Department of the Treasury Internal Revenue Service Benefit Plan 2018 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 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 - A This return/report is for: a single-employer plan a single-employer plan a foreign plan B This return/report is the first return/report a short plan year return/report a short plan year return/report B This return/report is Form 5558 a short plan year return/report DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program
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
Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for:
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for:
A This return/report is for:
A This return/report is for: Ist of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan In the first return/report is the first return/report In the first return/report the final return/report In a amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558
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 months) C Check box if filing under: Form 5558 automatic extension DFVC program
Image: The first return/report Image: The first return/report Image: The first
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
SOUTH FLORIDA MEDICAL RESEARCH PROFIT SHARING PLAN (PN) ▶ 001
1c Effective date of plan
01/01/2014
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) 2b Employer Identification Number (FIN) 65-0427988
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SOUTH FLORIDA MEDICAL RESEARCH LLC 305-931-8080
2d Business code (see instructions)
21150 BISCAYNE BLVD 621111 621111
AVENTURA, FL 33180
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 5c 14
complete this item)
Number of a subfraction to the formulation of the subscreen with a sum of the subscreen terms for the subscreen terms for the subscreen terms of the subscreen terms for the subscreen terms for the subscreen terms of terms
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. 05/06/2019 AMY GITTELMAN
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

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6a b	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
С	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	Part III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	512902	518086			
b Total plan liabilities		7b	0	0			
С	Net plan assets (subtract line 7b from line 7a)						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total		
 a Contributions received or receivable from: (1) Employers 	8a(1)	1	13474					
(2) Participants	8a(2)	2	29147					
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	-3	33258					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9363		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1725					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		2454					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4179		
i Net income (loss) (subtract line 8h from line 8c)	8i					5184		
j Transfers to (from) the plan (see instructions) 8j								
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D 3H								
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		
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 F	iduciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions			×			

	reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		52000
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		1425
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 rm 5500) and line 11a below)			B		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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
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	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 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	s 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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and			2018		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	57(b) and 6058(a) of the Ir e).	nternal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 550	0-SF.	Fubic inspection		
	Identification Information						
For calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/3	31/2018		
A This return/report is for:	X a single-employer plan		lan (not multiemployer) (Fingle in the second se		king this box must attach a ith the form instructions.)		
B This return/report is	a one-participant plan	a foreign plan					
	the first return/report	the final return/report					
	an amended return/report	🗌 a short plan year retu	m/report (less than 12 mo	nths)			
C Check box if filing under:	Form 5558	automatic extension	C] DFVC p	rogram		
-	special extension (enter desc	ription)					
Part II Basic Plan Info	ormation-enter all requested in	formation					
1a Name of plan				1b Three	e-digit		
South Florida Med	lical Research Profit	. Sharing Plan			number		
			-	(PN)			
				1C Effec	tive date of plan 01/2014		
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)			oyer Identification Number 65-0427988		
South Florida Med	e, country, and ZIP or foreign posi- lical Research LLC	tal code (if foreign, see insl	ructions)	2c Sponsor's telephone number 305-931-8080			
21150 Biscayne Bl	rd		F		ness code (see instructions)		
Suite 300			()				
Aventura	FL 331	80					
				621			
Ja Plan auministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3D Admi	nistrator's EIN		
				3c Admi	nistrator's telephone number		
				-			
4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name h nsor's name, EIN, the plan name a	as changed since the last i and the plan number from t	return/report filed for	4b EIN			
a Sponsor's name	noor o hume, ent, me plan hame i	and the plan number non i		4d PN			
C Plan Name							
5a Total number of participants	at the beginning of the plan year.			5a	13		
	at the end of the plan year			5b	1.4		
C Number of participants with complete this item)	account balances as of the end of	the plan year (only defined	l contribution plans	5c	14		
	rticipants at the beginning of the p			5d(1)	11		
$\mathbf{d(2)}$ Total number of active pa	rticipants at the end of the plan ye	ar		5d(2)	11		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					1		
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable caus	se is estal	blished.		
Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, correct, and com	her penalties set forth in the instru nd signed by an enrolled actuary, a plate	ctions, I declare that I have as well as the electronic ve	examined this return/report, rsion of this return/report,	ort, includi and to the	ng, if applicable, a Schedule best of my knowledge and		
SIGN	DEE	5/4/19	Amy Gittelman				
HERE Signature of plan-a	dministrator	Date	Enter name of individua	al signing	as plan administrator		
SIGN							
HERE Signature of emplo	yer/plan sponsor	Date	Enter name of individua	al signing	as employer or plan sponsor		
For Paperwork Reduction Act Notic	e, see the Instructions for Form 550	0-SF.			Form 5500-SF (2018) v.171027		

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			Fage 2		
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 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	an indepe and condi not use Fo	ndent qualified public accountant tions.) orm 5500-SF and must instead u	(IQPA) se Forr	X Yes No n 5500.
	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 Int III Financial Information				
7	Plan Assets and Liabilities	N. Berger		T	
_ <u>'</u> a	and the second	. 7a	(a) Beginning of Year 512,902	,	(b) End of Year 518,086
-	Total plan liabilities	7a 7b	012/00)	510,000
	Net plan assets (subtract line 7b from line 7a)		512,902	2	518,086
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	. 8a(1)	13,474	I A	
	(2) Participants	8a(2)	29,14	7	
	(3) Others (including rollovers)	. 8a(3)			
b	Other income (loss)	8b	-33,258	3	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			9,363
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,729	5	
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	2,454	1	
<u>g</u>	Other expenses				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2000 L	4,179
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i			5,184
j	Transfers to (from) the plan (see instructions)	8j	()	
100 1	rt IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3H	feature co	odes from the List of Plan Characte	eristic C	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Character	istic Co	des in the instructions:
Par	t V Compliance Questions				
10	During the plan year:		Ye	s No	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)	itions withi /oluntary F	n the time period Fiduciary Correction	x	

a	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		10Ь		x	
С	Was the plan covered by a fidelity bond?	10c	Х		52,000
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		1,425
f	Has the plan failed to provide any benefit when due under the plan?	_		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
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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- 53.00							
Part 11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В		Yes	No
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 ERISA?	Code or section	n 302 o	f		Yes	< No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.		d enter Da		f the lett Year		9
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.					
b	Enter the minimum required contribution for this plan year		12b				
	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 negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No	0 N/	'A
Part	/II Plan Terminations and Transfers of Assets						
13a	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 bro control of the PBGC?	ught under the] Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred.						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN(s)