Form 5500-SF	Bonofit Blan								
Department of the Treasury Internal Revenue Service	This form is required to be filed		2018						
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (E	7(b) and 6058(a) of the ).	Internal	This Form is Open to					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	dentification Information								
For calendar plan year 2018 or fis		-		/31/2018	ing this have such attach a				
A This return/report is for:	X a single-employer plan	list of participating em	· · · · · ·		king this box must attach a ith the form instructions.)				
<b>B</b> This return/report is	a one-participant plan	a foreign plan							
	the final return/report the final return/report								
	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)					
<b>C</b> Check box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram				
	special extension (enter descrip	,							
	mation—enter all requested info	mation		41 -					
<b>1a</b> Name of plan JELLINGER & LERMAN, M.D., P.A	PROFIT SHARING PLAN RESTA	TEMENIT		1b Three plan	e-digit number				
SELENGER & LERWAR, M.D., T.A	TROTT SHARING FEAR RESTA		-	(PN)					
				1c Effect	tive date of plan 04/01/1984				
2a Plan sponsor's name (employ				2b Empl	oyer Identification Number				
	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal		uctions)	(EIN)					
JELLINGER & LERMAN, M.D., P.A.			,	2C Spor	nsor's telephone number 954-963-7100				
				2d Busir	ness code (see instructions)				
3107 STIRLING ROAD SUITE 300					621111				
FORT LAUDERDALE, FL 33312-85	00								
<b>3a</b> Plan administrator's name and	d address 🛛 Same as Plan Spons	or.		3b Admi	nistrator's EIN				
			-	3c Admi	nistrator's telephone number				
If the name and/or FINI of the	plan sponsor or the plan name has	abanged since the last re	aturn/report filed for	4b EIN					
	sor's name, EIN, the plan name and								
<ul><li><b>a</b> Sponsor's name</li><li><b>c</b> Plan Name</li></ul>				<b>4d</b> PN					
5a Total number of participants a	at the beginning of the plan year			5a	26				
	at the end of the plan year			5b	22				
	ccount balances as of the end of th		-	5c	18				
<b>d(1)</b> Total number of active part	ticipants at the beginning of the plar	ı year		5d(1) 5d(2)	24				
	per of active participants at the end of the plan year				20				
than 100% vested	terminated employment during the p			5e	0				
Caution: A penalty for the late of	r incomplete filing of this return/	report will be assessed	unless reasonable cau						
	er penalties set forth in the instructi d signed by an enrolled actuary, as lete								
	valid electronic signature.	10/16/2019	PAUL JELLINGER, M.	D.					
HERE Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator				
SIGN									
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				

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

Form 5500-SF (2018) 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.)							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	<b>c</b> 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 th	e PBGC p	premium filing for this plan year	(See instructions.)				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a Total plan assets		7a	899047	879731				
b	Total plan liabilities	7b	0	0				
		70	0	0				
С	Net plan assets (subtract line 7b from line 7a)		899047	0 879731				
<u>с</u> 8				0 879731 (b) Total				
с 8 а	Net plan assets (subtract line 7b from line 7a)	7c	899047					

## 57683 (2) Participants..... 8a(2) (3) Others (including rollovers)..... 8a(3) 0 -57327 **b** Other income (loss) ..... 8b 356 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums 15306 to provide benefits)..... 8d 0 e Certain deemed and/or corrective distributions (see instructions). 8e 4366 f Administrative service providers (salaries, fees, commissions) .... 8f 0 g Other expenses ..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 19672 -19316 i Net income (loss) (subtract line 8h from line 8c) ..... 8i i Transfers to (from) the plan (see instructions)..... 0 8j **Plan Characteristics** Part IV 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2R 3D 2E 2G If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V **Compliance Questions** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.)..... 10h C Was the plan covered by a fidelity bond? ..... Х 10c 90000 **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty?..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions.)..... 10e 7590 f Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х 10g 5259 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h 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-** 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	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	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the reastry Internal Revenue Service Department of Labor Employee Benefits Security Administration	This form is required to be filed Income Security Act of 1974			2018 This Form is Open to	
Pension Benefit Guaranty Corporation	▶ Complete all entries in a		ructions to the Form 550	00-SF.	Public Inspection
Part I Annual Report Id For calendar plan year 2018 or fisc	entification Information	01/01/2018	and anding	1070	1 /0010
· · · · · · · · · · · · · · · · · · ·			and ending an (not multiemployer) (F		1/2018 ing this box must attach a
A This return/report is for:	a single-employer plan a one-participant plan		nployer information in acc		
B This return/report is	the first return/report	the final return/report			
	an amended return/report		n/report (less than 12 mo	nths)	
C Check box if filing under:			r	-	
	Form 5558	automatic extension	. L	DFVC pr	ogram
Part II Basic Plan Inform	special extension (enter descri <b>nation</b> —enter all requested infe			.,	
1a Name of plan	nation—enter all requested info	ormation		1b Three	-digit
	, M.D., P.A. PROFIT	SHARING PLAN RE			number
				(PN)	
					<b>ive date of plan</b> 01/1984
	apt., suite no. and street, or P.O			2b Emplo	yer Identification Number 59-1681317
JELLINGER & LERMAN	country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Spon	sor's telephone number
	,,		-		-963-7100
3107 Stirling Road				20 Busin	ess code (see instructions)
Suite 300 Fort Lauderdale	FL 33312-8	9500			
3a Plan administrator's name and				6211	11 istrator's EIN
-		· · · · · · · · · · · · · · · · · · ·			
	lan sponsor or the plan name h <b>a</b> or's name, EIN, the plan name ai			4b EIN	
<ul><li><b>a</b> Sponsor's name</li><li><b>c</b> Plan Name</li></ul>				4d PN	
5a Total number of participants at	the beginning of the plan year			5a	26
•	the end of the plan year		F	5b	22
	count balances as of the end of the			5c	· · · · · · · · · · · · · · · · · · ·
complete this item)					1:
d(1) Total number of active partic	ipants at the beginning of the pla	an year		5d(1)	<u>, </u>
	d(2) Total number of active participants at the end of the plan year				······
d(2) Total number of active partic				5d(2)	·····
<b>d(2)</b> Total number of active partic <b>e</b> Number of participants who te	rminated employment during the	plan year with accrued be	nefits that were less		21
d(2) Total number of active partic e Number of participants who ten than 100% vested	rminated employment during the incomplete filing of this return	plan year with accrued be	nefits that were less unless reasonable caus	5d(2) 5e se is establ	2 ished.
d(2) Total number of active partic e Number of participants who te than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct	plan year with accrued be /report will be assessed tions. I declare that I have	nefits that were less unless reasonable caus examined this return/repo	5d(2) 5e se is establ	2 I <b>ished.</b> g. if applicable, a Schedule
d(2) Total number of active partic e Number of participants who ter than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as	plan year with accrued be /report will be assessed tions. I declare that I have	nefits that were less unless reasonable caus examined this return/report, slon of this return/report,	5d(2) 5e se is estable ort, includin and to the	2 I <b>ished.</b> g. if applicable, a Schedule
d(2) Total number of active partic e Number of participants who tend than 100% vested Caution: A penalty for the late or Under penalties of ferjury and other SB or Schedule MB completed and belief. It is true, correct, and completed SIGN	rminated employment during the incomplete filing of this return penalties set forth in the instruct signed by an enrolled actuary, as	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER,	5d(2) 5e se is establ ort, includin and to the , M.D.	2 lished. g, if applicable, a Schedule best of my knowledge and
d(2) Total number of active partic e Number of participants who ter than 100% vested Caution: A penalty for the late or Under penalties of ferjury and other SB or Schedule ME completed and belief, it is true, correct, and completed SIGN HERE Signature of pranaction	rminated employment during the incomplete filing of this return penalties set forth in the instruct signed by an enrolled actuary, as	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver IOIIGIIG	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER Enter name of individua	5d(2) 5e se is establ ort, includin and to the , M.D. al signing a	2 lished. g, if applicable, a Schedule best of my knowledge and
d(2) Total number of active partic e Number of participants who tend than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct sgine i by an enrolled actuary, as	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / 16/19 Date I O //L/19	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	21 lished. g, if applicable, a Schedule best of my knowledge and s plan administrator
d(2) Total number of active partic e Number of participants who ter than 100% vested Caution: A penalty for the late or Under penalties of ferjury and other SB or Schedule MB completed and belief. It is true, correct, and completed SIGN HERE Signature of pranadm SIGN HERE Signature of employe	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as inistrated rinistrated r/plan sponsor	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / I G / I G / I G Date I O // G / I G Date	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	21 lished. g, if applicable, a Schedule best of my knowledge and s plan administrator s employer or plan sponsor Form 5500-SF (2018)
d(2) Total number of active partic e Number of participants who tend than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as inistrated rinistrated r/plan sponsor	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / I G / I G / I G Date I O // G / I G Date	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	21 lished. g, if applicable, a Schedule best of my knowledge and s plan administrator s employer or plan sponsor
d(2) Total number of active partic P Number of participants who ter than 100% vested Caution: A penalty for the late or Under penalties of ferjury and other SB or Schedule MB completed and belief. It is true, correct, and completed SIGN HERE Signature of pranadm SIGN HERE Signature of employe	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as inistrated rinistrated r/plan sponsor	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / I G / I G / I G Date I O // G / I G Date	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	2 lished. g, if applicable, a Schedule best of my knowledge and s plan administrator s employer or plan sponsor Form 5500-SF (2018)
d(2) Total number of active partic e Number of participants who tend than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as inistrated rinistrated r/plan sponsor	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / I G / I G / I G Date I O // G / I G Date	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	2 ( lished. g, if applicable, a Schedule best of my knowledge and s plan administrator s employer or plan sponsor Form 5500-SF (2018)
d(2) Total number of active partic e Number of participants who tend than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as inistrated rinistrated r/plan sponsor	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / I G / I G / I G Date I O // G / I G Date	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	2( lished. g, if applicable, a Schedule best of my knowledge and s plan administrator s employer or plan sponsor Form 5500-SF (2018)
d(2) Total number of active partic e Number of participants who ter than 100% vested	rminated employment during the incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as inistrated rinistrated r/plan sponsor	plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic ver I J / I G / I G / I G Date I O // G / I G Date	nefits that were less unless reasonable caus examined this return/report, sion of this return/report, PAUL JELLINGER, Enter name of individue	5d(2) 5e se is establort, includin and to the , M.D. al signing a , M.D.	g, if applicable, a Schedule best of my knowledge and s plan administrator s employer or plan sponsor Form 5500-SF (2018)

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62	Were all of the plan's assets during the plan year invested in eligib		(See instructions )	
	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	ndent qualified public accountant (l tions.)	QPA) X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA section 4021)	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	899,047	879,731
b	Total plan liabilities	7b	0	0
Ċ	Net plan assets (subtract line 7b from line 7a)	7c	899,047	879,731
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	57 <b>,</b> 683	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-57,327	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		356
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15,306	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	4,366	
g	Other expenses	8g	0	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		19,672
i	Net income (loss) (subtract line 8h from line 8c)	8i		-19,316
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt 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 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 Yes No Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х 10a Program) ..... Were there any nonexempt transactions with any party-in-interest? (Do not include transactions b Х 10b reported on line 10a.)..... Х 90,000 Was the plan covered by a fidelity bond? C 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused d Х 10d by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under Х 7,590 10e the plan? (See instructions.)..... Х f Has the plan failed to provide any benefit when due under the plan? ..... 10f 10g Х 5,259 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h Х 10h 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 10i

Form 5500-SF (2018)

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Part V	VI Pension Funding Compliance						-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)							No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11	a	-				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	on 30	2 of				Yes	X 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, see instructions, ar granting the waiver		er ti Day	ne date		e lett ′ear	er ru	lling
If y	ou 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	12	b			-		
<b>C</b> E	Enter the amount contributed by the employer to the plan for this plan year	12	C					
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)	12	d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		10		N/A
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye:	3	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13:	a					
b	)			Γ	es	x I	10	
С	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.	s) to						
1	3c(1) Name of plan(s): 13c(2	) EIN	(s)			13c(	<b>3)</b> P	N(s)
				· · ·				