	rm 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Employee Benefit Plan								
Inter	rtment of the Treasury nal Revenue Service	This form is required to be filed Income Security Act of 1974	d under sections 104 and			2018					
Employee B	enefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Code	e).	This Form is Open to Public Inspection						
Part I	Complete all entries in accordance with the instructions to the Form 5500-5F.										
		scal plan year beginning 01/01/20	018	and ending 12	/31/2018						
A This return/report is for:											
<b>P</b> This set		a one-participant plan	a foreign plan								
D I his retu	urn/report is	the first return/report	the final return/report	rn/ronort/loop than 12 m							
C Check	box if filing under:	an amended return/report		rn/report (less than 12 mc	_						
• Onecki		<ul> <li>Form 5558</li> <li>special extension (enter descri</li> </ul>	automatic extension	l	DFVC p	rogram					
Part II	Basic Plan Info	prmation—enter all requested info									
1a       Name of plan         SLEEPDREAMS DIAGNOSTICS LLC 401(K) PROFIT SHARING PLAN TRUST						e-digit number ▶ 001 tive date of plan					
				01/01/2013							
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		tructions)	2b Employer Identification Number (EIN) 27-3960666						
,	AMS DIAGNOSTICS L				<b>2c</b> Sponsor's telephone number 813-440-5099						
				-	2d Business code (see instructions)						
SUITE 4 TAMPA, FL 3	IENIA AVENUE 33607					541990					
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Administrator's EIN						
					<b>3c</b> Administrator's telephone number						
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a			4b EIN						
•	or's name	noor o namo, Env, ano piar namo a			<b>4d</b> PN						
5a Total	number of participants	at the beginning of the plan year			5a	3					
-		at the end of the plan year			5b	1					
		account balances as of the end of t			5c	1					
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	0					
• •		articipants at the end of the plan yea			. <b>5d(2)</b>						
than	100% vested	terminated employment during the	• •		5e	0					
		or incomplete filing of this return her penalties set forth in the instruc									
SB or Sche		nd signed by an enrolled actuary, a									
SIGN	Filed with authorized	/valid electronic signature.	10/11/2019	MARCOS QUEVEDO							
HERE	Signature of plan a		Date	Enter name of individu	ual signing a	as plan administrator					
SIGN HERE	Filed with authorized	/valid electronic signature.	10/11/2019	MARCOS QUEVEDO							
	Signature of emplo ork Reduction Act Notic	oyer/plan sponsor ce, see the Instructions for Form 5500	-SF.	Enter name of individu	ual signing a	as employer or plan sponsor Form 5500-SF (2018) v 171027					

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6a b	<b>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.)								
с	<ul> <li>C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No END determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)</li> </ul>								
Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				
а	Total plan assets	7a	4380		599				

a Total plan assets		7a		4380			599			
<b>b</b> Total plan liabilities		7b		0			0			
<b>C</b> Net plan assets (subtract line 7b from line 7a).		7c		4380			599			
8 Income, Expenses, and Transfers for this Plan	Year		(a) Amoun	t			(b) Total			
a Contributions received or receivable from: (1) Employers		8a(1)		0						
(2) Participants		8a(2)		0						
(3) Others (including rollovers)		8a(3)		0						
<b>b</b> Other income (loss)		8b		97						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and	l 8b)	8c					97			
d Benefits paid (including direct rollovers and ins to provide benefits)		8d		3728						
e Certain deemed and/or corrective distributions	(see instructions)	8e		0						
f Administrative service providers (salaries, fees	commissions)	8f		150						
<b>g</b> Other expenses		8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					3878			
i Net income (loss) (subtract line 8h from line 8c	)	8i				-3781				
<b>j</b> Transfers to (from) the plan (see instructions)		8j		0						
Part IV Plan Characteristics										
<b>9a</b> If the plan provides pension benefits, enter the 2E 2J 2K 2F 2G 3D	applicable pension fea	eature co	des from the List of Pla	an Char	acteris	stic Co	des in the instructions:			
<b>b</b> If the plan provides welfare benefits, enter the	applicable welfare feat	ature cod	es from the List of Plar	n Chara	cterist	ic Cod	les in the instructions:			
Part V Compliance Questions										
<b>10</b> During the plan year:					Yes	No	Amount			
<ul> <li>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)</li> </ul>						х				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						х				
<b>C</b> Was the plan covered by a fidelity bond?				10c		Х				
<b>d</b> Did the plan have a loss, whether or not reim by fraud or dishonesty?				10d		Х				

	by fraud or dishonesty?	10d	×	
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	
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			

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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 rm 5500) and line 11a below)			SB	} 		<b>Y</b>	es	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 se SA?			of		🗌 Yes 🗙			No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	a 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 granting the waiver									g 	
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 left of a ative amount)		12d							
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		Nc	)		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0	
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?						Ye	÷s 🗙	No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to							
1	3c(1	<b>3c(1)</b> Name of plan(s): 13c(2) E				EIN(s)			<b>13c(3)</b> PN(s)		

	Form 5500-SF	Short Form And	nual Return/Re Benefit F	eport of Small Em	ployee	OMB Nos. 1210-011 1210-008
Department of Labor		This form is required to be Income Security Act of 19	This form is required to be filed under sections 104 and 4065 of the Employee Retirem Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern			
	ployee Benefits Security Administrations on Benefit Guaranty Corporation		Revenue Code (ti	ne Code).		This Form is Open to
Pa		Complete all entries i	in accordance with t	ne instructions to the Form	n 5500-SF.	Public Inspection
	alendar plan year 2018 or		n		1	
			01/01/2018	and ending	12/3	31/2018
A TH	nis return/report is for:	X a single-employer plan	list of participa	oyer plan (not multiemploye ting employer information in	r) (Filers check	ting this box must attach a
B Thi	is return/report is	a one-participant plan	a foreign plan		accordance w	in the form instructions.)
- 114	steturinepoittis	the first return/report	the final return/	eport		
		an amended return/report	Party of the local data and the	r return/report (less than 12	ree miles)	
C Ch	eck box if filing under:	X Form 5558			monuns)	
		special extension (enter des	automatic exter	nsion	DFVC pr	ogram
Part	II Basic Plan Info	prmation—enter all requested in	cription)			
the design of the second	ame of plan	intration-enter all requested in	nformation			
		ostics LLC 401(k) Pi	rofit Sharing	Dian Tranch	1b Three	-digit
		8-14 E.E	Diating	Fian IIUSt	plan n (PN)	
						ve date of plan
2a Pla	an sponsor's name (emplo	yer, if for a single-employer plan)				1/2013
IVIC	and address unclude room	n ant suite no and streat as D a	O. Box)		2b Employ	ver Identification Number
0.0	eepdreams Diagn	e, country, and ZIP or foreign nost	tal code (if foreign, see	e instructions)		7-3960666
	r ou Drugn	OBCICS THC			2C Sponse 813-	or's telephone number 440-5099
	04 N Armenia Av	enue				ss code (see instructions)
	ite 4 mpa					,
		FL 3360			54199	10
od Plai	n administrator's name and	i address 🛛 Same as Plan Spor	nsor.		3b Adminis	
					3C Adminis	trator's telephone number
15.41						
this	e name and/or EIN of the plan, enter the plan.	plan sponsor or the plan name has	s changed since the la	st return/report filed for	4b EIN	
	nsor's name	or's name, EIN, the plan name has	nd the plan number fro	m the last return/report.		
c Plan	Name				4d PN	
a Tota	I number of participants at	the beginning of the plan year			5a	3
lo i ola	i number of participants at	the end of the plan year		F	5b	
		count balances as of the end of the			5c	
<b>d(1)</b> To	tal number of active partic	ipants at the beginning of the plan				1
d(2) To	tal number of active partic	ipants at the end of the plan year.	i year		5d(1)	0
					5d(2)	0
than	100% vested	ncomplete filing of this return/r	an year with accrued	benefits that were less	5e	0
nder pen	alties of periupy and other	non-alti-	eport will be assesse	d unless reasonable caus	e is establish	0 ed.
3 or Schu lief it is	edule MB completed and s true, correct, and complete	igned by an and the	well as the electronic v	e examined this return/report	ort, including, if	applicable, a Schedule
GN	Malle	In		eleter of the retaininepoil, a	and to the best	of my knowledge and
RE		/	10/11/19	Marcos Quevedo		
GN	Signature of plan admi	nistrator	Date	Enter name of individua	signing as pla	n administrator
RE	11 mappell	<u> </u>	10/4/19	Marcos Quevedo		- daminior atom
Paperwo	Signature of employer/	plan sponsor	Date	Enter name of individual	signing as em	
,	NOTICE, SE	e the Instructions for Form 5500-SF	•		gring as elli	Form 5500-SF (2018)
						v.171027

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								X Yes No
	If "Yes" is checked, enter the My PAA confirmation number from	insurance pr	orram (see EDIC	A coati	- 400	10 5		Not determined See instructions.)
	art III Financial Information					alan kanangang kanangan dan sangan		and a state of the second second second
	Plan Assets and Liabilities		(a) Beginni	ing of Y	ear	Τ	(b) End of	Voar
	Print decede international and a second	7a			4,38	0	(b) End of	599
k	press addmitted	7b				0		0
	part decete (cobract line / b hom line / a)	7c			4,38	0		599
- <u>8</u> a	Income, Expenses, and Transfers for this Plan Year		(a) Am	ount			(b) Tota	
	Contributions received or receivable from: (1) Employers						<u></u>	
	(2) Participants				(			
	(3) Others (including rollovers)	. 8a(2)			(			
b	Other income (loss)	. 8a(3)	and the state of the		0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b			97			
d	Benefits paid (including direct rollovers and insurance promiume	80			and the second			97
	to provide benefits)	8d		3	,728			
e	Certain deemed and/or corrective distributions (see instructions)	8e		an a	0			
f	Administrative service providers (salaries, fees, commissions)	8f			150	1.1.1.1.1.1.1	and the second second	
<u>g</u>	Other expenses	8g			0			
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3,878
1	Net income (loss) (subtract line 8h from line 8c)	8i				and		-3,781
j	Transfers to (from) the plan (see instructions)	8j	nin ya ka da ka ya ka da ka		0			-3,781
evel extension	t IV Plan Characteristics					and the second second second		
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2J 2K 2F 2G 3D							
	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes fr	rom the List of PI	an Char	acteris	tic Codes	in the instructions	5:
Part				and descent class is in services		and the second secon	ang mang mang ang sang mang mang mang mang mang mang mang m	
10	During the plan year:		and the particular design of the particular de	hadaa adaan yaa kasa	Yes	No	Amour	-4
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)					x	Anour	
b	reported on line 10a.)	(Do not includ	de transactions	10a 10b		x		
С	Was the plan covered by a fidelity bond?			10c		x		
- della subserve and a	<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause by fraud or dishonesty?</li> </ul>					x		- Company of the second se
<ul> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an in carrier, insurance service, or other organization that provides some or all of the benefit the plan? (See instructions.)</li> </ul>				10d		x		
f	Has the plan failed to provide any benefit when due under the plan?				-+	x	And an extension of the second se	
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f vear-end)		10f				and a second
11	f this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions	and 29 CFR	10g	+	x 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
 10h
 A

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Part VI Pension Funding Compliance							
<ul> <li>Is this a defined benefit plan subject to minimum funding requiremen (Form 5500) and line 11a below)</li> </ul>	ts? (If "Yes," see instructions and complete S	chedule	SB	П	Yes 🗌	No	
- The Enter the unpaid minimum required contributions for all years from S	chodulo CD (Francisco) in the						
			1				
ERISA?	i contra	1011 302 (	or		Yes X	No	
a If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	nd enter	the date of the letter ruling					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule M	R (Form 5500) and all in the line of	Da	у	Year		and the second se	
b Enter the minimum required contribution for this plan year	C (rorm 5500), and skip to line 13.	Lan	T	Name of Street, St		Industry and American	
C Enter the amount contributed by the amount of the		. 12b				-	
C Enter the amount contributed by the employer to the plan for this plan y d Subtract the amount in line 12c from the amount in line 12b. Ended	ear	. 12c					
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		12d					
e will the minimum funding amount reported on line 12d be met by the f	unding deadline?	İΠ	Yes	No	Π Ν/Α	-	
art vir Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?		T	X Yes		1		
in res, enter the amount of any plan assets that reverted to the emplo	over this year	40.	A res		10	0	
<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transcontrol of the PBGC?</li> <li>c If, during this plan year, any exacts as list initial</li> </ul>							
C If, during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred.	nis plan to another plan(s), identify the plan(s	) to			1 140	and the second	
13c(1) Name of plan(s):	F	-					
	13c(2)	EIN(s)		13c(3)	) PN(s)		
		and the second					
					New constant of the second second	<b>WebSectors</b>	