-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Inter	rtment of the Treasury nal Revenue Service	This form is required to be filed Income Security Act of 1974	d under sections 104 and 4			2016
Employee Be	enefits Security Administration		Revenue Code (the Code).		This Form is Open to Public Inspection
Part I		Complete all entries in a dentification Information	ccordance with the instr	uctions to the Form 5	500-SF.	
	ar plan year 2016 or fisc		016	and ending 12	2/31/2016	
		X a single-employer plan		an (not multiemployer) (ing this box must attach a
A This ret	urn/report is for:	a one-participant plan	list of participating em	iployer information in ac	ccordance w	ith 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 return	n/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri				
Part II	Basic Plan Infor	mation—enter all requested infe	ormation		1	
1a Name SPINE & OR	•	ISTS PLLC 401(K) PROFIT SHA	RING PLAN		1b Three plan (PN)	number
					1c Effec	tive date of plan 01/01/2008
		er, if for a single-employer plan)				oyer Identification Number
City or		, apt., suite no. and street, or P.O , country, and ZIP or foreign posta		uctions)	(EIN) 2c Spor	20-4199089 Isor's telephone number
						727-372-9922
2040 SHORT ODESSA, FL					20 Busin	ess code (see instructions) 621111
3a Plan a	dministrator's name and	I address Same as Plan Spon	sor		3b Admi	nistrator's EIN
	THOPAEDIC SPECIALI	ISTS PLLC 2040 SHO	RT AVE			20-4199089
		ODESSA,	FL 33556		3c Admi	nistrator's telephone number 727-372-9922
						121-312-3922
.					41	
		plan sponsor has changed since t ber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN	
a Sponse	or's name				4c PN	
5a Total r	number of participants a	t the beginning of the plan year			5a	29
		t the end of the plan year			5b	41
		ccount balances as of the end of t		•	5c	53
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	29
		icipants at the end of the plan yea			5d(2)	41
		erminated employment during the			5e	3
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	01/30/2018	VICTOR HAYES		
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	as plan administrator
SIGN HERE		· .				
	Signature of employ	er/plan sponsor me, if applicable) and address (in	Date	Enter name of individ		as employer or plan sponsor
i ioparor o				, , , , , , , , , , , , , , , , , , ,		

6a b c	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 a 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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (IQI ions.) rm 5500-SF and must instead use	PA) [Yes [] No Form 5500
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1899459	2196067
b	Total plan liabilities	7b	901	
С	Net plan assets (subtract line 7b from line 7a)	7c	1898558	2196067
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	68815	
	(2) Participants	8a(2)	147300	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	122213	
		•••		

b Other income (loss)	8b	122213	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		338328
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40819	
e 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		40819
i Net income (loss) (subtract line 8h from line 8c)	8i		297509
j Transfers to (from) the plan (see instructions)	8i		
Part IV Plan Characteristics	· · ·		
9a If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Character	ristic Codes in the instructions:

Plan Characteristics

9a	If the	plan	provid	des pe	ension b	enefits,	enter the	applicab	le pensior	n feature	codes fro	m the l	List of Pla	n Charad	teristic	Codes in	the instr	uctions:
	2E	2G	2J	2K														

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			220000
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					s or custo ne 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	ł	"Prior y test	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 An	nual Return/R Benefit	eport of S	mall	Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required	to be filed under sec	tions 104 and 4	1065 o	f the Employee	2016
Department of Labor Employee Benefits Security Administration	6058(a)	Security Act of 1974) of the Internal Reve	enue Code (the	Code	is 6057(b) and -	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries	in accordance with	the instruction	s to ti	ne Form 5500-SF.	Public Inspection
Part I Annual Report Ide	entification Informat	ion	4// F		······································	
For calendar plan year 2016 or fis	scal plan year beginning		and er			
A This return/report is for:	a single-employer plan a one-participant plan	attach a list of instructions.)	participating err	ot mul iployer	tiemployer) (Filers r information in acco	checking this box must rdance with the form
B This return/report is:	the first return/report an amended return/repo	a foreign plai	n/report	ort (les	s than 12 months)	
C Check box if filing under:	Form 5558 special extension (ente	automatic ex			[DFVC program
Part II Basic Plan Inform	ation - enter all reque	sted information		,		
1 a Name of plan				1 b _{TI}	nree-digit an number (PN)	▶ 002
SPINE & ORTHOPAEDIC S SHARING PLAN	SPECIALISTS PLLC	2 401(K) PROFI	ſT	1 C E	ffective date of plan 01/01/2008	
2a Plan sponsor's name (employer, if for a Mailing address (include room, apt, sui City or town, state or province, country,	te no. and street, or P.O. Box)	if foreign, see instructions)		2b∈	mployer Identification Nu	mber (EIN)
SPINE & ORTHOPAEDIC S 2040 SHORT AVE ODESSA, FL 33556 3 a Plan administrator's name and address SPINE & ORTHOPAEDIC S 2040 SHORT AVE ODESSA, FL 33556 4 If the name and/or EIN of the for this plan, enter the name, a Sponsor's name	Same as Plan Sponsor.	ed since the last ret	urn/report filed m/report.	727 2d B 3b A 3c A	·	itions)
 5 a Total number of participants a b Total number of participants a c Number of participants with acc contribution plans complete t d(1)Total number of active part d(2)Total number of active part e Number of participants that benefits that were less that 	at the end of the plan yes count balances as of the en his item) cicipants at the beginning cicipants at the end of the t terminated employment	ar d of the plan year (on of the plan year plan year during the plan year	ly defined	5 a 5 b 5 c 5 d(1) 5 d(2) 5 e		
Caution: A penalty for the late or	r incomplete filing of this	s return/report will b	e assessed unle	ess re	asonable cause is	established.
Under penalties of perjury and other penalties and signed by an enrolled actuary, as well a	es set forth in the instructions, I d as the electronic version of this re	leclare that I have examined turn/report, and to the best	of my knowledge and	d belief,	it is true, correct, and co	e SB or Schedule MB completed mplete.
SIGN / MT	\sim	Inalia	VICTOR H			
HERE Signature of plan administrator	<u></u>	Date 1/29/18			I signing as plan adminis	trator
SIGN HERE Signature of employer/plan spor	Un	Date 1/29/18	VICTOR H		S I signing as employer or j	nlan soonsor
HERE Signature of employer/plan spor		1-1-			reparer's telephone num	· · · · · · · · · · · · · · · · · · ·
BAA For Paperwork Reduction	Act Notice, see the Instr	ructions for Form 55	00-SF.			Form 5500-SF (2016)

Form 5500-SF 2016		Page 2					
 6 a Were all of the plan's assets during the plan year invested in eligible a 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 and If you answered 'No' to either line 6a or line 6b, the plan cannot use Form 	indepen conditio	dent qualified ns.) and must inste	public ad us	e acco e Forr	ountar n 5500	nt (IQF 	A) XYes No
${f c}$ If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se	e ERISA se	ction 4021)?		· · · · [Yes		No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginn	ning of	f Year			(b) End of Year
a Total plan assets	. 7a		189	945	9		2196067
b Total plan liabilities	7b			90	1		0
c Net plan assets (subtract line 7b from line 7a)	7c			855	8		2196067
8 Income, Expenses, and Transfers for this Plan Year	2	(a) A	moun	t			(b) Total
a Contributions received or receivable from:							
(1) Employers.	8a(1)			5881			
(2) Participants	8a(2)		14	1730	0		a fa she an ing a sa ƙwara ƙwara Manazar ƙwara ƙwara ƙwara ƙ
(3) Others (including rollovers)	8a(3)				_		
b Other income (loss)	8b		12	2221	3		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·····				338328
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		4	1081	9		
e Certain deemed and/or corrective distributions (see instructions)	8e				2		
f Administrative service providers (salaries, fees, commissions)	8f					11 - 14 B	
g Other expenses.	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						40819
i Net income (loss)(subtract line 8h from line 8c)	8i						297509
Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9 a If the plan provides pension benefits, enter the applicable pension feature codes from	the List of	Plan Characterist	ic Code	es in th	e instru	ctions:	
2E 2G 2J 2K							
b If the plan provides welfare benefits, enter the applicable welfare feature	e codes fi	rom the List of I	Plan C	harac	teristic	: Code	s in
the instructions:							
Part V Compliance Questions		<u></u>					
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribution period described in 29 CFR 2510.3-102? (See instructions and DOL)	ons withi	n the time					
			10-				
Fiduciary Correction Program)			1 0 a		X		
b Were there any nonexempt transactions with any party-in-interest? transactions reported on line 10a.)	(Do not i	nclude					
			10b		X		
c Was the plan covered by a fidelity bond?			10c	X			220000
d Did the plan have a loss, whether or not reimbursed by the plan's fic caused by fraud or dishonesty?			1 0 d		x	1	
e Were any fees or commissions paid to any brokers, agents, or other insurance carrier, insurance service, or other organization that provides s benefits under the plan? (See instructions.)	iome or a	ll of the	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			10g		X		······································
							san e futpri e de años
h If this is an individual account plan, was there a blackout period? (S 29 CFR 2520.101-3.).	See instru	uctions and	10h		X		
i If 10h was answered 'Yes,' check the box if you either provided the of the exceptions to providing the notice applied under 29 CFR 2520	required).101-3 .	notice or one	1 0i				

Form 5500-SF 2016

Page	3	 Γ
гаце	Э	 1

Part VI Pension Funding Compliance				Washington	
 Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instr Schedule SB (Form 5500) and line 11a below) 	ructions and con	nplete		Пү	es X No
11 a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55			······································		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 302 of ERISA?	412 of the Code	or secti	. I. on		es X No
(If 'Yes,' complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan the letter ruling granting the waiver	n year, see instri Month	uctions,	and enter Day	the date of Yea	ar
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		12b			
c Enter 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 to the left of a negative amount).	a minus sign	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadli			Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets		<u> </u>			I
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 an or brought under the control of the PBGC?	nother plan,		Yes	X No	
c If, during this plan year, any assets or liabilities were transferred from this plan to an plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions	pothor				
13c(1) Name of plan(s):		EIN(s)		13c	(3) PN(s)
	···· ···········	i.i.			
Part VIII Trust Information	····				
Part VIII Trust Information 14a Name of trust					
		14 b Tru	ist's EIN		
14c Name of trustee or custodian		14 d Tru	istee's or cus	todian's teleph	one number
Part IX IRS Compliance Questions		 			
15a Is the plan a 401(k) plan? If 'No,' skip b		Yes	· · · · · · · · · · · · · · · · · · ·	No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under s		Desir			
401(k)(3) for the plan year? Check all that apply:	section	safe safe meth	ent year'	Prior y test	ear' ADP
 16a What testing method was used to satisfy the coverage requirements under section 4² plan year? Check all that apply: 	10(b) for the	safe meth Curr ADP Ratio	harbor od ent year' test	test	ear' ADP
401(k)(3) for the plan year? Check all that apply:	10(b) for the	Safe meth meth Curr ADP Ratio	harbor od ent year' test entage	L test	
 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 4 plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the section 401(a)(4) for the plan year? 	10(b) for the he plan year	Safe' meth meth I'Curr ADP Ratio perce test	harbor od ent year' test entage	L test L test N/A Average benefit test No	N/A
 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 4 plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the 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 receiver. 	10(b) for the he plan year ved a favorable	safe`meth meth 'Curr ADP Ratio perce test Yes a IRS op	harbor od ent year' test entage	L test	N/A ry letter,
 401(k)(3) for the plan year? Check all that apply:	10(b) for the he plan year wed a favorable	safe`meth meth 'Curr ADP Ratio perce test Yes a IRS op	harbor od ent year' test entage	L test	N/A ry letter,