	m 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-1210-1								
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement					
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (		7(b) and 6058(a) of the			orm is Open to c Inspection			
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	r ubii	cinspection			
For calenda	Annual Report Ic Ar plan year 2016 or fisca	dentification Information	16	and ending 12	/31/2016					
		a single-employer plan	a multiple-employer pla	J		king this box	must attach a			
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance v	vith the form	instructions.)			
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)					
C Check	box if filing under:	 ] Form 5558	automatic extension		DFVC p	orogram				
		special extension (enter descrip	otion) HURRICANE IRMA	TAX RELIEF						
Part II	Basic Plan Inforr	mation—enter all requested info	ormation							
<b>1a</b> Name SLEEPDRE		C 401(K) PROFIT SHARING PLA	N TRUST		1b Thre plan (PN)	number	001			
					1c Effect	ctive date of 01/01				
2a       Plan sponsor's name (employer, if for a single-employer plan)       2b       Employer Identification Num         Mailing address (include room, apt., suite no. and street, or P.O. Box)       (EIN)       27-3960666         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2a       0							60666			
SLEEPDREAMS DIAGNOSTICS LLC						<b>2c</b> Sponsor's telephone number 813-440-5099				
3104 N ARM SUITE 4 TAMPA, FL 3	ENIA AVENUE 3607				2d Busir	ness code (s 54199	see instructions)			
3a Plan a	dministrator's name and	address X Same as Plan Spons	sor.		3b Adm	inistrator's E	IN			
					3c Adm	inistrator's te	elephone number			
		blan sponsor has changed since the sponsor has changed since the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN					
a Sponse					<b>4c</b> PN					
		t the beginning of the plan year			5a		5			
		t the end of the plan year count balances as of the end of th			5b		5			
					. <b>5c</b>					
• • •	•	cipants at the beginning of the pla			5d(1)		0			
e Numb	er of participants that te	cipants at the end of the plan year rminated employment during the p	plan year with accrued ber	nefits that were less	5d(2) 5e		C			
		incomplete filing of this return/			ise is esta	blished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	oort, includ	ing, if applic				
SIGN	Filed with authorized/va	lid electronic signature.	01/31/2018	MARCOS QUEVEDO						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing	as plan adm	ninistrator			
SIGN HERE										
	Signature of employe	er/plan sponsor ne, if applicable) and address (inc	Date	Enter name of individu		as employe s telephone				
				, , , , , , , , , , , , , , , , , , ,						

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					X Yes 🗌 No
b	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							🛛 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann							
с	If the plan is a defined benefit plan, is it covered under the PBGC in							
	rt III Financial Information		5		,	L		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year
a	Total plan assets	7a	(u) Doginning (	3436				3678
b	Total plan liabilities	7u 7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c		3436				3678
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from:			0				
	(1) Employers	8a(1)		-				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		242				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						242
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		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						242
j	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a		feature co	odes from the List of PI	an Chai	racteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	les in t	he instructions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
6		tions with	in the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			х		
<u> </u>	Program)			10a				
k	• Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	4.01		Х		

	reported on line 10a.)	100		
С	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	X	
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 c m 5500) and line 11a below)					🗌 Y	es 🗌 No
11a	Ente	r 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					ΠY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day	′	Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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 least of the matter 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?				X Yes	s 🗌 No	)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	4 IV	IRS Compliance Questions						
rai							□	
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 ye test	ar" 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		nter the	e date	of the m	ost rec	ent determir	nation
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 ce?		from	Yes	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

For	rm 5500-SF	of Small Emp	Ployee OMB Nos. 121								
	rtment of the Treasury rnal Revenue Service	4065 of the Employee F		2016							
Employee B	epartment of Labor Renefits Security Administration	Income Security Act of 1974		A), and sections 60 nue Code (the Code		he Internal This Form is Open to Public Inspection					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accord	ance with the inst	ructions to the Form 5	500-SF.	r unic mapection				
Part I		dentification Information	* •								
For calend	ar plan year 2016 or fis			1/2016	and ending		31/2016				
A This rel	turn/report is for:	x a single-employer plan				•	king this box must attach a /ith the form instructions.)				
		a one-participant plan	at	foreign plan							
B This ret	urn/report is	the first return/report		e final return/report							
		an amended return/report	las	short plan year retur	n/report (less than 12 n	nonths)					
C Check	box if filing under:	Form 5558		itomatic extension		DFVC p	rogram				
		X special extension (enter descri	Name and Address of the Owner, or other		RMA TAX RELIEF						
Part II	Basic Plan Infor	mation—enter all requested inf	ormatio	on							
1a Name	of plan					1b Three					
Sleepdreams Diagnostics LLC 401(k) Profit Sharing Plan Trust							number 001				
							tive date of plan				
2a Plans	ponsor's name (employ	er, if for a single-employer plan)					over Identification Number				
Mailing	address (include room	, apt., suite no. and street, or P.O	. Box)				1)27-3960666				
	town, state or province reams Diagnost	, country, and ZIP or foreign posta	al code	(if foreign, see inst	ructions)	2c Spor	sor's telephone number				
steepu	reallis Dragilose						813-440-5099				
3104 N	Armenia Avenue	9 *			1 × 1	2d Busir 5419	ness code (see instructions)				
Suite 4	1				l'	0110					
Tampa		FL 33607			1						
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spon	sor.		- St	3b Admi	nistrator's EIN				
						3c Admi	nistrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor has changed since t	the last	return/report filed f	or this plan, enter the	4b EIN					
		ber from the last return/report.				4c PN					
	or's name										
		t the beginning of the plan year					5				
		t the end of the plan year				5b	5				
		ccount balances as of the end of t				<b>5</b> C	5				
<b>d(1)</b> Tot	al number of active part	icipants at the beginning of the pla	an year	٢			0				
d(2) Tot	al number of active part	icipants at the end of the plan yea	ar			5d(2)	0				
		erminated employment during the				5e	0				
Caution: A	100% vested	r incomplete filing of this return	Irenor	t will be assessed	unless reasonable ca		0 blished				
Under pena SB or Sche	alties of perjury and other edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I	declare that I have	examined this return/re	eport, includi	ng, if applicable, a Schedule				
	true, correct, and compl	eter.		1.1.10	Managa	-	1				
SIGN	19 ml	Mun -		16//8	Marcos Queved						
	Signature of plan ad	ministrator		Date	1	and the second second second second second	as plan administrator				
SIGN	Mart	YWM		13118	Marcos Queved	0					
HERE	Signature of employ			Date		and the second design of the s	as employer or plan sponsor				
Preparer's	name (including firm na	me, if applicable) and address (in	clude r	oom or suite numbe	er)	Preparer's	s telephone number				

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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 <b>If you answered "No" to either line 6a or line 6b, the plan cam</b>	an independ and condition and use For	dent qualified public a ons.) m 5500-SF and mus	t inste	ant (IC	(PA) Forn	n 5500.	[2	Yes [	No   No
-	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance pr			021)?	····· [			ot determ	
7	Plan Assets and Liabilities		(a) Beginning	of Year	.		(b)	End of Ye	ar	
a	Total plan assets	7a			436				and the second	,678
	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		3,	436				3	,678
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
а	Contributions received or receivable from:									Sec.
gengeningenterlang	(1) Employers	8a(1)		india and a state of the second	0					
-	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
and the rest of the local	Other income (loss)	8b			242					
And the second se	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								242
u	to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				. The second	
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1						0
i	Net income (loss) (subtract line 8h from line 8c)	8i	1	c <del>à</del>						242
j	Transfers to (from) the plan (see instructions)	8j	1		0		and the second			
Par	t IV Plan Characteristics		58							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2F 2G 3D	feature cod	es from the List of Pla	an Cha	racteris	stic Co	odes in the	e instructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	cterist	ic Coo	des in the	instruction	S:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Am	ount	
a	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 Fic	luciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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 by fraud or dishonesty?	fidelity bond	d, that was caused	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of th	ne benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g		Х				
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 th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						

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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 a (Form 5500) and line 11a below)			B	Yes N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	40	11a		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?			f	Yes X N
<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see</li> </ul>				•
granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I		Da	У	Year
<b>b</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 a minus sign to negative amount)		12d		
e 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?			X Yes	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 b control of the PBGC?			۲ <u> </u>	/es 🛛 No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	dentify the plan(s	) to		
13c(1) Name of plan(s):	13c(2)	) EIN(s)		13c(3) PN(s)
Part VIII Trust Information				
14a Name of trust		14b	Trust's EIN	
		140		
14c Name of trustee or custodian			Trustee's or o telephone nu	
Part IX IRS Compliance Questions		I		
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b	Yes			D
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Safe i	in-based harbor ent year test	L te	
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:	an _ Ratio		Averag benefit	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				0
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter and the serial number	IRS opinion letter	r or advi	sory letter, er	nter the date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter	S, enter the date	of the n	nost recent de	etermination
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 service?		] 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	