-	m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089					
Inter	nal Revenue Service	This form is required to be filed un									
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER	venue Code (the Code		memai	This Form is Open to Public Inspection					
	Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I Annual Report Identification Information											
For calenda	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 Image: Constraint of the state of the										
A This ret	<i>i</i> th the form instructions.)										
B This retu	urn/report is		a one-participant plan								
		님 ' 님	the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)								
0			a short plan year return	Preport (less than 12 m							
C Check	box if filing under:		automatic extension		DFVC p	rogram					
		special extension (enter descriptio	1								
Part II	Basic Plan Info	rmation—enter all requested information	ation		-						
1a Name		TIC SURGERY P.A. 401(K) PROFIT S			1b Thre	e-digit number					
CENTER FC	IR AESTHETIC PLAST		(PN)								
			1c Effect	tive date of plan 01/01/2004							
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo	x)		2b Employer Identification Number (EIN) 59-3641617						
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTER FOR AESTHETIC PLASTIC SURGERY P.A.					nsor's telephone number					
OLIVILIU					352-796-3334						
17222 HOSF	ITAL BOULEVARD SU	JITE 346			2d Business code (see instructions) 621111						
	LE, FL 34601				021111						
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Sponsor.			3b Administrator's EIN						
					3c Administrator's telephone number						
		plan sponsor or the plan name has ch nsor's name, EIN, the plan name and th			4b EIN						
•	or's name				4d PN						
C Plan N	lame										
5a Total r	number of participants	at the beginning of the plan year			5a	30					
		at the end of the plan year			5b	30					
	· ·	account balances as of the end of the p			5c	30					
d(1) Tota	al number of active par	ticipants at the beginning of the plan ye	ear		5d(1)	13					
• •		ticipants at the end of the plan year			5d(2)	19					
than	100% vested	terminated employment during the pla	-		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		ner penalties set forth in the instruction Id signed by an enrolled actuary, as we plete.									
SIGN		valid electronic signature.	10/14/2019	UTPAL PATEL							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator					
SIGN											
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor					

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			- 9 -							
	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							🗙 Yes 🗌 No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes 🗌 No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined		
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th									
		01 000 0		an you	•					
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	d of Year		
a	Total plan assets	7a	45	58762				466046		
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	45	58762				466046		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
а	Contributions received or receivable from:			20700	T					
	(1) Employers	8a(1)		70733						
	(2) Participants	8a(2)	2	27032	_					
	(3) Others (including rollovers)		8a(3)							
	Other income (loss)	8b		-4999	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						92766		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	85012							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
a	Other expenses	8g		470						
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						85482		
	Net income (loss) (subtract line 8h from line 8c)	8i						7284		
i	Transfers to (from) the plan (see instructions)	8j						-		
- Do	rt IV Plan Characteristics	IJ								
9a		feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ing	structions:		
ou	2E 2J 2K 2G 2T 3D	loataro ot			laoton					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plar	n Chara	acterist	tic Cod	es in the inst	ructions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	5	,	10a		x				
k	• Were there any nonexempt transactions with any party-in-interest			,						
	reported on line 10a.)	·		10b		X				
C	Was the plan covered by a fidelity bond?			10c	Х			25000		

Х

Х

Х

Х

1822

Х

10d

10e

10f

10g

10h

10i

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

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

by fraud or dishonesty?.....

the plan? (See instructions.).....

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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 o m 5500) and line 11a below)			;В	[Yes	X No
11a	Ente	er 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 Code or section 302 of ERISA?								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		d enter Da		e of the le		ling
lf	you c	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	Entei	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				
e	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?			Υe	es X	No	
	lf "Y	es," 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	× N	0
С		uring 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.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) Pi	N(s)

Form 5500-S	F Short Form Ann	ual Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be f	iled under sections 104 and	4065 of the Employee Retirement	2018					
Department of Labor Employee Benefits Security Adminis	Income Security Act of 19	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).							
Pension Benefit Guaranty Corpor	ation								
Part I Annual Rei	port Identification Information	n accordance with the insi	tructions to the Form 5500-SF.						
	3 or fiscal plan year beginning 01/01/2		and ending 12/31/2018						
A This return/report is for:	X a single-employer plan	a multiple-employer p list of participating er a foreign plan	lan (not multiemployer) (Filers che mployer information in accordance	cking this box must attach a with the form instructions.)					
B This return/report is									
	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	rn/report (less than 12 months)						
C Check box if filing under	X Form 5558 •	automatic extension	DFVC	program					
	special extension (enter des	scription)							
Part II Basic Plan	Information—enter all requested	information							
1a Name of plan			1b Thr	ee-digit					
Center for Aesthetic Plastic S	urgery P.A. 401(k) Profit Sharing Plar	1		number 002					
				otive date of plan					
				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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			/EIN	bloyer Identification Number					
Center for Aesthetic Plastic S		stal code (il foreign, see inst	2c Spo	nsor's telephone number (352) 796-3334					
			2d Bus	ness code (see instructions)					
17222 Hospital Boulevard Sui	te 346		621	111					
Brooksville, FL 34601									
3a Plan administrator's nan	ne and address 🛛 Same as Plan Sp	onsor.	3b Adm	inistrator's EIN					
			3c Adm	inistrator's telephone number					
4 If the name and/or EIN	of the plan sponsor or the plan name	has changed since the last r	eturn/report filed for 4b EIN						
this plan, enter the plan	sponsor's name, EIN, the plan name	and the plan number from the	he last return/report.						
a Sponsor's namec Plan Name			4d PN						
5a Total number of particip	ants at the beginning of the plan year			30					
	ants at the end of the plan year			30					
C Number of participants v complete this item)	with account balances as of the end o	f the plan year (only defined	contribution plans 5c	30					
	e participants at the beginning of the p			13					
				19					
 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 				0					
Caution: A penalty for the I	ate or incomplete filing of this retu	rn/report will be assessed	unless reasonable cause is esta						
Under penalties of perjury an	d other penalties set forth in the instrued and signed by an enrolled actuary,	uctions. I declare that I have	examined this return/report includi	na if applicable a Schodulo					
SIGN Man	1 lot	10/14/2019	Utpal Patel						
HERE Signature of pla	an administrator	Date	Enter name of individual signing	as plan administrator					
SIGN Ita	1 hours	10/11/2014	Utral Retel						
HERE Signature of en	ployer/plan sponsor	Date	Enter name of individual signing						
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	•								
6a Were all of the plan's assets du								. X Y	es 🗍 No
b Are you claiming a waiver of the	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.)								
	er line 6a or line 6b, the plan can							. X Y	es 📋 No
C If the plan is a defined benefit pl									etermined
	y PAA confirmation number from th							(See ins	
									aucuons.)
Part III Financial Informa	tion	-							
7 Plan Assets and Liabilities		- 18 14 	(a) Beginning	of Yea	r		(b) En	d of Year	
a Total plan assets		. 7a		4587	62			466	046
b Total plan liabilities		. 7b							
C Net plan assets (subtract line 7t	o from line 7a)	. 7c		4587	62			466	046
8 Income, Expenses, and Transfe	ers for this Plan Year		(a) Amou	nt			(b)	Total	
a Contributions received or receiv							· · · · · · · · · · · · · · · · · · ·		
		8a(1)		707			<u> </u>		
		8a(3)		·					
b Other income (loss)		8b		-4999					
C Total income (add lines 8a(1), 8		8c						92	766
d Benefits paid (including direct ro to provide benefits)	llovers and insurance premiums	8d		85012			·.		
e Certain deemed and/or corrective	e distributions (see instructions)	8e							·
f Administrative service providers	(salaries, fees, commissions)	8f							
g Other expenses		8g		4	70		-		-
h Total expenses (add lines 8d, 8d	e, 8f, and 8g)	8h	* • •					85	482
i Net income (loss) (subtract line	8h from line 8c)	8i	이는 그는 것은 것이다.				7284		
j Transfers to (from) the plan (see	e instructions)	8j	1				· · ·		
Part IV Plan Characteristic	S	<u> </u>	1		L				
9a If the plan provides pension ber 2E 2J 2K 2G 2T 3	nefits, enter the applicable pension	feature co	odes from the List of P	lan Cha	racteri	stic Co	des in the ins	structions:	
	efits, enter the applicable welfare for	eature coo	les from the List of Pla	n Char	acteris	tic Cod	es in the inst	ructions.	
	· ·								
Part V Compliance Quest	tions								
10 During the plan year:					Yes	No		Amount	
described in 29 CFR 2510.3-1	to the plan any participant contribu 02? (See instructions and DOL's V	oluntary F	iduciary Correction			x			***
				10a					
	nsactions with any party-in-interest			10b		X			
······································	elity bond?			10c	x				25000
d Did the plan have a loss, wheth by fraud or dishonesty?	ner or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		x			
	paid to any brokers, agents, or oth				<u> </u>				

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		1822
f	Has the plan failed to provide any benefit when due under the plan?			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	1		

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule S	B		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 Code or section ERISA?	of X Yes			No	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter Da		of the lef		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
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						
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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				N/A	
Part	VII 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	<u> </u>			***
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	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c	(3) PN(s)	

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