Form 5500-SF		Short Form Annu	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee R								
Department of Labor Employee Benefits Security Administration		Income Security Act of 1974	57(b) and 6058(a) of the Interr e).	This Form is Open to						
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5500-S	Public Inspection F.					
Part I		dentification Information								
For calenda	ar plan year 2016 or fisc	al plan year beginning 01/01/2	016	and ending 12/31/2	)16					
A This ret	urn/report is for:	a single-employer plan			checking this box must attach a nce with the form instructions.)					
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)	months)					
C Check	box if filing under:	Form 5558	automatic extension		VC program					
		special extension (enter descr		-49						
Part II		mation—enter all requested inf	ormation							
<b>1a</b> Name of plan ROBERT V. CARIDA II M.D., P.A. 401(K) RETIREMENT PLAN					Three-digit plan number (PN) ▶ 001 Effective date of plan					
					01/01/2006					
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			Employer Identification Number (EIN) 54-2063621					
	CARIDA II M.D., P.A.	country, and ZIP or foreign post	country, and ZIP or foreign postal code (if foreign, see instructions)							
5258 LINTON BOULEVARD SUITE 104				2d	2d Business code (see instructions) 621111					
DELRAY BE	ACH, FL 33484									
<b>3a</b> Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
4 If the r	name and/or EIN of the r	plan sponsor has changed since	the last return/report filed		Administrator's telephone number					
	, EIN, and the plan numb	per from the last return/report.		4c						
		t the beginning of the plan year								
		t the end of the plan year								
C Numb	er of participants with ac	count balances as of the end of	the plan year (only defined	d contribution plans 5						
	,				(1) 3					
			cipants at the beginning of the plan year							
e Numb	per of participants that te	rminated employment during the	plan year with accrued be	enefits that were less 5						
		incomplete filing of this return			established.					
SB or Sche		l signed by an enrolled actuary, a			ncluding, if applicable, a Schedule to the best of my knowledge and					
SIGN	Filed with authorized/va	alid electronic signature.	11/01/2017	ROBERT CARIDA II						
HERE	Signature of plan ad	ministrator	Date	Enter name of individual sig	uning as plan administrator					
SIGN	orginature of plan au									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual sid	ning as employer or plan sponsor					
EJREYNOL EJREYNOL	name (including firm nar DS, INC. DS, INC.	me, if applicable) and address (in			parer's telephone number 954-431-1774					
9050 PINES PEMBROKE	BOULEVARD, SUITE PINES, FL 33024	110								
<u> </u>		and the Instructions for Form FEOD								

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	QPA)		
	e Form 5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	614369	678679
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	614369	678679
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		10600	
	(1) Employers	8a(1)	10800	
	(2) Participants	8a(2)	18000	
	(3) Others (including rollovers)	8a(3)		
b		8b	36610	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		65210
d	Benefits paid (including direct rollovers and insurance premiums		875	
	to provide benefits)	8d	675	
e	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	25	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		900
	Nat income (lass) (subtract line 8h from line 8c)	<b>0</b> ;		64310

## Part IV Plan Characteristics

j

i Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D9a

8i

8j

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

## Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			12000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.).	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter	the minimum required contribution for this plan year			12b				
с	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	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 separ ce?		from	Ye	s [	No		

		HURA	CANE I	EMA					
Form 550		Short Form Annu			loyee	OMB Nos. 1210-0110 1210-0089			
Department of the Internal Revenue		This form is required to be file		4065 of the Employee	Retirement	2016			
Department of Employee Benefits Securit Pension Benefit Guaran	y Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of th	e Internal	This Form is Open to Public Inspection			
		Complete all entries in dentification Information		ructions to the Form	5500-SF.				
		al plan year beginning	01/01/2016	and ending	12/3	1/2016			
		X a single-employer plan	(***)			ing this box must attach a			
A This return/report	is for:	a one-participant plan	list of participating er	nployer information in a	accordance wi	th the form instructions.)			
B This return/report	is	the first return/report	the final return/report						
	ĺ	an amended return/report	a short plan year retu	m/report (less than 12	months)				
C Check box if filing	under:	Form 5558	automatic extension		DFVC pr	ogram			
		X special extension (enter desc	ription) IRS Notice	2017-49	_				
Part II Basic	Plan Infor	mation—enter all requested in	formation						
1a Name of plan					1b Three	-digit oumber 001			
Robert V. Car	ida II M	.D., P.A. 401(K) Ret	tirement Plan		(PN)				
						ive date of plan			
2a Plan sponsor's name (employer, if for a single-employer plan)						L / 2006 over Identification Number			
Mailing address	(include room	, apt., suite no. and street, or P.C country, and ZIP or foreign post	D. Box) tel code (if foreign, see inst	nictions)	(EIN)54-2063621				
Robert V. Car			ta coac la jorciĝa, sec insi	i dellonay	2c Sponsor's telephone number 561-499-2585				
5258 Linton B	Boulevaro	1			2d Busin	ess code (see instructions)			
Suite 104		A			62111	.1			
Delray Beach		FL 33484							
3a Plan administrate	or's name and	address 🗙 Same as Plan Spo	nsor.		3b Admir	istrator's EIN			
					3c Admin	strator's telephone number			
		plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name	tite prost trains				4c PN				
5a Total number of	participants a	t the beginning of the plan year.			. 5a	5			
		t the end of the plan year			. 5b				
		count balances as of the end of			5c				
		cipants at the beginning of the pl			5d(1)	3			
d(2) Total number	of active parti	cipants at the end of the plan ye	ar		. 5d(2)	e			
		minated employment during the			5e	0			
Caution: A penalty f	ior the late or	incomplete filing of this return	n/report will be assessed	unless reasonable ca		ished.			
Under penalties of pe SB or Schedule MB of belief, it is true, comp	propleted and	er pepalties set forth in the instruct signed by an enrolled actuary, a etc.	ctions, I declare that I have as well as the electronic ve	examined this return/r rsion of this return/repo	eport, includin ort, and to the l	g, if applicable, a Schedule best of my knowledge and			
SIGN	$\mathcal{N}$	1	11/1/1/	Robert Carida	II				
HERE Signatu	re of plan ad	ministrator	Date	Enter name of indivi	dual signing a	s plan administrator			
SIGN			—						
		er/plan sponsor	r/plan sponsor Date Enter name of indiv						
Preparer's name (incl EJReynolds, In		me, if applicable) and address (ir	nclude room or suite numbe	er)	· ·	telephone number			
EJReynolds, I					95	4-431-1774			
9050 Pines Bou		Suite 110							
Pembroke Pine:	-	FL 33024							
		see the Instructions for Form 5500	I-SF.			Form 5500-SF (2016)			

Form 5500-SF 2016

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of								Yes	No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ons.)	accoun					Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan canr					_		_			
<u>с</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	action 4	021)?	[	Yes []	No [] N	lot deten	mined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	·		(b)	End of Ye			
	Total plan assets	. 7a		614,	369				67	8,679	
b	Total plan liabilities	. 7b				_					
·	Net plan assets (subtract line 7b from line 7a)	. 7c		614,	369				67	8,679	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it	-			(b) Total		_	
a 	Contributions received or receivable from: (1) Employers	8a(1)		10,							
	(2) Participants	8a(2)	5.11	18,	000	<u> </u>	-18				
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	8b		36,	610						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						_	6.	5,210	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			875						
e	Certain deemed and/or corrective distributions (see instructions)	8e									
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f			25				6		
<u> </u>	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					900				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i				64,31					
]	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	les from the List of Pl	an Cha	racteri	stic C	odes in the	e instructio	NS:		
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	s from the List of Pla	n Chara	acteris	tic Co	des in the	instruction	S		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Ал	nount		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fie	duciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not ir	clude transactions	10Б		х					
c	Was the plan covered by a fidelity bond?			10c	X	-			1	2,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e		x					
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-er	ıd.)	10g		х					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g		x			-		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101				100			

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Part	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete S	chedule S	В		Yes	No	
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?			F		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>			
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the walver.	Month	and enter t		of the let		ng	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Enter the minimum required contribution for this plan year		12b					
C (	nter the amount contributed by the employer to the plan for this plan year		12c			_		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	12d						
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No		/A	
Part \	/II 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		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?				Yes	X No		
с 	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	lify the plan	(s) to					
1	3c(1) Name of plan(s):	13c	(2) EIN(s)		13c	13c(3) PN(s)		
Part	VIII Trust Information							
-		_	4.41					
144 1	lame of trust		140	rust's E	.111			
14c I	Jame of trustee or custodian				s or custo le numbe			
Part	IX IRS Compliance Questions		0					
15a I	s the plan a 401(k) plan? If "No," skip b	🗌 Ye	\$	[	] No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	IL safe	sign-based a harbor	[	Prior test	year" A	DP	
		Cu	irrent year P test	E	] N/A	_		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ra per tes	rcentage		erage nefit test		N/A	
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?				] No			
-	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number							
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, e etter	nter the dat	te of the m	ost rece	nt deterri	ninatio	1	
1	Defined Benefit Plan or Money Purchase Pension Plan Only: Nere any distributions made during the plan year to an employee who attained age 62 and had not sep ervice?		Yes		] No		_	
19	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗌 Yes		] No			