Form 5		Short Form Annual Return/Report of Small Employee Benefit Plan					1210-000			
Internal Rever		This form is required to be filed						2017		
Department Employee Benefits Sec		Income Security Act of 1974	(ERISA), and sec Revenue Code (This Form is O				
Pension Benefit Gua	aranty Corporation	Complete all entries in a	accordance with	the instru	ctions to the Form 55	Public Inspection 5500-SF.				
		entification Information								
For calendar plan	year 2017 or fisc	al plan year beginning 01/01/2				2/31/2017				
A This return/rep	port is for:	a single-employer plan	list of particip	pating emp	n (not multiemployer) (l ployer information in ac		-			
B This return/repo	ortic	a one-participant plan	a foreign plai	ו						
		the first return/report	the final return	•						
		an amended return/report	a short plan y	ear return	/report (less than 12 mo	onths)				
C Check box if fil	ling under:	Form 5558	automatic ex	tension		DFVC p	orogram			
		special extension (enter descr	ription)							
Part II Bas	sic Plan Inform	mation—enter all requested inf	formation							
1a Name of plan						1b Thre				
ROBERT V. CARID	DA II M.D., P.A. 40	01(K) RETIREMENT PLAN				plan (PN)	number	001		
						· · · · ·	tive date of			
0	· · · ·					01 -		/2006		
		er, if for a single-employer plan) apt., suite no. and street, or P.O). Box)			2b Emp (EIN)		ication Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROBERT V. CARIDA II M.D., P.A.				uctions)	2c Sponsor's telephone number					
					·	2d Busir		see instructions)		
5258 LINTON BOUI	LEVARD						6211			
SUITE 104 DELRAY BEACH, F	L 33484									
3a Plan administ	rator's name and	address X Same as Plan Spon	nsor.			3b Adm	inistrator's E	IN		
						3c Adm	inistrator's te	elephone number		
		blan sponsor or the plan name ha				4b EIN				
a Sponsor's nai	• •	or's name, EIN, the plan name a	ind the plan humb	er nom un	e last return/report.	4d PN				
C Plan Name										
52 Tatal must a	of portioin-sta	the beginning of the star war				5a		9		
		t the beginning of the plan year t the end of the plan year				5a 5b		9		
C Number of pa	articipants with ac	count balances as of the end of t	the plan year (only	y defined o	contribution plans	5c		5		
•	,	cipants at the beginning of the pla			1	5d(1)		6		
ι,		cipants at the end of the plan yea				5d(2)		7		
		erminated employment during the				5e		0		
than 100% v	vested	incomplete filing of this return					bliched	0		
		r penalties set forth in the instruct						able, a Schedule		
	IB completed and	signed by an enrolled actuary, a								
	with authorized/va	alid electronic signature.	10/10/201	8	ROBERT CARIDA II					
HERE Signa	ature of plan adı	ministrator	Date		Enter name of individu	ual signing	as plan adm	ninistrator		
SIGN										
HERE Signa	ature of employe	er/plan sponsor	Date		Enter name of individu	ual signing	as employe	r or plan sponsor		

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

Form 5500-SF (2017) v.170203

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 If you answered "No" to either line 6a or line 6b, the plan cann			
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
C	If "Yes" is checked, enter the My PAA confirmation number from the			
		е гвос р		. (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	678679	855364
b	Total plan liabilities	7b		
c	Net plan assets (subtract line 7b from line 7a)	7c	678679	855364
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)	10800	
	(2) Participants	8a(2)	18000	
<u> </u>	(3) Others (including rollovers)	8a(3)		
	Other income (loss)	8b	147885	
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		176685
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	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		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		176685
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	feature co	des from the List of Plan Character	ristic Codes in the instructions:
	2E 2F 2G 2J 2K 3D			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteria	stic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:				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 reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		12000
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		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 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	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF	Short Form Annu	ual Return/Repo Benefit Plai	rt of Small Employ	ee	OMB Nos, 1210-011 1210-008	
Department of the Treasury Internal Revanue Service		This form is required to be filed under sections 104 and 4065 of the Employee				
Department of Labor Employee Benefits Security Administration		4 (ERISA), and sections (Revenue Code (the Co	5057(b) and 6058(a) of the Inte	rnal This	s Form is Open to	
Pension Benefit Guaranty Corporation		•		PI	ublic Inspection	
		=	structions to the Form 5500-	SF.		
For calendar plan year 2017 or f	t Identification Information	01/01/2017	and ending	12/31/20	17	
		~ · · · · · · · · · · · · · · · · · · ·	plan (not multiemployer) (Filer			
A This return/report is for:	X a single-employer plan		employer information in accord			
B This return/report is	a one-participant plan					
	an amended return/report	the final return/repo	n iurn/report (less than 12 month	c)		
C. Chash have if films under			_			
C Check box if filing under:	X Form 5558	automatic extension	n [[ɛ	FVC program		
Dest H. Deste Diss July	special extension (enter desc					
	prmation—enter all requested in	formation	46	7.a		
1a Name of plan			10	Three-digit plan number	001	
obert V. Carida II !	M.D., P.A. 401(K) Ret	tirement Plan		(PN)	001	
			1c	Effective date	of plan	
				01/01/200	,	
	over, if for a single-employer plan)		2b	Employer Ider	ntification Number	
	m, apt., suite no. and street, or P.C		sta valiana'	(EIN) 54-20	63621	
Robert V. Carida II	e, country, and ZIP or foreign post M.D., P.A.	arcode (in lovelyn, see in	20	Sponsor's tele	aphone number 585	
					e (see instructions)	
5258 Linton Boulevar	a.			621111		
Suite 104						
Delray Beach	FL 33484		25			
3a Plan administrator's name an	nd address X Same as Plan Spor	nsor.	30	Administrator's	5 EIN	
			30	Administrator's	s telephone number	
If the name and/or Fibl of the	alan concor of the plan name ha	e changed since the last	return/report 0/ed for Ab	EIM		
this plan, enter the plan spor	plan sponsor or the plan name hansor's name, EIN, the plan name a		the last return/report.	EIN		
			the last return/report.	EIN PN		
this plan, enter the plan spor a Sponsor's name c Plan Name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	PN		
this plan, enter the plan spor a Sponsor's name C Plan Name a Total number of participants	nsor's name, EIN, the plan name a at the beginning of the plan year	nd the plan number from	the last return/report. 4d	PN a		
this plan, enter the plan spor a Sponsor's name C Plan Name Total number of participants b Total number of participants C Number of participants with a	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year	nd the plan number from	the last return/report. 4d 	PN a b		
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants b Total number of participants c Number of participants with a complete this item) 	nsor's name, EIN, the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t	nd the plan number from	the last return/report. 4d 5 d contribution plans 5	PN a b c		
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants a b Total number of participants at a complete this item) d(1) Total number of active participants 	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the pla	nd the plan number from he plan year (only define an year	the last return/report. 4d 4d 5 d contribution plans 5 5d	PN a b c (1)		
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants d(2) Total number of active participants 	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea	nd the plan number from he plan year (only define an year	the last return/report. 4d 5 d contribution plans 5 5d 5d	PN a b c (1) (2)		
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants who is a number of participants who is a number of participants who is a number of participants who is than 100% vested 	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the	nd the plan number from he plan year (only define an year plan year with accrued b	the last return/report. 4d 5 d contribution plans 5 5d 5d 5d 5d 5d 5d 5d	PN a b c (1) (2) e		
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who is than 100% vested aution: A penalty for the late of the sport of the sport of the late of the sport of the	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filling of this return	nd the plan number from he plan year (only define an year plan year with accrued b /raport will be assessed	the last return/report. 4d 4d 5 4 5 4 contribution plans 5 5 5 5 5 6 5 6 1 unless reasonable cause is	PN a b c (1) (2) e established.		
 ihis plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who factive part d(2) Total number of active part e Number of participants who factive part e Number of participants who factive part d(2) Total number of active part e Number of participants who factive part e Number of participants who factive part e Number of participants of the late of noder penalties of perjury and oth Bor Schedule MB conducted and 	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filling of this return of being fless at forth in the instruct	nd the plan number from he plan year (only define an year plan year with accrued to /report will be assessed lions. I declare that I hav	the last return/report. 4d 4d 5 5 4 contribution plans 5 5 5 5 6 5 6 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	PN a b c (1) (2) e established. ncluding. if apol	icable, a Schedule y knowledge and	
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who is than 100% vested aution: A penalty for the late on onder penalties of perjury and oth B or Schedule MB completed aprelef, it is true, correct/and control 	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filling of this return of being fless at forth in the instruct	nd the plan number from the plan year (only define an year plan year with accrued to ins, I declare that I hav s well as the electronic w	the last return/report. 4d 4d 5 5 4 contribution plans 5 5 5 6 5 6 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	PN a b c (1) (2) e established. ncluding. if apol	icable, a Schedule ly knowledge and	
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who factive part d(2) Total number of active part e Number of participants who factive part e Number of participants who fa	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filling of this return ter penalties set forth in the instruct of signed by an enrolled actuary, as tete.	nd the plan number from the plan year (only define an year plan year with accrued to report will be assessed tions, I declare that I hav s well as the electronic w	the last return/report. 4d 4d 5 4d 5 5 4 contribution plans 5 5 5 5 6 5 6 5 6 9 6 9 9 9 9 9 9 9 9 9	PN a b c c (1) (2) e established. ncluding, if appli to the best of m	icable, a Schedule ny knowledge and	
this plan, enter the plan spor a Sponsor's name C Plan Name a Total number of participants b Total number of participants c Number of participants with a complete this litem) d(1) Total number of active part d(2) Total number of active part aution: A penalty for the late of nder penalties of perjury and oth B or Schedule MB completed and elief, it is true, correct/and completed IGN ERE Signature of plan ad	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filling of this return ter penalties set forth in the instruct of signed by an enrolled actuary, as tete.	nd the plan number from the plan year (only define an year plan year with accrued to ins, I declare that I hav s well as the electronic w	the last return/report. 4d 4d 5 5 4 contribution plans 5 5 5 6 5 6 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	PN a b c c (1) (2) e established. ncluding, if appli to the best of m	ly knowledge and	
 this plan, enter the plan spor a Sponsor's name c Plan Name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who factive part d(2) Total number of active part e Number of participants who factive part e Number of participants who factive part d(2) Total number of active part e Number of participants who factive part e Number of part e Number of participants who factive part e Number of participants who factive part e Number of participants who factive part e Number of pa	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filling of this return er penalties set forth in the instruct disigned by an enrolled actuary, as tete.	nd the plan number from the plan year (only define an year plan year with accrued to report will be assessed tions, I declare that I hav s well as the electronic w	the last return/report. 4d 4d 5 4d 5 5 4 contribution plans 5 5 5 5 6 5 6 5 6 9 6 9 9 9 9 9 9 9 9 9	PN a b c (1) (2) e established. ncluding, if appli to the best of m nning as plan ad	icable, a Schedule ny knowledge and ministrator	

X Yes

No

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....

b 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.)						. X	Yes 🗍 No	
If you answered "No" to either line 6a or line 6b, the plan can							-	
C If the plan is a defined benefit plan, is it covered under the PBGC								t determined
If "Yes" is checked, enter the My PAA confirmation number from t	the PBGC p	premium filing for this	plan ye	ar			(See i	nstructions.)
Part III Financial Information			· · · ·					
7 Plan Assets and Liabilities	3.127	(a) Beginning	of Yea	r		(b) En	d of Yea	r
a Total plan assets	. 7a			679				855,364
b Total plan liabilities	1							
C Net plan assets (subtract line 7b from line 7a)	7c		678,	679				855,364
8 Income, Expenses, and Transfers for this Plan Year	1.000	(a) Amour	nt			(b)	Total	
a Contributions received or receivable from: (1) Employers	8a(1)			800			Nega a	
(2) Participants	. 2a(2)		18,	000	1.11		125055	Man Astron
(3) Others (including rollovers)	. 8a(3)				11.23	$(2, M_{33}, 2, 2, 2)$ (7)	0.82.22	
b Other income (loss)			147,	885	3.85		ter er e	1000 to 1000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 6b)	- 8c	Adding a service of the service of t	-120.5	8668				176,685
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	. 8d				1920			(Lenger)
e Certain deemed and/or corrective distributions (see instructions)					125.25	1212/02/12		1997/0722
f Administrative service providers (sataries, fees, commissions)	8f				- 100	2012/2017	1992/2012	all and a second
g Other expenses	8g				1920	ever server	-179 (474)	2018.2018
h Total expenses (add lines 8d, 8e, 8f, and 8g)			288					0
i Net income (loss) (subtract line 8h from line 8c)	81	Mandananarah	-142 A	Sec. 82				176,685
j Transfers to (from) the plan (see instructions)	81				1993	NANA DA	N. ALS	Sale Mark
Part IV Plan Characteristics	17t			I				·
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:	19 T
b If the plan provides welfare benefits, enter the applicable welfare fi	eature code	es from the List of Pla	n Chara	cteris	lic Code	es in the inst	uctions:	<u> </u>
							~	
Part V Compliance Questions	•							
10 During the plan year:				Yes	No	6.57	Amount	
a 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 Fi	duciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	nclude transactions	10b		х			
C Was the plan covered by a fidelity bond?			10c	х				12,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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 or all of t	by an insurance he benefits under	10e		x			
f Has the plan falled to provide any benefit when due under the plan			10f		x			

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Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below)	ns and complete Sc	hedule \$	5B	[] Ye	s 🗌 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin	ne 40	11a	1		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 c ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	of the Code or section	xn 302 o	a 	[] Ye	s 🕅 No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver.	Month	d enter Da		f the letter i Year	uling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to Hne 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 a minus sign negative amount)	to the left of a	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?			Yes	X No	<u></u>
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 control of the PBGC?	r brought under the		0	Yes 🕅 I	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	, identify the plan(s)	to		··· <u>-</u> i	
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
	·				<u> </u>