For	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (I		7(b) and 6058(a) of the		This Form is Open to			
Pension Be	enefit Guaranty Corporation	 Complete all entries in ac 	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I	Annual Report	dentification Information							
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/20	17	and ending 12	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan	list of participating em			-			
P This set		a one-participant plan	a foreign plan						
	urn/report is	the first return/report	X the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		× special extension (enter descrip	otion) DISASTER RELIEF	- HURRICANE IRMA					
Part II	Basic Plan Info	rmation—enter all requested info	rmation						
1a Name	•								
MANATEE L	AKEWOOD RADIOLO	GY ASSOCIATES, LLC 401(K) PR	OFIT SHARING PLAN						
						•			
2a Plan si	oonsor's name (employ	ver, if for a single-employer plan)			2h Empl				
Mailing	address (include roon	n, apt., suite no. and street, or P.O.		(unitional)					
		e, country, and ZIP or foreign postal GY ASSOCIATES, LLC	code (il loreign, see insti	uctions)	2c Spor	nsor's telephone number 941-955-4101			
					2d Busir	ness code (see instructions)			
8374 MARKE BOX 502	ET ST.					621111			
BRADENTO	N, FL 34202								
3a Plan a	dministrator's name an	d address X Same as Plan Spons	sor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name has			4b EIN				
•	an, enter the plan spor or's name	sor's name, EIN, the plan name an	d the plan number from th	ne last return/report.	4d PN				
C Plan N									
Fa - x					5a				
-		at the beginning of the plan year			5a 5b				
		at the end of the plan year account balances as of the end of th			5c				
•	,			ľ					
• •		ticipants at the beginning of the plan	•		5d(1) 5d(2)				
• •		ticipants at the end of the plan year terminated employment during the		-					
than	100% vested								
		or incomplete filing of this return/ per penalties set forth in the instruction							
SB or Sche		d signed by an enrolled actuary, as							
SIGN	Filed with authorized/	valid electronic signature.	04/05/2018	JOHN THOMAS, MD		F. This Form is Open to Public Inspection 2017 Checking this box must attach a ance with the form instructions.) (P) FVC program Three-digit plan number (PN) ▶ 002 Effective date of plan 01/01/2006 002 Effective date of plan 01/01/2006 002 Employer Identification Number (EIN) 20-5517859 Sponsor's telephone number 941-955-4101 621111 Administrator's telephone number 621111 Administrator's telephone number 621111 Administrator's telephone number 621111 Image: Color of the phone number			
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

-	Were all of the plan's assets during the plan year invested in eligib		, ,					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					,		X 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							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	premium filing for this p	lan yea	r			. (See instructions.)
Do	rt III Financial Information							
<u>га</u> 7							() – 1	
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning	of Year 12950			(b) End	of Year 0
<u> </u>	Total plan assets	7a 7b	30	12950				0
	Total plan liabilities	7b	20	12950				0
	Net plan assets (subtract line 7b from line 7a)	7c					(1) -	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	nt	_		(b) T	otal
a	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1	11740				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						111740
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	392	23454				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	. 8g		1236				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3924690
i	Net income (loss) (subtract line 8h from line 8c)	8i						-3812950
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 2F 2G 2J 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	les in the instru	uctions:
Par	rt V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	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)		•	10a		х		
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10u		X		
С	· · ·			10c	х			500000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		

Х

Х

10g

10h

10i

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i,

2520.101-3.)

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.....

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<u> </u>	'es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	<u> </u>	′es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the lette Year _	r ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3) PN(s)

	epartment of the Treasury	Short Form Ann	ual Return/Report Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
	nternal Revenue Service	This form is required to be fi	iled under sections 104 and	4065 of the Employee R	etirement	2017		
	e Benefits Security Administratio		74 (ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the e).	Internal	This Form is Open to		
	n Benefit Guaranty Corporation	Complete all entries in	n accordance with the inst	ructions to the Form 5	500-SF	Public Inspection		
Part I	Annual Report	rt Identification Informatio	n					
For caler	ndar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/3	1/2017		
A This	return/report is for:	⊠ a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) (nployer information in ac	Filers checki	ng this box must attach a the form instructions.)		
R This s	eturn/report is	a one-participant plan	a foreign plan					
	eturn/report is	the first return/report	$\overline{\mathbb{X}}$ the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Chec	k box if filing under:	Form 5558	automatic extension			ogram		
		x special extension (enter des	cription) Disaster Re	lief - Hurrica		9.2		
Part II	Basic Plan Inf	ormation—enter all requested i	information	LICE - HULLICAL	ie iima			
1a Nam	ne of plan				1b Three	digit		
ANATE	E LAKEWOOD RAI	DIOLOGY ASSOCIATES, L	LC 401(K) PROFIT	SHARING PLAN		umber 002		
					1c Effecti	ve date of plan		
2a Plan	SDONSOI's name (emp	lover if for a single omnlover start				/2006		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2b Employer Identification Number (EIN) 20-5517859				
MANATI	EE LAKEWOOD RA	ADIOLOGY ASSOCIATES,	LLC	uctions)	2c Spons	or's telephone number		
8374 N	MARKET ST.					ess code (see instructions)		
BOX 50					62111	1		
BRADEN		FL 34202						
3a Plan	administrator's name a	and address 🛛 Same as Plan Spo	onsor.		3b Admini	istrator's EIN		
					3c Admini	istrator's telephone number		
					3c Admini	istrator's telephone number		
If the	e name and/or EIN of th	ne plan sponsor or the plan name h	nas changed since the last re	eturn/report filed for	3c Admini 4b EIN	istrator's telephone number		
1115	e name and/or EIN of th plan, enter the plan sp nsor's name	ne plan sponsor or the plan name h onsor's name, EIN, the plan name	has changed since the last re and the plan number from th	eturn/report filed for last return/report.	4b EIN	istrator's telephone number		
1115	nsor's name	ne plan sponsor or the plan name h onsor's name, EIN, the plan name	has changed since the last re and the plan number from th	eturn/report filed for le last return/report.		istrator's telephone number		
a Spon C Plan	nan, enter the plan sp nsor's name Name	onsor's name, EIN, the plan name	and the plan number from th	e last return/report.	4b EIN 4d PN			
a Spon C Plan 5a Total	Name I number of participant	s at the beginning of the plan year.	and the plan number from th	ie last return/report.	4b EIN 4d PN 5a			
a Spon C Plan 5a Total b Total C Num	I number of participants ber of participants	s at the beginning of the plan year	and the plan number from th	e last return/report.	4b EIN 4d PN 5a 5b			
a Spon C Plan 5a Total D Total C Num com	I number of participants ber of participants ber of participants ber of participants with plete this item)	s at the beginning of the plan year s at the end of the plan year	and the plan number from th	e last return/report.	4b EIN 4d PN 5a 5b 5c			
a Spon C Plan 5a Total b Total C Num comp d(1) To	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the p	and the plan number from th	e last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1)			
a Spon C Plan 5a Total b Total C Num d(1) To d(2) To e Num	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan name s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan year b terminated employment during the	and the plan number from the plan year (only defined plan year	contribution plans	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)			
a Spon C Plan 5a Total b Total C Num comp d(1) To d(2) To e Num than	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan name s at the end of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye o terminated employment during th	and the plan number from the plan year (only defined plan year	ne last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e			
a Spon C Plan 5a Total b Total C Num com d(1) To d(2) To e Num than Caution:	I number of participants I number of participants I number of participants ber of participants with plete this item) btal number of active participants who otal number of active participants who is 100% vested	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the plan ye o terminated employment during th or incomplete filing of this retur	and the plan number from the plan year (only defined plan year	ne last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e			
a Spon C Plan 5a Total b Total C Num com d(1) To d(2) To e Num than <u>C</u> aution: Jnder per B or Sch	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan name s at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the plan year the plan year determinated employment during the or terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary	and the plan number from the plan year (only defined plan year (only defined plan year	ne last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi	() () () () () () () () () () () () () (
a Spon C Plan 5a Total b Total C Num comp d(1) To d(2) To e Num than Caution: Juder per SB or Sch belief, it is	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan name s at the beginning of the plan year as at the end of the plan year account balances as of the end of articipants at the beginning of the plan year the plan year determinated employment during the or terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary	and the plan number from the plan year (only defined plan year (only defined plan year	ne last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	() () () () () () () () () () () () () (
a Spon C Plan 5a Total b Total C Num com d(1) To d(2) To e Num than Caution: Jnder per 5B or Sch belief, it is	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan name s at the end of the plan year a account balances as of the end of articipants at the beginning of the plan yea o terminated employment during th or incomplete filing of this retur ther penalties set forth in the instru- and signed by an enrolled actuary, plete.	and the plan number from the plan year (only defined plan year (only defined plan year	ne last return/report. contribution plans nefits that were less unless reasonable cau examined this return/rep sion of this return/report, John Thomas, M	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	s hed. , if applicable, a Schedule est of my knowledge and		
a Spon C Plan 5a Total b Total C Num com d(1) To d(2) To e Num than Caution: Jinder per SB or Sch belief, it is SIGN	I number of participants I number of participants I number of participants ber of participants with plete this item)	s at the beginning of the plan name s at the end of the plan year a account balances as of the end of articipants at the beginning of the plan yea o terminated employment during th or incomplete filing of this retur ther penalties set forth in the instru- and signed by an enrolled actuary, plete.	and the plan number from the plan year (only defined plan year (only defined plan year	ne last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establi ort, including and to the b	s hed. , if applicable, a Schedule est of my knowledge and		

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6a b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public	2000	tant (1				
	If you answered "No" to either line 6a or line 6b, the plan can	10t use For	m 5500-SF and mu	st insta	ad us	e Forr	n 5500	X Ye	es 📋 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA s	section	4021)?	οι ο · Γ		Not de	aterminod
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pr	emium filing for this	plan ye	ar	L		(See inst	
Pa	rt III Financial Information		_						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	,		(b) End		
a	Total plan assets	7a		,812,			(0) End	l of Year	(
b		7b			0				(
C	Net plan assets (subtract line 7b from line 7a)	7c	3	,812,	950				(
8	Income, Expenses, and Transfers for this Plan Year	and a	(a) Amou				(b) ¹	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	(4) / 41104				(U)		
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)					and and		
b	Other income (loss)	8b	-	111,	740	- North State			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		and and	al and			-	111,740
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	,923,	454				- martin
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		1,	236		Ratio Same	ing sing and	Skrokera ()
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the closed store -					3,9	924,690
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			1. 19 Mar 1				312,950
<u> </u>	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature cod	es from the List of P	lan Cha	racteri	stic Co	odes in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	in Chara	acterist	tic Coo	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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 Fid	uciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х			
С				10c	Х			5	00,000
d		fidelity bond	that was caused	100		Х			00,000
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.)	er persons l	by an insurance	10a	1	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			10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	tions and 29 CFR	10h		Х			
	If 10b was approximated "Mars." at solution in the second							and the sector of the sector of the	an all she she she

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

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ete Schedul 11 section 30				-
	a			Yes
	a			
	2 of			Yes 🛛 I
ns, and ent	er the	date of		er ruling
	Jay		Year	
12	b			
12				
	d			
	ΠY	′es 🗌	No	N/A
	X	Yes	ΠΝ	0
13a				
ler the		x	Yes	No
plan(s) to				1
13c(2) FIN(s)		13c/3	DN(c)
	0)		100(0) P N(S)
	1. julija:	100		
	121 122 124 124 124 124 124 124 124 124	a 12d Y	12b 12c a 12d Yes X Yes 13a Jer the X plan(s) to	12b 12c a 12d