	rm 5500-SF	Short Form Annua	al Return/Repo Benefit Pla		oyee	OMB Nos. 1210-0110 1210-0089
Inte	ernal Revenue Service	This form is required to be filed			2017	
Employee I	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections Revenue Code (the C		e Internal	This Form is Open to Public Inspection
	Benefit Guaranty Corporation	Complete all entries in a	ccordance with the in	nstructions to the Form 5	500-SF.	r ubile inspection
Part I		dentification Information				
For calend	dar plan year 2017 or fis				2/31/2017	the difference of a dealer
A This re	eturn/report is for:	X a single-employer plan	list of participating	r plan (not multiemployer) I employer information in a		king this box must attach a vith the form instructions.)
B This rot	turn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/repo			
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC p	rogram
		special extension (enter descri	ption)			
Part II	Basic Plan Infor	mation—enter all requested info	ormation			
1a Name	e of plan				1b Thre	
CARLOS E	. COELHO, M.D., P.A. F	PROFIT SHARING PLAN AND TRU	JST		plan (PN)	number 001
					,	ctive date of plan
0						01/01/1999
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2b Empl (EIN)	loyer Identification Number 65-0862975
	or town, state or province . COELHO, M.D., P.A.	e, country, and ZIP or foreign posta	I code (if foreign, see i	nstructions)	. ,	nsor's telephone number 305-932-6068
					2d Busir	ness code (see instructions)
	27TH COURT, SUITE 5	510				621111
AVENTURA	A, FL 33180-1235					
3a Plana	administrator's name and	d address X Same as Plan Spon	sor.		3b Admi	inistrator's EIN
					3c Admi	inistrator's telephone number
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the la	st return/report filed for	4b EIN	
this p	plan, enter the plan spon	sor's name, EIN, the plan name ar			4d PN	
C Plan I	sor's name Name				40 PN	
• Fidiri						
5a Total	number of participants	at the beginning of the plan year			5a	6
		at the end of the plan year			. 5b	5
		account balances as of the end of the		•	5c	5
d(1) ⊺o	tal number of active part	ticipants at the beginning of the pla	in year		5d(1)	3
• •		ticipants at the end of the plan yea			5d(2)	3
		terminated employment during the			5e	0
Caution:	A penalty for the late o	or incomplete filing of this return	/report will be assess	ed unless reasonable ca		
SB or Sch		er penalties set forth in the instruct d signed by an enrolled actuary, as lete				
SIGN		valid electronic signature.	07/11/2018	CARLOS E. COELHO), M.D.	
HERE	Signature of plan ac		Date	Enter name of individ	lual signing	as plan administrator
SIGN						
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor
		and the Instructions for Form FEOD	05			Corm 5500 85 (2017)

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

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6a 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 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			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	1)? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1103723	1252963
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1103723	1252963
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	197086	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		197086
d	Benefits paid (including direct rollovers and insurance premiums		07707	
	to provide benefits)	8d	37737	
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	9924	
g	Other expenses	8g	185	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		47846
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		149240
j	Transfers to (from) the plan (see instructions)	8j	0	
_				

Part IV Plan Characteristics

9a	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions.	:
	2A 2E 3D	

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	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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		120000
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		9924
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			

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Part	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	`	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.	d enter Da		of the lette _ Year _	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	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 left of a 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?		X Yes	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. [Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	8) PN(s)

Form 5500-SF	Short Form Annual	Return/Report	of Small Emplo	yee	¢	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed u	Benefit Plan inder sections 104 and 40	65 of the Employee Rei	tirement		2017
Department of Labor Employee Benafits Security Administration	income Security Act of 1974 (E	RISA), and sections 6057 tevenue Code (the Code)	(b) and 6058(s) of the ii -	mema		rm is Open to c inspection
Pension Bonofit Gueranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 550	00-SF.		
Part I Annual Report	Identification Information			10/		7
For calendar plan year 2017 or fit		01/01/2017	and ending		<u>31/201</u>	
A This return/report is for:	x a single-employer plan . □ a one-participant plan	a multiple-employer pla Ilst of participating emp e foreign plan	n (not multiemployer) (r ployer information in acc	ordance w	ith the form	instructions.)
B This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year return	/report (less than 12 mc	onths)		
C Check box if filing under:	Form 5558	automatic extension	[DFVC p	rogram	
	special extension (enter descrip	tion)				
Part II Basic Plan Info	primationenter all requested info	mation				
1a Name of plan				1b Thre	-	
Carlos E. Coelho, M	I.D., P.A. Profit Shari	ng Plan		plan (PN)	number	001
and Trust			-	<u> </u>	tive date o	
					01/199	
	oyer, if for a single-employer plan) om, apt., sulte no. and street, or P.O.	Box)		2b Emp		fication Number
City or town, state or proving Carlos E. Coelho, M	ce, country, and ZIP or foreign postal	code (If foreign, see instr	uctions)	2c Spor	isor's telep	hone number
			l)5) 932	-6068 (see instructions)
21097 N.E. 27th Cou Aventura	urt, Suite 510	FL	33180-1235	62:	111	
	and address 🗙 Same las Plan Spons	ior,		3b Adm	inistrator's	EIN
				3c Adm	inistrator's	telephone number
4 If the name and/or EIN of th	e plan sponsor or the plan name has	changed since the last re	etum/report filed for	4b EIN		
this plan, enter the plan spo a Sponsor's name C Plan Name	onsor's name, EIN, the plan name an	d the plan number from t	ie last réturn/report.	4d PN		
	· · · · · · · · · · · · · · · · · · ·					
	s at the beginning of the plan year		1	<u>5a</u>		
 C Number of participants with 	s at the end of the plan year account balances as of the end of th	e plan year (only defined	contribution plans	<u>5</u> 6 5c		
	articipants at the beginning of the pla			5d(1)		
	articipants at the end of the plan year			5d(2)		
Oumber of participants who	o terminated employment during the	high year with accrued ba	nofite that wara loss			
than 100% vested				5e		
Under penalties of perjury and o	or incomplete filing of this return/ Wer penalties set forth in the instruction of the set of the s	report will be assessed ons. I declare that I have	Unless reasonable cau examined this return/ret	oort includ	ing it seelly	
SIGN		7-12-N	Carlos E. Coel	ho, M.	D.	
HERE Signature of plan	dim nistrator	Date	Enter name of Individu	al signing	as plan adv	ninistrator
SIGN	X		Carlos E. Coel	ho, M	D.	millou aluj
HERE Signature of emplo	over/plan sponsor	Date	Enter name of individu	tal signing	ac ampland	
For Paperwork Reduction Act Noti-	ce, see the instructions for Form 5500-5	3F.		en aldrinið	aa ampioye F	orm 5600-SF (2017)

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6 a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
þ	(OPA)	🗙 Yes 🗌 No
	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)? 🗌 Yes 📋 No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See Instructions.)
Pa	In III Financial Information	

' I	Plan Assets and Liabilities		(a) Beginning of	f Year			(b) End (
	Total plan assets	7a	1,1	LO3,'	723			1	<u>,252,963</u>
,	Total plan llabilities	75			0				0
	Net plan assets (subtract line 7b from line 7a)	7c	1,1	L03,	723			1	,252,963
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Te	otal	
	Contributions received or receivable from: (1) Employers	Ba(1)			0				
	(2) Participants	86(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
)	Other Income (loss)	8b]]	97,	086				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							197,086
	Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	8d		37,	737				
	Certain deemed and/or corrective distributions (see Instructions)	8e		-	0				
	Administrative service providers (salarles, fees, commissions)	81		9,	924	••••••••••••••••••••••••••••••••••••••			
	Other expenses	8g			185				
1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							47,846
	Net income (loss) (subtract line 8h from line 8c)	81							149,240
	Transfers to (from) the plan (see instructions).								
	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare f								· · · · · · · · · · · · · · · · · · ·
'ar a b ari	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A_2E_3D	feature co			recteri				· · · · · · · · · · · · · · · · · · ·
ar a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year:	feature co	des from the List of Plan		recteri		the instru		
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	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature coo eature coo itions withi /oluntary F // (Do not	in the time period Fiduciary Correction	10a	recteri acteris	tic Codes in No X	the instru	ictions:	
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