Department of the Treasury Internal Revenue Service Benefit Plan 2017 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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). This Form is Open to Public Inspection Part I Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information 12/31/2017 and ending 12/31/2017 For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a
Period barlent durantly corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a
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A This return/report is for:
B This return/report is
an amended return/report a short plan year return/report (less than 12 months)
C Check box if filing under:
special extension (enter description)
Part II Basic Plan Information—enter all requested information
1a Name of plan 1b Three-digit
SLEEPDREAMS DIAGNOSTICS LLC 401(K) PROFIT SHARING PLAN TRUST plan number (PN) ▶ 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number
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) SLEEPDREAMS DIAGNOSTICS LLC 2C Sponsor's telephone number 813-440-5099
2d Business code (see instructions)
3104 N ARMENIA AVENUE 541990
TAMPA, FL 33607
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.4b EIN
a Sponsor's name 4d PN
C Plan Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.
Sign Filed with authorized/valid electronic signature. 10/11/2018 MARCOS QUEVEDO
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

6a b c	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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (ions.) rm 5500-SF and must instead us	IQPA) X Yes No Se Form 5500.
	If "Yes" is checked, enter the My PAA confirmation number from th	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
a	Total plan assets	7a	3678	4380
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	3678	4380
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	712	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		712
d	Benefits paid (including direct rollovers and insurance premiums			

~		00		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		712
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	
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		10
i	Net income (loss) (subtract line 8h from line 8c)	8i		702
j	Transfers to (from) the plan (see instructions)	8j	0	
Par	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Characte	ristic Codes in the instructions:

9a 2E 2J 2K 2F 2G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	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) 10	a	Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	5	х	
С	Was the plan covered by a fidelity bond?	C	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?	d	х	
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.)	e	x	
f	Has the plan failed to provide any benefit when due under the plan? 10	f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	9	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	n	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	i		

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	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 sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	🛛	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the dat ay	te of the le Yea		ling
If y	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	r 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?		ΧY	es	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?			Yes	XN	lo
С		luring 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(5)	130	:(3) P	N(s)
			<u>) = : ((</u>	,		<u>(()</u>	

	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		loyee	OMB Nos. 1210-0110 1210-0089			
Inte	artment of the Treasury ernal Revenue Service	This form is required to be file	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 International Content of						
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974	This Form is Open to						
-	Benefit Guaranty Corporation	Complete all entries in		tructions to the Form	5500-SF.	Public Inspection			
Part I		Identification Information							
For calend	dar plan year 2017 or f	scal plan year beginning	01/01/2017	and ending		1/2017			
A This re	eturn/report is for:	X a single-employer plan	list of participating e			ing this box must attach a ith the form instructions.)			
B This re	turn/report is	a one-participant plan	a foreign plan						
	na na kana kana kana kana kana kana kan	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 r	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter desci	ription)						
Part II	Basic Plan Info	rmation-enter all requested in	formation	218-2141-1					
1a Name					1b Three	e-digit			
Sleepdr	eams Diagnost	ics LLC 401(k) Profit	Sharing Plan '	Frust		number 001			
-	9		, sharing rian .	i ubc	(PN)				
						tive date of plan 1/2013			
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)				byer Identification Number			
Mailin	g address (include roo	m, apt., suite no. and street, or P.C). Box)			27-3960666			
Sleepd	reams Diagnost	e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)		sor's telephone number			
1						440-5099			
3104 N	Armenia Avenu	le			1	ess code (see instructions)			
Suite 4	1				54199	90			
Tampa		FL 33607							
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	isor.		3b Admin	istrator's EIN			
					3c Admin	istrator's telephone number			
A If the	amo and/or EIN of the								
this pl	an, enter the plan spor	plan sponsor or the plan name hansor's name, EIN, the plan name a	nd the plan number from	return/report filed for the last return/report	4b EIN				
	or's name	2 A 9 BOOK 188			4d PN	A			
C Plan N	lame								
_									
		at the beginning of the plan year				5			
b Total i	number of participants	at the end of the plan year			5b	3			
C Numb	er of participants with a ete this item)	account balances as of the end of t	he plan year (only defined	d contribution plans	5c	2			
		ticipants at the beginning of the pla			5d(1)	3			
						0			
e Numb	er of participants who	ticipants at the end of the plan yea terminated employment during the	nlan vear with accrued b	anofita that ware leas	5d(2)	0			
than '	100% vested	o			5e	0			
Caution: A	penalty for the late of	r incomplete filing of this return	report will be assessed	unless reasonable car	use is establ	ished			
SB or Sche	dule MB completed an	er penalties set forth in the instruct d signed by an enrolled actuary, as	s well as the electronic ve	examined this return/re rsion of this return/report	port, including	g, if applicable, a Schedule			
belief, it is t	rue, correct, and comp	lete.			t, and to the t	cost of my knowledge and			
SIGN	14 and	all -	10-11-18	Marcos Quevedo	C	8			
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing as	plan administrator			
SIGN	Mmilus	\sim	10-11-18	Marcos Quevedo					
HERE	Signature of employ	ver/plan sponsor	Date			employer or plan sponsor			
For Paperwo	ork Reduction Act Notice	, see the Instructions for Form 5500-	SF.		aar orginnig do	Form 5500-SF (2017)			
						v.170203			

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	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.)	
C	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 PBGC premium filing for this plan year	Yes No
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Reginnin	a st V		T	
a	Total plan assets	7a	(a) Beginnir				(b) End of Year
b	Total plan liabilities	7b			3,678	2	4,380
C				3	,678	1	0
8	Income, Expenses, and Transfers for this Plan Year		(0) Amo	10	,070		4,380
а	Contributions received or receivable from:		(a) Amo	unt		al arrived at	(b) Total
	(1) Employers	. 8a(1)		-	0		
	(2) Participants				0		and the second
h	(3) Others (including rollovers)	. 8a(3)			0		
<u>u</u>	Other income (loss)	. 8b			712		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					712
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			10		712
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		7	0		a and a second
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1. B. F. An	- U		
	Net income (loss) (subtract line 8h from line 8c)	8i				-	10
j	Transfers to (from) the plan (see instructions)	8j			0		702
Par	t IV Plan Characteristics				0		
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Pla	an Char	acteris	tic Code	s in the instructions:
10	During the plan year:						
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 Verogram)	oluntory Ei	ducion (Como d'	10-	Yes	No	Amount
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	O (Do not in	alitation of	10a 10b		x	
C	Was the plan covered by a fidelity bond?					x	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity hon	d that was a l	10c		X	
_	the plan? (See instructions.)	er persons e or all of th	by an insurance ne benefits under	10d		x	
f	Has the plan failed to provide any benefit when due under the plan	?				V	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-en	d.)	10f 10g		X X	
1	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruc	tions and 29 CFR	10g		X	
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	an autor d		101			

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? ((Form 5500) and line 11a below)					Yes N
11a	Enter the unpaid minimum required contributions for all years from Scher	ULO SP (Form FEOD) line 10				
	ERISA?	ments of section 412 of the Code or section	on 302	of		Yes X N
a	If a waiver of the minimum funding standard for a prior year is being amore granting the waiver.	tized in this plan year, see instructions, an	d ente	r the da av	te of the let Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip to line 13			- Tour	
b E	Inter the minimum required contribution for this plan year		12b			
CE	nter the amount contributed by the employer to the plan for this plan year		120			
	negative amount)	ult (enter a minus sign to the left of a	12d			
G	will the minimum funding amount reported on line 12d be met by the fund	ing deadline?	r	Yes	No	П N/А
Part V	II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye		
1	If "Yes," enter the amount of any plan assets that reverted to the employed	this year		X Ye		No
D I	Were all the plan assets distributed to participants or beneficiaries, transfectortrol of the PBGC?		13a		Yes 2	
	f, during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s)	to	·		
13	c(1) Name of plan(s):	13c(2)	EIN(s))	13c(3	8) PN(s)
<u></u>						<u>, , , , , , , , , , , , , , , , , , , </u>
		I.	1177			