	X No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1	la						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?						Yes	X No	
a	(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 instructions	and er	ter i	the date	off	he lett	er ruli	na	
	granting the waiver	, and ci	Day			Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12	2b						
С	Enter the amount contributed by the employer to the plan for this plan year	1	2c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	1:	2d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		No	<u> </u>	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	la						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde control of the PBGC?)	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant assets or liabilities were transferred. (See instructions.)	lan(s) to							
	3c(1) Name of plan(s):	3c(2) Eli	2) EIN(s)				13c(3) PN(s)		
Part	VIII Trust Information				<u> </u>				
14a	Name of trust	14	14b Trust's EIN						
14c	Name of trustee or custodian	14	14d Trustee's or custodian's						
				telepho	ne r	umbe	r		
Par	IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			<u> </u>	No			
	401(k)(3) for the plan year? Check all that apply:	Design-b safe harb Current							
		ADP test		[।	N/A			
162	What testing method was used to action the appropriate and a setting 440/h) for the aller	n .:	_						

Ratio Average year? Check all that apply: percentage ∏ N/A benefit test test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes No for the plan year by combining this plan with any other plan under the permissive aggregation rules?..... 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination 18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Yes ☐ No 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? ∏ No Yes