Form 5500-SF         Short Form Annual Return/Report of Small Employer           Department of the Treasury         Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	065 of the Employee Re		2017							
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (ERI		Internal	This Form is Open to Public Inspection						
Pension Be	nefit Guaranty Corporation	uctions to the Form 55									
Part I											
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017										
A This ret	A This return/report is for:										
P This rate	in /ran art ia	a one-participant plan	a foreign plan								
<b>B</b> This retu	im/report is	the first return/report	he final return/report								
		an amended return/report	a short plan year returr	/report (less than 12 mo	onths)						
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC p	program					
		special extension (enter description	n)								
Part II	Basic Plan Info	rmation—enter all requested information	tion								
1a Name	•				1b Thre						
CENTER FO	R AESTHETIC PLAST	FIC SURGERY P.A. 401(K) PROFIT SI	HARING PLAN		plan (PN)	number 002					
					( )	ctive date of plan					
						01/01/2004					
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo:	()			Employer Identification Number (EIN) 59-3641617					
	town, state or province R AESTHETIC PLAST	e, country, and ZIP or foreign postal co IC SURGERY P.A.	de (if foreign, see instr	uctions)	2c Sponsor's telephone number						
					352-796-3334 2d Business code (see instructions)						
17222 HOSP	ITAL BOULEVARD SU	JITE 346			621111						
BROOKSVIL	BROOKSVILLE, FL 34601					021111					
<b>3a</b> Plan administrator's name and address $\overline{X}$ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN					
					<b>3c</b> Administrator's telephone number						
		plan sponsor or the plan name has ch			4b EIN						
this pla a Sponso		nsor's name, EIN, the plan name and th	e plan number from th	e last return/report.	<b>4d</b> PN						
C Plan N											
						1					
5a Total r	number of participants	at the beginning of the plan year			5a	22					
		at the end of the plan year		-	5b	30					
		account balances as of the end of the p			5c	30					
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plan ye	ar		5d(1)	15					
• •		ticipants at the end of the plan year			5d(2)	13					
		terminated employment during the plar			5e	0					
Caution: A	penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau							
SB or Sche	dule MB completed an	ner penalties set forth in the instructions id signed by an enrolled actuary, as we									
	rue, correct, and comp		10/15/2019								
SIGN HERE		valid electronic signature.	10/15/2018	UTPAL PATEL							
0.01	Signature of plan ac	aministrator	Date	Enter name of individu	uai signing	as plan administrator					
SIGN HERE	•			<b></b> ,							
	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor					

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Form 5500-SF (2017) v.170203

_	10111 3300-31 2017		Faye Z			
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)		·····	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Forn	n 5500-SF and must i	nstead us	e Form	n 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA sec	tion 4021)	?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this pla	n 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	1442	400		458762
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	1442	400		458762
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	61	105		
	(2) Participants	8a(2)	35	188		
	(3) Others (including rollovers)	8a(3)	68	510		
b	Other income (loss)	8b	90	220		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				255023
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1238	306		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f		355		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1238661
i	Net income (loss) (subtract line 8h from line 8c)	8i				-983638
j	Transfers to (from) the plan (see instructions)	8j				
Ра	rt IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2G 2T 3D	feature code	es from the List of Plar	h Characte	ristic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan	Characteri	stic Coo	des in the instructions:
Pa	t V Compliance Questions					
10	During the plan year:			Yes	No	Amount

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 reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	X		250000
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		х	
е	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		4218
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		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	s 🗙 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 sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		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 date	e of the le Yea		uling
lf 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?		Ye	es X	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	×I	No
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(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF	Short Form Annu	ual Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file		4065 of the Employee Retirement	2017				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 609 Revenue Code (the Code	57(b) and 6058(a) of the Internal	This Form is Open to				
Pension Benefit Guaranty Corporatio		(	ructions to the Form 5500-SF.	Public Inspection				
Part I Annual Repo	rt Identification Information		ructions to the Form 5500-SF.					
the second	r fiscal plan year beginning 01/01/20		and ending 12/31/2017					
A This return/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) (Filers chec nployer information in accordance v	king this box must attach a vith the form instructions.)				
<b>D</b>	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 months)					
C Check box if filing under:	X Form 5558	automatic extension		program				
	special extension (enter desc	ription)		5				
Part II Basic Plan In	formation-enter all requested in	formation	· · · · · · · · · · · · · · · · · · ·					
1a Name of plan			1b Thre	e-digit				
Center for Aesthetic Plastic Surg	gery P.A. 401(k) Profit Sharing Plan			number				
			1c Effe	ctive date of plan				
22 Plan sponsor's name (omr	ployer, if for a single-employer plan)			1/2004				
Mailing address (include ro	oom, apt., suite no. and street, or P.C		(FIN	2b Employer Identification Number (EIN) 59-3641617				
City or town, state or provi Center for Aesthetic Plastic Surg	nce, country, and ZIP or foreign post gery P.A.	tal code (if foreign, see inst	ructions)	2c Sponsor's telephone number (352) 796-3334				
			2d Busi	ness code (see instructions)				
17222 Hospital Boulevard Suite	346		6211					
Brooksville, FL 34601								
The second se	and address X Same as Plan Spo	nsor.	3b Adm	nistrator's EIN				
			3c Adm	nistrator's telephone number				
4 If the name and/or EIN of t this plan, enter the plan sp	the plan sponsor or the plan name ha ponsor's name, EIN, the plan name a	as changed since the last re and the plan number from the	eturn/report filed for 4b EIN e last return/report.					
a Sponsor's name C Plan Name			4d PN					
	ts at the beginning of the plan year			22				
	its at the end of the plan year		contribution plans	30				
	in account balances as of the end of			30				
d(1) Total number of active p	participants at the beginning of the pl	an year		15				
	participants at the end of the plan year			13				
e Number of participants wh than 100% vested	no terminated employment during the	e plan year with accrued be	nefits that were less 5e	0				
Caution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable cause is estal	plished.				
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and cor	other penalties set forth in the instruct and signed by an enrolled actuary, a mpleter	ctions, I declare that I have as well as the electronic ver	examined this return/report, includi sion of this return/report, and to the	ng, if applicable, a Schedule best of my knowledge and				
SIGN	1 Vett	totativ	Utpal Patel					
HERE Signature of plan	administrator	Date	Enter name of individual signing	as plan administrator				
SIGN	Nett	10/15/18						
	loyer/plan sponsor	Date	Enter name of individual signing a	as employer or plan sponsor				
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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	an independ and conditio	lent qualified public accountant (IQPA ns.)	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			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	mium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities	Le Grand	(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1442400	458762
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1442400	458762
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	61105	
	(2) Participants	8a(2)	35188	
	(3) Others (including rollovers)	8a(3)	68510	
b	Other income (loss)	8b	90220	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	the states and the state	255023
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1238306	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	355	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1238661
i	Net income (loss) (subtract line 8h from line 8c)	8i	The state of the state of the	-983638
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
92	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Characteristi	c Codes in the instructions:

 9a
 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruct

 2E
 2J
 2K
 2G
 2T
 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 descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
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		250000
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		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.)	10e	x		4218
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	on the set of the set of
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	rt 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)	ons and complete Sch	nedule S	B	Yes X No			
_11a	a 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 ERISA?	n 302 o	f 	Yes 🕅 No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
-	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 t Dav		of the letter ruling Year			
lf	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	o to line 13.			reur			
	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 to the left of a negative amount)								
e				Yes	No N/A			
Part	t VII Plan Terminations and Transfers of Assets							
_13a	a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No			
	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 brought under the control of the PBGC?					Yes X No			
с								
1	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			