For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee R	etirement	nt 2016				
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (57(b) and 6058(a) of the		This Form is Open to Public Inspection				
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 5	500-SF.					
Part I	Annual Report Io	dentification Information	016	and ending 12	2/31/2016					
		a single-employer plan		J		king this box must attach a				
A This ret	urn/report is for:	a one-participant plan				vith the form instructions.)				
B This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	H	n/report (less than 12 m	onths)					
C Check b	box if filing under:	 Form 5558	automatic extension		DFVC p	rogram				
	-	special extension (enter descri		N N						
Part II	Basic Plan Infor	mation—enter all requested info								
1a Name CARDIOLOG	of plan	WOOD 401(K) PROFIT SHARIN				e-digit number ▶ 001				
					, ,	tive date of plan 12/01/2004				
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Empl (EIN)	oyer Identification Number				
	LOGY CENTER OF EN	country, and ZIP or foreign posta NGLEWOOD, P.A.	ii code (if foreign, see inst	ructions)	2c Sponsor's telephone number 941-475-5621					
601 MEDICA ENGLEWOO					2d Business code (see instructions) 621111					
3a Plan ar	dministrator's name and	address X Same as Plan Spons	sor		3h Admi	nistrator's EIN				
					3c Administrator's telephone number					
		blan sponsor has changed since to be from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN					
a Sponso					4c PN					
5a Total r	number of participants a	t the beginning of the plan year			. 5a					
		t the end of the plan year			5b	18				
		count balances as of the end of t		•	5c	12				
	,	cipants at the beginning of the pla			5d(1)	16				
d(2) Tota	al number of active parti	cipants at the end of the plan yea	r		5d(2)	18				
		rminated employment during the			5e					
Caution: A Under pena SB or Sche	penalty for the late or alties of perjury and othe	incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	unless reasonable car examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN Filed with authorized/valid electronic signature. 10/16/2017 ADRIA HARTNER										
HERE	Signature of plan ad	ministrator	ninistrator Date Enter name of indiv							
SIGN HERE										
	Signature of employe	e r/plan sponsor me, if applicable) and address (ind	Date			as employer or plan sponsor s telephone number				
i iopaioi o				. ,						

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (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 program (see ERISA section 4021)? 							
Pa	rt III Financial Information	1	·				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
a	Total plan assets	7a	419966	502157			
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	419966	502157			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	24615				
	(2) Participants	8a(2)	36357				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	28136				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		89108			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6917				
е	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6917			
i	Net income (loss) (subtract line 8h from line 8c)	8i		82191			

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

9a 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 2T 3D

8j

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 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		
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		Х		
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			1635
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	X			

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			YAS Y					
		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	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)									
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" 🔲 N/A test					
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	o Average N/A benefit 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			

	orm 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210							
	partment of the Treasury ternal Revenue Service	This form is required to be	This form is required to be filed under sections 104 and 4065 of the Employee						
Employee	Department of Labor Benefits Security Administration	Retirement Income Security A	ct of 1974 (ERISA), a ternal Revenue Code		B(a) of This	Form is Open to Public Inspection			
Pensio	n Benefit Guaranty Corporation	Complete all entries in according to the second	cordance with the in	structions to the Form 550	0-SF.	mapection			
Part		Identification Information	01/01/001		10/01/0				
For cale	ndar plan year 2016 or fis		01/01/201		12/31/2				
A This	return/report is for:	x a single-employer plan	a list of participa	yer plan (not multiemployer) ting employer information in a					
R Thic	return/report is:	a one-participant plan the first return/report	a foreign plan the final return/re	aport					
	returnineport is.	an amended return/report	H	return/report (less than 12 n	nonths)				
C Cher	k box if filing under:	x Form 5558	automatic extens	sion		; program			
e onec	in box in ming under.	x special extension (enter descri							
Denti	Decis Dian Infe								
Part I	me of plan	prmation enter all requested i	nformation		1b Three-di	ait			
		of Englewood 401(k) Prot	Fit Sharing Pl	an and Trust	plan nur	nber			
Ca	ruibiogy center (or angrewood vor(k) rron	it bharing it	an and Huse	(PN) ►	001			
0					12/01,				
Ma	iling Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign post	D. Box) al code (if foreign, se	e instructions)		er Identification Number 65–1092014			
Th	e Cardiology Cen	ter of Englewood, P.A.				's telephone number 475-5621			
						s code (see instructions)			
60	1 Medical Drive				62111:				
	Englewood FL 34223				3b Administrator's EIN				
Ja Pla	in administrator's name a	and address 🕱 Same as Plan Spo	onsor		3D Administrator's EIN				
			,		3c Adminis	trator's telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report	filed for this plan, enter the	4b EIN				
a Sp	onsor's name				4c PN				
		at the beginning of the plan year			5a	16			
		at the end of the plan year			5b	18			
		account balances as of the end of the		the second s	5c	12			
		rticipants at the beginning of the pla			5d(1)	16			
d(2) T	otal number of active particular	rticipants at the end of the plan yea	r		5d(2)	18			
Nu	mber of participants that	terminated employment during the	plan year with accrue	d benefits that were	5e				
Cautio		or incomplete filing of this retur			use is establic	shed			
		other penalties set forth in the instru			and the second sec				
SB or S		and signed by an enrolled actuary,							
SIGN	John Hart	T-	10/16/17	ADRIA HARTNER					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al signing as pla	an administrator			
SIGN									
HERE	Terginatare et empreje		Date			nployer or plan sponsor			
	er's name (including firm this question	name, if applicable) and address (i	nclude room or suite	number)	Preparer's tele Skip this of	ephone number question			

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Pa	ge	2
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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions)						X Yes	ΠNο	
	Are you claiming a waiver of the annual examination and report of a			untant	t (IQP	A)		******	<u></u> 103		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	and conditio	ons.)					•••••	XYes	No	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							No	Not c	letermined	
D	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	Year	r			(b) End	of Year		
		. 7a		9,9				(6) End		157	
a	Total plan assets		41	.9,9	00				502	,157	
b	Total plan liabilities										
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		.9,9	66					,157	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			_		(d)	Total		
а	(1) Employers	. 8a(1)	2	4,6	15						
	(2) Participants	. 8a(2)	3	86,3	57						
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b	2	28,1	36						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		-	,_						100	
d	Benefits paid (including direct rollovers and insurance premiums								89	,108	
u	to provide benefits)	. 8d		6,9	17						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								6	,917	
1	Net income (loss) (subtract line 8h from line 8c)						82,191				
÷	Transfers to (from) the plan (see instructions)										
	art IV Plan Characteristics	• •	L								
		footune cod	as from the List of Dian C	hara	toriot		loo in th	- in of mu	tioner		
94	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D	leature cou	es from the List of Plan C	narac	lensi		ies in u	ie instruc	cuons.		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Ch	aract	eristic	: Code	es in the	e instruct	ions:		
P	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
â	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period								
	described in 29 CFR 25 0.3-102? (See instructions and DOL's V	oluntary Fie	duciary Correction								
	Program)	••••••		10a		x					
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x					
C	Was the plan covered by a fidelity bond?			10c		x					
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	s, or other persons by an insurance es some or all of the benefits under				x					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		x					
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	x					1,635	
ł	I 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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i	x						

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Part	VI	Pension Fur	ding Compliance			_		
11			lan subject to minimum funding requirements? (If "Yes," see instructions and complete below)			י 🗆	res 🛛] No
11a	Enter th	ne unpaid minimu	m required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12			tion plan subject to the minimum funding requirements of section 412 of the Code or se				res X	No
	(If "Ye	s," complete line	12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а			m funding standard for a prior year is being amortized in this plan year, see instructions, Month	and ente		e of the Yea		lling
lf y	ou com	pleted line 12a,	complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		T			
b	Enter th	ne minimum requi	red contribution for this plan year	12b				
С	C Enter the amount contributed by the employer to the plan for the plan year							
d			ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
е	Will the	minimum fundin	amount reported on line 12d be met by the funding deadline?		Yes] No	N.	/A
Part	VII	Plan Termin	ations and Transfers of Assets	-				
13a	Has a r	esolution to termi	nate the plan been adopted in any plan year?	[Yes	х	No	
	If "Yes,	" enter the amou	t of any plan assets that reverted to the employer this year	13a				
b			distributed to participants or beneficiaries, transferred to another plan, or brought under			Yes [X No	
С		•	any assets or liabilities were transferred from this plan to another plan(s), identify the pla were transferred. (See instructions.)	an(s) to				
1:	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c	(3) PN	(s)
Parl	VIII	Trust Inform	ation - Skip These Questions			1.4		
14a	Name o	of trust		14b	Trust's E	IN		
14c	Name of	of trustee or custo	dian	14d	Trustee of telephone			
					telephon	5 marries	51	÷.
Part	IX	IRS Complia	nce Questions - Skip These Questions					
15a	Is the p	olan a 401(k) plan	? If "No," skip b.	Yes			No	
15b			the nondiscrimination requirements for employee deferrals under section	Design-b safe har			'Prior ye test	ear" ADP
	401(K)(of the plan ye		"Current	year"		N/A	
40-				ADP tes	t			
169			s used to satisfy the coverage requirements under section 410(b) for the plan	Ratio percenta test	ige	Averag benefit	-	□ N/A
16b			overage and nondiscrimination requirements of sections 410(b) and 401(a)(4) bining this plan with any other plan under the permissive aggregation rules?	Yes			No	
17a		lan is a master ar	d prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion	letter or a	advisory le	etter, en	ter the o	date of
17b			ally-designed plan that received a favorable determination letter from the IRS, enter the	date of th	e most re	cent def	termina	tion
18	Defined Were a	ny distributions n	Money Purchase Pension Plan Only: nade during the plan year to an employee who attained age 62 and had not separated fr		Yes		No	
19			t a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	