## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Report	identification information											
For calendar	plan year 2017 or fi	scal plan year beginning 01/01/2	2017	and ending 10	/31/2017								
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)													
D =6:	a forma and the	a one-participant plan	a foreign plan										
<b>B</b> This return	n/report is	the first return/report	the first return/report X the final return/report										
		an amended return/report	X a short plan year retur	n/report (less than 12 mo	ionths)								
C Check bo	ox if filing under:	X Form 5558	automatic extension										
		special extension (enter desc	. ,										
Part II	<b>Basic Plan Info</b>	ormation—enter all requested in	formation										
1a Name of BAYSIDE MEI		C PROFIT SHARING PLAN			1b Three-digit plan numb (PN) ▶								
			1c Effective date of plan 01/01/2003										
2a Plan spo	onsor's name (emplo	oyer, if for a single-employer plan)			2b Employer Identification Number								
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(EIN) 04-3607311								
-	DICAL CENTER, LLO		tai code (ii loreign, see inst	ructions)	<b>2c</b> Sponsor's telephone number 727-393-8715								
					2d Business o	ode (see instructions)							
9545 BAY PIN	ES BLVD. SURG, FL 33708		621111										
OT. TETEROD	OKO, 1 2 33700												
3a Plan adr	ministrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN							
					<b>3c</b> Administra	tor's telephone number							
						•							
		e plan sponsor or the plan name han onsor's name, EIN, the plan name a			4b EIN								
<b>a</b> Sponsor	r's name				4d PN								
<b>C</b> Plan Na	me												
<b>5a</b> Total nu	ımber of participants	at the beginning of the plan year.			5a	3							
		at the end of the plan year			5b	0							
		account balances as of the end of		·	5c	0							
d(1) Total	number of active pa	articipants at the beginning of the p	lan year										
d(2) Total number of active participants at the end of the plan year						0							
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0							
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau									
SB or Sched		ther penalties set forth in the instruind signed by an enrolled actuary, a plete.											
0.0	Filed with authorized	I/valid electronic signature.	07/26/2018	LEO DALTON									
HERE	Signature of plan a	administrator	Date	Enter name of individu	ıal signing as pla	n administrator							
SIGN													
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	idual signing as employer or plan sponso								

Form 5500-SF 2017 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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		,					X Yes No			
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No										
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		<u> </u>	(See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year			
a	Total plan assets	7a		09617			(3) =	0			
b	Total plan liabilities	7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)	7c	20	09617				0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Гotal			
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		14321							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14321			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22	23137							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		801							
g	Other expenses	expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						223938			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i									
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	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 F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)	? (Do not	include transactions	10b		X					
С	Was the plan covered by a fidelity bond?		10c	X			100000				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	10d		X		100000					
е	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.)	10e		X							
f	Has the plan failed to provide any benefit when due under the plan	·····	10f		Χ						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ					
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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i							

Form 5500-SF 2017 Page <b>3-</b> [1 ]	Form 5500-SF 2017	Page <b>3-</b> 1	
---------------------------------------	-------------------	------------------	--

Part '	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling				
lf y	ou 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							
С	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 the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X Yes No						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to							
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee tirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

2017

OMB Nos. 1210-0110

1210-0089

_	Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation  This Form is Open to Public Inspection												
			► Complete all entries in a		ince with th	ie instru	ctions to the Form 550	10-SF.					
	Annual Reportation Annual Reportation Annual Reportation Control Contr		dentification Information	1	01/01/	2017	and ending	10/:	31/2017	111111111111111111111111111111111111111			
A	This return/report is for: This return/report is:		a single-employer plan  a one-participant plan  the first return/report  an amended return/report	] a	multiple en list of partic foreign plat he final retur	nployer p cipating a n rn/report	lan (not multiemployer) employer information in a	(Filers che accordance	cking this bo				
c 	Check box if filing under:	] ]	Form 5558 special extension (enter desc	J	utomatic ex	tension			DFVC progra	ili)			
4.5	avill Basic Plan in	for	mation — enter all requested	inform	alion					•			
1a	Name of plan Bayside Medical (	:ent	er, LLC Profit Sharin	ng Pla	an			1b Three-digit plan number (PN) ► 001					
									fective date o 1/01/2003	• •			
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) 04-3607311					
	Bayside Medical Center, LLC						,	2c Sponsor's telephone number (727) 393-8715					
	9545 Bay Pines Blvd.							2d Business code (see instructions) 621111					
2	US St. Petersburg FL		address X Same as Plan Sp					2h Ar	iministrator's	Eikj			
			olan sponsor or the plan name h or's name, EIN, the plan name a					3c Ad 4b E!! 4d PN	N	telephone number			
_	T 4 7 b an ad monthship.	-44	the headen of the plan year				MANAGE I II	5a	1	3			
ba h			the beginning of the plan year the end of the plan year					5b	+	0			
C	Number of participants wi	th ac	count balances as of the end of	the pla	n year (only	defined	contribution plans	5c		0			
d(	•		ipants at the beginning of the pl					5d(1)		3			
d(	• •		ipants at the end of the plan yea				######################################	5d(2)		0			
e	Number of participants wi less than 100% vested	10 ter	minated employment during the					5e		0			
Ca	aution: A penalty for the k	ite o	r incomplete filing of this retur	rn/repo	ort will be a	ssessed	uniess reasonable ca	use is est	tablished.				
Un SE	nder penalties of perjury and	d and	er penalties set forth in the instru I signed by an enrolled actuary,	uctions,	I declare th	nat I have	examined this return/re raion of this return/repor	eport, inclu rt, and to ti	ding, if applic	able, a Schedule knowledge and			
	me Res Da	刀			07 26	3018	Leo Daltor	1					
	Signature of plan a	dmin	latrator		Date	l .	Enter name of individu	al signing	as plan admi	nistrator			
1000	\$100 E C C												

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

HERE Signature of employer/plan sponsor

Form 5500-SF (2017) v.170203

Enter name of individual signing as employer or plan sponsor

Eorm 5500-SF 2017

<u>Бя</u>	Were all of the plan's assets during the plan year invested in eligible	assets? (3	See instructions )				*********		X Yes	No		
	Are you claiming a waiver of the annual examination and report of a		·				*************	••••••				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	-						*******	XYes	∐ No		
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	n 5500-SF and must ins	tead	use F	orm 5	500.					
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	вигалсе рг	ogram (see ERISA sectio	n 402	1)?	,	Ye	5 🔲 N	o Not o	tetermined		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year						(See instru	ctions.)		
	Financial Information	Example About										
<u>7</u>	Plan Assets and Liabilities	0.79	—(a) Beginning e	f Yca	<u>-                                      </u>	<del>-  </del>		(b) End	of Year			
a	Total plan assets	7a	20	09,6	17	_				0		
ь	Total plan liabilities	7b			0	╀				0		
	Net plan assets (subtract line 7b from line 7a)	7c		09,6	17	┷				0		
8	Income, Expenses, and Transfers for this Plan Year	mada te an Ibrazio Historia	(a) Amount	t		ATA 1. 1000.1	han <del>fami</del> ha - kum	(b)	Total			
a	Contributions received or receivable from: (1) Employers	8a(1)			0		Pot I			1 17 110		
	(2) Participants	8a(2)			0					April 194		
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b		14,3	21	\$101000	ryk visjo					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14,321				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2:	223,1								
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		01	1000	20						
g	Other expenses	8g				7.7						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							223	,938		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81		ewbooks	Ĭ.	<b></b>	(209,	617)				
j_	Transfers to (from) the plan (see instructions)	8j										
	Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fer 2A 2E 3D	ature code	es from the List of Plan Ch	naract	eristic	Code	s in th	e instruct	tions:			
ь	If the plan provides welfare benefits, enter the applicable welfare feet	ture codes	from the List of Plan Che	aracte	ristic (	Codes	in the	instruction	ph\$:			
II.	nt Vi⊱ Compilance Questions						Wheel Malarred I					
10	During the plan year:				Zes	No	:: N/#.		Amount			
a	Was there a failure to transmit to the plan any participant contributi		•				1					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	-	•			x						
-	Were there any nonexempt transactions with any party-in-interest?			10a			and the	<del> </del>				
_	reported on line 10a.)			10Ь		х	****					
c			······	10c	×				1	.00,000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						hr.					
0	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											
f	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan	10e 10f		x								
····						x						
g h		See Instruc	tions and 29 CFR	10g						not all and		
j	2520.101-3.)	e required	notice or one of the	10h		x						
	exceptions to providing the notice applied under 29 CFR 2520.101-	-3	***************************************	101					$\langle \cdot, \cdot \rangle_{\mathbf{q}} = \langle \cdot, \cdot \rangle_{\mathbf{q}}$			

Page 2

	Form 5500-SF 2017		Раде	3 -						
	Pension Funding Compliance	e	<u>-</u>							
11	is this a defined benefit plan subject to minimum (Form 5500 and line 11a below)	m funding requiremen						□ Y <sub>0</sub>	es X	No
118	Enter the unpaid minimum required contribution				*******	11a				
12	Is this a defined contribution plan subject to the ERISA?							Y6	es 🗴	No
a	If a waiver of the minimum funding standard for granting the waiver							of the lett	ter ruling	3
<u> </u>	ou completed line 12a, complete lines 3, 9, a	nd 10 of Schedule M	IB (Form 5500), and sk	ip to line	13.					
ь	Enter the minimum required contribution for this	s plan year		*************	*************	12b				
C	Enter the amount contributed by the employer	to the plan for the plan	year			12c				
d	Subtract the amount in line 12c from the amount negative amount)			•		12d				
е	Will the minimum funding amount reported on i	ine 12d be met by the	funding deadline?		*************************		Yes _	] No [	N/A	
Par	Plan Terminations and Trans	fers of Assets								
138	t Has a resolution to terminate the plan been add	opted in any plan year	?		***************************************	[	X Yes		No	
	If "Yes," enter the amount of any plan assets th	at reverted to the emp	ployer this year			13a				0
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X.	Yes [	] No	
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See		n this plan to another pla	sn(s), ident	tify the plan(s	) to				
1	3c(1) Name of plan(s):				13c(2) E	N(5)		13c(3	3) PN(5)	