	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
Inter De	rtment of the Treasury nal Revenue Service epartment of Labor	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Development Code (the Code)				2018 This Form is Open to		
	enefits Security Administration enefit Guaranty Corporation	─ Omplete all entries in a	Revenue Code (the Cod	,	500-SE	Public Inspection		
Part I	Annual Report	Identification Information			500-3F.			
		scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018			
A This return/report is for:						-		
B This retu	urn/report is	a one-participant plan	the final return/report					
		the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)			
C Check	C Check box if filing under:					rogram		
special extension (enter description)								
Part II		rmation—enter all requested inf	ormation					
1a Name MARCOS K	of plan ORNSTEIN, M.D., P.A	. 401(K) PLAN			1b Three plan	e-digit number		
				(PN)	tive date of plan			
						01/01/2004		
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 (EIN) 16-1619525				
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MARCOS KORNSTEIN, M.D., P.A.				2c Sponsor's telephone number 561-795-2400			
					2d Business code (see instructions)			
P.O. BOX 33 PALM BEAC	3121 H GARDENS, FL 334:	20			621111			
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN			
					3c Administrator's telephone number			
		e plan sponsor or the plan name ha			4b EIN			
a Spons	or's name	nsor's name, EIN, the plan name a	ind the plan number from	the last return/report.	4d PN			
C Plan N	lame							
_		at the beginning of the plan year			5a	3		
		at the end of the plan year account balances as of the end of t			5b 5c	2		
•	,	rticipants at the beginning of the pla			5d(1)	1		
		rticipants at the end of the plan yea			5d(2)	1		
e Numb	per of participants who	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0		
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable ca				
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	/valid electronic signature.	08/01/2019	CAROLINE KORNST	EIN			
HERE	Signature of plan a		Date	Enter name of individ	ual signing a	as plan administrator		
SIGN HERE	Filed with authorized,	/valid electronic signature.	08/01/2019	CAROLINE KORNST	EIN			
	Signature of emplo ork Reduction Act Notic	ual signing a	as employer or plan sponsor Form 5500-SF (2018) v 171027					

v.171027

6a									
b	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.)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
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.)									
Ра	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	l of Year				

7 Plan Assets and Liabilities		(a) Beginning o	(a) Beginning of Year			(b) End of Year			
a Total plan assets						1361538			
b Total plan liabilities	7b		0			0			
C Net plan assets (subtract line 7b from line 7a)	7c	135	55319			1361538			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a Contributions received or receivable from: (1) Employers	8a(1)		36500						
(2) Participants	24 Participants								
(3) Others (including rollovers)	8a(3)		0						
b Other income (loss)	ther income (loss) 8b								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12419			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
e Certain deemed and/or corrective distributions (see instructions).	8e		0						
f Administrative service providers (salaries, fees, commissions)			1164						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						6200			
i Net income (loss) (subtract line 8h from line 8c)	8i					6219			
j Transfers to (from) the plan (see instructions)			0						
Part IV Plan Characteristics									
2A 2E 2G 2J 2R 3D									
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 Program) b Were there any nonexempt transactions with any party-in-interest of the plan and party of the plan and part	Voluntary F st? (Do not	iduciary Correction	10a		x				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?									
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10c	Х		136000			
	s fidelity bo	nd, that was caused	10c 10d	X	x	136000			
	s fidelity bo ther persor me or all of	nd, that was caused us by an insurance the benefits under		×	× ×	136000			
 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so 	s fidelity bo ther persor me or all of	nd, that was caused is by an insurance the benefits under	10d	×		136000			
 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.) 	s fidelity bo ther persor me or all of an?	nd, that was caused is by an insurance the benefits under	10d 10e	×	x	136000			
 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the p 	s fidelity bo ther persor me or all of an? as of year- ? (See instr	nd, that was caused is by an insurance the benefits under end.)	10d 10e 10f		x				

Page **3-** 1

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	X 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 o	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	X 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)		13	:(3) PN	۱(s)

Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0 1210-00		
Department of the Treasury Internal Revenue Service	This form is required to t	be filed under sections 104	and 4065 of the Employ	ee	2	2018	
Department of Labor Employee Benefits Security Administration	Retirement Income Security	Act of 1974 (ERISA), and a Internal Revenue Code (the		8(a) of Thi	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	ctions to the Form 55	00-SF.	In	spection	
	dentification Information						
For calendar plan year 2018 or fisc	al plan year beginning	01/01/2018	and ending	12/31/2	2018		
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/report	olan (not multiemployer) employer information in m/report (less than 12 r	accordance with			
C Check box if filing under:	Form 5558	automatic extension		-	C progra	m	
	special extension (enter desc	cription)					
1a Name of plan	mation enter all requested	f information		1b Three-c plan nu (PN) ►	mber	002	
				1c Effectiv		f plan	
Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.	.O. Box)		2b Employ	/2004 ver Identii 16-161	fication Number	
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Marcos Kornstein, M.D., P.A. POBOX 33121			2c Sponsor's telephone number (561) 795-2400			
P :0: Box 673	Pal	M Beach	acusten	2d Busines 62111		see instructions)	
US Loxahatchee FL 33470			420	24 41 11		-1.1	
3a Plan administrator's name and	address [A] Same as Plan Sp	DONSOF		3b Adminis	strator's t	EIN	
				3c Adminis	strator's t	elephone number	
	plan sponsor or the plan name h			3c Adminis 4b EIN	strator's t	elephone number	
this plan, enter the plan spons	olan sponsor or the plan name h or's name, EIN, the plan name a			4b EIN	strator's t	elephone number	
					strator's t	elephone number	
this plan, enter the plan spons a Sponsor's name c Plan Name	or's name, EIN, the plan name a	and the plan number from th	e last return/report.	4b EIN 4d PN	strator's t		
this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants at	or's name, EIN, the plan name a	and the plan number from th	e last return/report.	4b EIN 4d PN 5a	strator's t	3	
this plan, enter the plan spons a Sponsor's name C Plan Name a Total number of participants al b Total number of participants al	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year	and the plan number from th	e last return/report.	4b EIN 4d PN 5a 5b	strator's t		
this plan, enter the plan spons a Sponsor's name C Plan Name a Total number of participants al b Total number of participants al c Number of participants with ac	or's name, EIN, the plan name a	and the plan number from the plan year (only defined	e last return/report.	4b EIN 4d PN 5a	strator's t	3	
 this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) 	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year ecount balances as of the end of	and the plan number from the plan year (only defined	e last return/report.	4b EIN 4d PN 5a 5b	strator's t	3 2	
 this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants al b Total number of participants al c Number of participants with ac complete this item) d(1) Total number of active participants 	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of	and the plan number from the plan year (only defined an year	e last return/report.	4b EIN 4d PN 5a 5b 5c	strator's t	3 2 2	
this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants at b Total number of participants at b Mumber of participants with ac complete this item) d(1) Total number of active partic d(2) Total number of active participants who has b Mumber of participants who has a complete this item)	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of pants at the beginning of the plan pants at the end of the plan year minated employment during the	and the plan number from the plan year (only defined an year	e last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1)	strator's t	3 2 2 1	
this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants al b Total number of participants al c Number of participants with ac complete this item) d(1) Total number of active partici- d(2) Total number of active partici- e Number of participants who ten- less than 100% vested	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of sipants at the beginning of the pl sipants at the end of the plan year minated employment during the	and the plan number from the plan year (only defined an year	e last return/report. contribution plans nefits that were	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e		3 2 2 1 1	
this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants at b Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active partici- d(2) Total number of active partici- e Number of participants who tel- iess than 100% vested	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of apants at the beginning of the pl apants at the end of the plan year minated employment during the r incomplete filing of this retu er penalties set forth in the instru d signed by an enrolled actuary,	and the plan number from the plan year (only defined an year ar a plan year with accrued be m/report will be assessed uctions, I declare that I have	e last return/report. contribution plans nefits that were unless reasonable ca examined this return/re	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including,	hed.	3 2 2 1 1 0 able, a Schedule	
this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active partic d(2) Total number of active partic e Number of participants who ter iess than 100% vested Caution: A penalty for the late of Under penalties of perjury and other B or Schedule MB completed and belief, it is true, correct, and completed and belief.	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of apants at the beginning of the pl apants at the end of the plan year minated employment during the r incomplete filing of this retu er penalties set forth in the instru d signed by an enrolled actuary,	and the plan number from the plan year (only defined an year ar a plan year with accrued be m/report will be assessed uctions, I declare that I have	e last return/report. contribution plans nefits that were unless reasonable ca examined this return/re	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be	hed.	3 2 2 1 1 0 able, a Schedule	
this plan, enter the plan spons a Sponsor's name c Plan Name a Total number of participants at b Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active partici- d(2) Total number of active partici- e Number of participants who tel- iess than 100% vested	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of sipants at the beginning of the plan plants at the end of the plan year minated employment during the r incomplete filing of this returner of signed by an enrolled actuary, etc.	and the plan number from the plan year (only defined an year ar a plan year with accrued be m/report will be assessed uctions, I declare that I have	e last return/report. contribution plans nefits that were unless reasonable ca examined this return/report rsion of this return/report Caroline Kornst	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is establisis port, including, t, and to the be	hed. if applica st of my	3 2 2 1 1 0 able, a Schedule knowledge and	
this plan, enter the plan spons a Sponsor's name c Plan Name b Total number of participants at b Total number of participants at c Number of participants with ac complete this item) d(1) Total number of active partici- d(2) Total number of active partici- e Number of participants who ter- iess than 100% vested	or's name, EIN, the plan name a t the beginning of the plan year t the end of the plan year count balances as of the end of sipants at the beginning of the plan plants at the end of the plan year minated employment during the r incomplete filing of this returner of signed by an enrolled actuary, etc.	and the plan number from the plan year (only defined an year ar an a plan year with accrued being plan year with accrued being plan year with accrued being as well as the electronic year	e last return/report. contribution plans nefits that were unless reasonable ca examined this return/report p	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is establisis port, including, t, and to the be- sein al signing as place	hed. if applica st of my	3 2 2 1 1 0 able, a Schedule knowledge and	

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	XYes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	•		,
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must instead use Fe	orm 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year	(See instructions.)
P	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,355,319	1,361,538
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,355,319	1,361,538
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	36,500	
		. ,	24,500	
	(2) Participants	8a(2)	0	
b	(3) Others (including rollovers)	8a(3) 8b	(48,581)	
<u>с</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(40,301)	12,410
d	Benefits paid (including direct rollovers and insurance premiums	00		12,419
	to provide benefits)	8d	5,036	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	1,164	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6,200
i	Net income (loss) (subtract line 8h from line 8c)	8i		6,219
j	Transfers to (from) the plan (see instructions)	8j	0	
P	art IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characteristic	Codes in the instructions:
	2A 2E 2G 2J 2R 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	N/A	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)		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	х			136,000
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		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	x			3,943
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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				

Page **3 -**

Part	: VI	Pension Funding Compliance						
11	Is this a (Form !	B	🗌 Ye	s X	No			
11a	Enter tl	ne 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?								No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							g 	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter tl	ne minimum required contribution for this plan year.	•••••	12b				
С	C Enter the amount contributed by the employer to the plan for the plan year							
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)								
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 r	esolution to terminate the plan been adopted in any plan year?	••••••		Yes	XN	lo	
	lf "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?								
С	,	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	itify the plan(s) to				
1:	3c(1) Na	me of plan(s):	13c(2) El	N(s)		13c(3) PN(s)	