For	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employe	e	O	MB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Retirer	ment	2	2016		
Employee Be	epartment of Labor enefits Security Administration			057(b) and 6058(a) of the Inter			rm is Open to Inspection		
	enefit Guaranty Corporation		accordance with the ins	tructions to the Form 5500-5	SF.				
For calenda	ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/20	016	and ending 12/31/2	2016				
	urn/report is for:	blan (not multiemployer) (Filer mployer information in accord		-					
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	Irn/report (less than 12 months	s)				
C Check box if filing under:						ogram			
		special extension (enter descri	iption) IRMA RELIEF						
Part II	Basic Plan Inform	mation—enter all requested inf	ormation			T			
1a Name ANESTHESI		.A. PROFIT SHARING PLAN			(PN)	tive date of			
		r, if for a single-employer plan) apt., suite no. and street, or P.O	. Box)	2b	Emplo (EIN)	01/01/ oyer Identific 59-275	cation Number		
	town, state or province, A & PAIN MEDICINE, PA	country, and ZIP or foreign posta	al code (if foreign, see ins	structions) 2c	2c Sponsor's telephone number 561-848-3861				
	1500 NORTH DIXIE HWY, SUITE 103 WEST PALM BEACH, FL 33401					2d Business code (see instructions) 621111			
3a Plan ad	dministrator's name and	address X Same as Plan Spon	ISOF.	3b	Admin	nistrator's E	IN		
		plan sponsor has changed since to ber from the last return/report.	the last return/report filed		EIN		lephone number		
a Sponse	•	er from the last return/report.		4c	; PN				
5a Total r	number of participants at	t the beginning of the plan year			5a		6		
-		the end of the plan year			5b		6		
		count balances as of the end of t			5c		6		
d(1) Tota	al number of active partion	cipants at the beginning of the pla	an year		d(1)		3		
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued b	enefits that were less	d(2) 5e		3 		
		incomplete filing of this return				lished			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/report,	includin	ng, if applica			
SIGN		lid electronic signature.	01/12/2018	SHELDON REGENBAUM					
HERE	Signature of plan adr	ministrator	Date	Enter name of individual s	igning a	is plan adm	inistrator		
SIGN					. <u>.</u>				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual s	ianina a	as employer	or plan sponsor		
Preparer's		ne, if applicable) and address (in				telephone r			
		coo the Instructions for Form 5500					rm 5500 SE (2016)		

60		la ana ata 2		X Yes No						
	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) 									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)	Yes No						
	If you answered "No" to either line 6a or line 6b, the plan cann									
<u>с</u>	C If the plan is a defined benefit plan, is it covered under the PBGC insurance 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	2828244	3060605						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	2828244	3060605						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	18968							
	(2) Participants	8a(2)	0							
	(3) Others (including rollovers)	8a(3)	191							
b	Other income (loss)	8b	232780							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		251939						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0							
е	Certain deemed and/or corrective distributions (see instructions).	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	19578							
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		19578						
i	Net income (loss) (subtract line 8h from line 8c)	8i		232361						
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A $2E$ 2G 2H 2R 3D 3H	feature co	des from the List of Plan Characteris	tic Codes in the instructions:						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									

Part V Compliance Questions

10	0 During the plan year:					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		
С	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 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	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						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	d enter t	he date	of the lett	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 1	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		tract 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	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		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	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e 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:		Desig safe h	n-basec arbor	ear" ADP			
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t 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		-			-			
	letter		er the	e date	of the m	nost 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 separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Employ	vee		OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be file	ed under sections 104	and 4065 of the Employe	e	2	016			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Intern	of 1974 (ERISA), and a nal Revenue Code (the	1000 G. 10	(a) of		s Open to Public spection			
Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with the instru	uctions to the Form 550	0-SF.					
the second se	Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016								
x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach									
A This return/report is for: a one-participant plan a one-participant plan a one-participant plan a foreign plan									
B This return/report is:									
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558	automatic extension			FVC progra	m			
L	x special extension (enter description		#101.00.00.00.00.00.00.00.00.00.00.00.00.						
	mation enter all requested info	rmation		44					
1a Name of plan Anesthesia & Pain Me	adicine, P.A. Profit Sha	cing Plan		1b Thre plan (PN)	number	001			
					ctive date of				
				01/	01/1987	19-12-04-015-			
Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. B , country, and ZIP or foreign postal c	ox) ode (if foreign, see ins	tructions)		bloyer Identif	fication Number			
Anesthesia & Pain Me		ouo (n 1010)gin, 000 mo			nsor's telept	none number 3861			
1500 Neuth Divis Ne						see instructions)			
1500 North Dixie Hwy	, suite 103			621	.111				
US West Palm Beach FL 334				26 Ada	deleterte de f	-151			
3a Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN				
				3c Adm	ninistrator's t	elephone number			
					inistrator a c				
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the per from the last return/report.	last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's name	•			4c PN					
5a Total number of participants a	t the beginning of the plan year			5a		6			
	t the end of the plan year			5b		6			
	count balances as of the end of the			5c		6			
	cipants at the beginning of the plan y		••••••	5d(1) 3					
	cipants at the end of the plan year			5d(2)		3			
	rminated employment during the plar			5e 0					
Caution: A penalty for the late o	r incomplete filing of this return/re	port will be assessed	d unless reasonable cau	ise is estat	blished.				
Under penalties of perjury and other	er penalties set forth in the instructio	ns, I declare that I have	e examined this return/rep	oort, includi	ng, if applica	able, a Schedule			
SB or Schedule MB completed and belief, it is true, correct, and completed	d signed by an enrolled actuary, as v	vell as the electronic ve	ersion of this return/report	, and to the	best of my	knowledge and			
SIGN	/ /	1/12/18	Sheldon Regenba	um					
HERE Signature of plan admir	riguator	Date	Enter name of individua	I signing as	s plan admin	istrator			
SIGN	14	1.1.1.1.1	Sheldon Regenbar						
HERE Signature of employer/p		Date	Enter name of individua	I signing as	s employer o	or plan sponsor			
Preparer's name (including firm na Skip this question	ime, if applicable) and address (inclu	de room or suite numb	per)	Preparer's	telephone i	number			
Skip tins question				Skipth	is questi	on			
For Paperwork Doduction Act M	otice, see the instructions to F	- FEAD OF		THE R. P.					
For Paperwork Reduction Act No	otice, see the instructions for Forr	1 5500-51.			Fo	rm 5500-SF (2016)			

v.160205

Form 5500-SF 2016	Form	5500-SF	2016
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-	FUIII 5500-5F 2010		Page Z	
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)	XYes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an			XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must instead use Form	5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance prog	ram (see ERISA section 4021)?	. Yes No Not determined
P	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2,828,244	3,060,605
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,828,244	3,060,605
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	18,968	
		10000		

	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	191	
b	Other income (loss)	8b	232,780	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		251,939
ł	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
•	Certain deemed and/or corrective distributions (see instructions)	8e	0	
į.	Administrative service providers (salaries, fees, commissions)	8f	19,578	
1	Other expenses	8g	0	
1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		19,578
	Net income (loss) (subtract line 8h from line 8c)	8i		232,361
	Transfers to (from) the plan (see instructions)	8j	13	

Plan Characteristics Part IV

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2G 2H 2R 3D 3H

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

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					en na desta del pola del na accesa d
	Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
C	Was the plan covered by a fidelity bond?	10c	х			250,000
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		x		
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 plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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Part	VI	Pension Funding Compliance							
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)					Yes	X No	
11a		he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a					
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				🗆	Yes	X No	
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver	Month		ter the da Day		e letter r ear	uling	
	0.51 - 22	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Enter th	e minimum required contribution for this plan year.	••••••	121	·				
c	c Enter the amount contributed by the employer to the plan for the plan year								
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)			1				
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 r	esolution to terminate the plan been adopted in any plan year?			🗌 Ye	s X	No		
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a	1				
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broom of the PBGC?				Yes	N X	No	
c	C 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.)								
13	lc(1) Na	me of plan(s):	13c(2	2) EIN(s)	1	1:	13c(3) PN(s)		
Part	VIII	Trust Information - Skip These Questions							
14a	Name c	f trust		14	b Trust's	EIN			
14c	Name o	f trustee or custodian		14	d Trustee telepho	e or cust one num			
Part	IX	IRS Compliance Questions - Skip These Questions							
		an a 401(k) plan? If "No," skip b.		Yes			No		
The second	1.015 - 2.916	I the plan satisfy the nondiscrimination requirements for employee deferrals under section			-based			Wood" ADD	
105	401(k)(3	a) for the plan year? Check all that apply:		safe ha			test	year" ADP	
				"Currer ADP te	nt year" st		N/A		
16a	What te year? C	sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply:		Ratio percen test	tage 🗌	Avera	age fit test	🗌 N/A	
16b	Did the for the p	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4 plan year by combining this plan with any other plan under the permissive aggregation rules?)	Yes			No		
17a	nersen 177	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR		letter or	advisory I	etter, en	ter the	date of	
17b	If the pla	an is an individually-designed plan that received a favorable determination letter from the IRS,	enter the	date of th	ne most re	ecent de	termina	ition	
	Were an	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not se	eparated fr	om	Ye:	s 🗌	No		
		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye:	s 🗌	No		