Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans 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). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) HURRICANE HELENE

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1993

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)
OHI WEST MEDICAL GROUP II LLC

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

2b Employer Identification Number (EIN) 92-3479126

2c Plan Sponsor's telephone number 813-780-8774

2d Business code (see instructions) 621111

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	11/25/2024	JOE DELATORRE
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] 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:

a Sponsor's name FLORIDA MEDICAL CLINIC, LLC

c Plan Name FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

4b EIN 59-3156212

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	2425
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1796
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1835
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	657
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2493
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	2497
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2362
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2408
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	73
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OHI WEST MEDICAL GROUP II LLC

D Employer Identification Number (EIN)
92-3479126

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	82123	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	44704	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BKS FINANCIAL INVESTMENTS LLC

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	PLAN SPONSOR	34298	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RIVERO, GORDIMER, & COMPANY PA

59-3040705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	16150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
C&S INST REALTY SHS - SS&C GIDS, I 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OHI WEST MEDICAL GROUP II LLC

D Employer Identification Number (EIN)
92-3479126

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	15600094

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OHI WEST MEDICAL GROUP II LLC

D Employer Identification Number (EIN)
92-3479126

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	127770
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10266111	10773441
(2) Participant contributions	1b(2)	215155	264639
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4625664	12140365
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	214921	441205
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1478872	1336179
(9) Value of interest in common/collective trusts	1c(9)	18144148	15600094
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	193742026	228634024
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	228686897	269317717
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	228686897	269317717

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	10605454	
(B) Participants	2a(1)(B)	9004119	
(C) Others (including rollovers)	2a(1)(C)	398019	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		20007592
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	396463	
(B) U.S. Government securities	2b(1)(B)	50	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	79985	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		476498
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	233	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5442757	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5442990
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	406287	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	405529	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		758
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	187724	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		187724

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		689081
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		37791325
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		64595968
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23770745	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		23770745
f Corrective distributions (see instructions)	2f		6970
g Certain deemed distributions of participant loans (see instructions)	2g		10158
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	82123	
(4) IQPA audit fees	2i(4)	16150	
(5) Investment advisory and investment management fees	2i(5)	44704	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	34298	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		177275
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23965148
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		40630820
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RIVERO GORDIMER & COMPANY PA **(2)** EIN: 59-3040705

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) …….. ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OHI WEST MEDICAL GROUP II LLC

D Employer Identification Number (EIN)
92-3479126

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs

(see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

FLORIDA MEDICAL CLINIC, LLC
401(k) PLAN AND TRUST

December 31, 2023

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RIVERO, GORDIMER & COMPANY, P.A.

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Herman V. Lazzara
Sam A. Lazzara
Kevin R. Bass
Jonathan E. Stein
Stephen G. Douglas
Marc D. Sasser, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)
Michael E. Helton
James K. O'Connor
David M. Bohnsack
Julie A. Davis

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees and Participants of Florida Medical Clinic, LLC
401(k) Plan and Trust

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Florida Medical Clinic, LLC 401(k) Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal controls. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter —Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year), as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed

to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Tampa, Florida
November 21, 2024

Bivens, Gardiner & Company, P.A.

Florida Medical Clinic, LLC
401(k) Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2023	2022
ASSETS		
Investments, at fair value	$ 256,943,458	$ 216,726,759
Receivables		
Employer contributions	10,773,441	10,266,111
Participants contributions	264,639	215,155
Notes receivable from participants	1,336,179	1,478,872
	12,374,259	11,960,138
Total assets	269,317,717	228,686,897
LIABILITIES		
Benefit claims payable	-	-
Total liabilities	-	-
Net assets available for benefits at fair value	$ 269,317,717	$ 228,686,897

The accompanying notes are an integral part of these statements.

Florida Medical Clinic, LLC
401(k) Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2023

Additions to net assets attributed to	
Investment income	
Net appreciation in value of investments	$ 38,668,888
Dividends	5,442,990
Interest income	396,513
	44,508,391
Interest income on notes receivable from participants	79,985
Contributions	
Employer	10,605,454
Participants	9,004,119
Rollovers	398,019
	20,007,592
Total additions	64,595,968
Deductions from net assets attributed to	
Benefits paid directly to participants or beneficiaries	23,770,745
Corrective distributions	10,158
Deemed distributions	6,970
Investment advisory and management fees	44,704
Administrative and other fees	132,571
Total deductions	23,965,148
Net increase	40,630,820
Net assets available for benefits at beginning of year	228,686,897
Net assets available for benefits at end of year	$ 269,317,717

The accompanying notes are an integral part of this statement.

Florida Medical Clinic, LLC
401(k) Plan and Trust

NOTES TO FINANCIAL STATEMENTS

December 31, 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Florida Medical Clinic, LLC 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all full-time employees of Florida Medical Clinic, LLC (the "Company") who have completed two months of service and are age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The plan sponsor Florida Medical Clinic, LLC was acquired by the OHI West Medical Group II, LLC during 2023. Accordingly, the Plan was amended to reflect a change in the plan sponsor, and OHI West Medical Group II, LLC became the Plan sponsor on August 1, 2023.

2. Contributions

Employer contributions may be made to the profit sharing trust fund in amounts determined by the Company's Board of Directors. There is no obligation on the part of the employer to make a contribution for any year, beyond the 3% safe harbor provision.

All employees who become participants in the Plan are eligible to make salary reduction contributions up to the lesser of 60% of their compensation or the maximum amount allowed by the Internal Revenue Code. Employees may also designate a portion or all of the deferral contributions as Roth 401(k) contributions that are includable in the participant's gross income at the time deferred. The employer may make matching contributions equal to a discretionary percentage, to be determined by the employer, of the participants' contributions. The Plan also has a 3% safe harbor provision. Accordingly, all participants are fully vested in the first 3% of all employer discretionary contributions. See Note A4 for more information on vesting.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's contribution, (2) plan earnings, and (3) forfeitures of terminated participants' non-vested accounts. Participants' accounts are kept separately from employer contribution and salary reduction contribution allocations.

The Company's matching contributions, if any, are allocated in proportion to each participant's elective contribution.

NOTE A - DESCRIPTION OF THE PLAN - Continued

The Company's non-elective contributions, if any, are allocated based on a participant's allocation group and the ratio of the participant's compensation to the compensation of other members of the participant's allocation group.

Plan earnings are allocated by the Plan trustee based on the investments contained in each participant's account.

4. Vesting

Participants are immediately 100% vested in their salary reduction contributions and 100% vested in employer safe harbor contributions. The vested portion of any participant's Discretionary Employer Contributions Account and Matching Employer Contributions Account is determined according to a graduated scale based on years of continuous service as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

5. Payment of Benefits

A participant who retires or becomes disabled will be paid the benefit, to which they are entitled, in one lump sum payment unless installment payments are elected. If the participant is deceased, their beneficiaries will be paid the entitled benefits in one lump sum payment unless installment payments are elected. Terminated participants will share in allocations of earnings/losses under the Plan until such time as a distribution is made. Benefits are recorded when paid.

6. Forfeitures

As of December 31, 2023 and 2022, forfeited non-vested accounts approximated $83,000 and $113,000, respectively. These accounts will be used to reduce future employer contributions. In 2023, forfeited non-vested accounts of $180,000 were used to reduce employer contributions.

NOTE A - DESCRIPTION OF THE PLAN - Continued

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants become 100% vested in their accounts in the event of Plan termination.

8. Participants' Benefits

Some Plan participants have terminated employment with the Company but had vested balances in the Plan at December 31, 2023 and 2022. These unpaid benefits approximated $58,445,000 and $39,490,000 at December 31, 2023 and 2022, respectively. There were no participants who requested benefit payments who were not yet paid at December 31, 2023 or 2022, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value in accordance with ASC 820. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end. The investment in the common/collective trust fund ("CCT") is stated at fair value, as determined by the issuer of the CCT based on the fair value of the underlying investments using net asset value as a practical expedient. CCTs with underlying investments in investment contracts are valued daily at value of the underlying investments.

In accordance with Financial Accounting Standard Board (FASB), fully benefit-responsive investment contracts are presented at contract value. However, when CCTs hold fully benefit-responsive investment contracts, the plan's investment in the CCT is not considered a fully benefit-responsive investment contract and are reported at fair value. As such, the Plan's investment in the CCT described in Note D is reported at fair value.

Purchases and sales of all plan securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net gains or losses on the disposal of investments and changes in the current value of investments are reported in the statement of changes in net assets available for benefits as a net appreciation or depreciation in fair value of investments.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

2. Notes Receivable from Participants

Notes receivable from participants are recorded at amortized cost based on unpaid principal balance, plus any accrued interest. This valuation method is considered a good faith approximation of fair value. Generally, participants may take a loan at the lesser amount of (a) $50,000 or (b) up to one-half of their vested balance. Interest is charged on amounts outstanding with fixed interest rates ranging between 3.25% and 9.50%.

A note receivable from participants is considered in default if there is an outstanding principal balance existing after the last scheduled re-payment date. At December 31, 2023, there was approximately $4,000 of notes receivables in default that were not yet deemed distributions.

3. Plan Expenses

The Plan and the employer share the administrative expenses related to the Plan.

4. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosure. Actual results could differ from those estimates and such differences could be material.

5. Concentration of Credit Risk

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE C - INVESTMENTS

The Plan adheres to the provisions of Financial Accounting Standards Board, Accounting Standards Codification 820 ("FASB ASC 820"). FASB ASC 820 establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement), a middle priority to quoted prices for similar assets or liabilities (Level 2 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

NOTE C - INVESTMENTS - Continued

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2023 and 2022:

Mutual funds: Valued at the net asset value of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer. (Level 1)

Common/collective trust: Valued by the issuer of the common/collective trust fund based on the net asset value per share of the underlying investments. Common/collective trust funds with underlying investments in investment contracts are valued at net asset value of the underlying investments using the practical expedient method, and are not leveled in the fair value hierarchy.

Money market account: Valued at the quoted market price of the issuer (Level 1).

Interest bearing cash: Valued at amortized cost which approximates fair value (Level 1).

Noninterest bearing cash: Valued at cost which is fair value (Level 1).

Common stock: Valued at quoted market prices of the issuer (Level 1).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables present financial assets measured at fair value on a recurring basis as of:

NOTE C - INVESTMENTS - Continued

December 31, 2023	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common/collective trust	$ 15,600,094	$ -	$ -	$ -
Interest-bearing cash	12,140,365	12,140,365	-	-
Mutual funds	228,634,024	228,634,024	-	-
Noninterest bearing cash	127,770	127,770	-	-
Common stock	441,205	441,205	-	-
Total investments	$ 256,943,458	$ 241,343,364	$ -	$ -

December 31, 2022	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common/collective trust	$ 18,144,148	$ -	$ -	$ -
Interest-bearing cash	4,625,664	4,625,664	-	-
Mutual Funds	193,742,026	193,742,026	-	-
Common Stock	214,921	214,921	-	-
Total investments	$ 216,726,759	$ 198,582,611	$ -	$ -

The Company follows ASU 2015-07 - Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) which does not require the Plan to place certain investments in the fair value hierarchy that are valued using a net asset value model.

NOTE C - INVESTMENTS - Continued

The following tables present financial assets measured using the net asset value of shares using the practical expedient method, as of:

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	$ 15,600,094	$ -	Daily	-
Total	$ 15,600,094	$ -		

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	$ 18,144,148	$ -	Daily	-
Total	$ 18,144,148	$ -		

The Plan's investments appreciated in value during the year ended December 31, 2023 as follows:

Mutual funds	$ 37,791,325
Common/collective trust	689,081
Common stock	188,482
Net appreciation	$ 38,668,888

NOTE D - COMMON/COLLECTIVE TRUST

The Fidelity Managed Income Portfolio Class I (the "Fund") is a common/collective trust sponsored by Fidelity. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant NAV of $1 per unit.

Distribution to the Fund's unit holders are declared daily from the net investment and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of $1 per unit, although there is no guarantee that the Fund will be able to maintain this value.

NOTE D - COMMON/COLLECTIVE TRUST - Continued

The Fund invests in fully benefit-responsive investment contracts issued by insurance companies and other financial institutions ("Contracts"), fixed income securities, and money market funds. Under the terms of the Contracts, the assets of the Fund are invested in shares of money market funds and in fixed income securities (which may include, but are not limited to, U.S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and collective investment vehicles and shares of investment companies that invest primarily in fixed income securities). The Fund may also invest in futures contracts, option contracts, and swap agreements.

Fidelity Management Trust Company, as investment manager and trustee of the Fidelity Group Trust for Employee Benefit Plans, has claimed an exemption from registration under the Commodity Exchange Act and is not subject to registration or regulation under the Act. At the time of purchase, all Contracts and securities purchased for the fund must satisfy the credit quality standards specified in the Declaration of Separate Fund.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that affect its ability to transact at contract value, as described in the following paragraphs. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable.

Limitations on the Ability of the Fund to Transact at Contract Value:

Restrictions on the Plan - Participant-initiated transactions are those transactions allowed by the Plan, including withdrawals for benefits, loans, or transfers to noncompeting funds within a plan, but excluding withdrawals that are deemed to be caused by the actions of the Plan Sponsor. The following employer-initiated events may limit the ability of the Fund to transact at contract value:

- A failure of the Plan or its trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA
- Any communication given to Plan participants designed to influence a participant not to invest in the Fund or to transfer assets out of the Fund
- Any transfer of assets from the Fund directly into a competing investment option

NOTE D - COMMON/COLLECTIVE TRUST - Continued

- The establishment of a defined contribution plan that competes with the Plan for employee contributions

- Complete or partial termination of the Plan or its merger with another plan

Circumstances that Impact the Fund - The Fund invests in assets, typically fixed income securities or bond funds, and enters into "wrap" contracts issued by third parties. A wrap contract is an agreement by another party, such as a bank or insurance company to make payments to the Fund in certain circumstances. Wrap contracts are designed to allow the Fund to maintain a constant NAV and protect the Fund in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay the Fund the difference between the contract value and the market value of the underlying assets once the market value has been totally exhausted.

The wrap contracts generally contain provisions that limit the ability of the Fund to transact at contract value upon the occurrence of certain events. These events include:

- Any substantive modification of the Fund or the administration of the Fund that is not consented to by the wrap issuer
- Any change in law, regulation, or administrative ruling applicable to a Plan that could have a material adverse effect on the Fund's cash flow
- Employer-initiated transactions by participating plans as described above

In the event that wrap contracts fail to perform as intended, the Fund's NAV may decline if the market value of its assets decline. The Fund's ability to receive amounts due pursuant to these wrap contracts is dependent on the third-party issuer's ability to meet their financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain wrap contracts covering all of its underlying assets. This could result from the Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. Wrap contracts are not transferable and have no trading market. There are limited number of wrap issuers. The Fund may lose the benefit of wrap contracts on any position of its assets in default in excess of a certain percentage of portfolio assets.

NOTE E - TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated June 30, 1999, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

NOTE F - TRUSTEE CERTIFICATION (UNAUDITED)

Fidelity Management Trust Company ("Fidelity") has certified the investment balances, including the related income and allocations as being complete and accurate under CFR 2520.103-8 of the Employee Retirement Income Security Act of 1974 for the balances presented as of December 31, 2023 and 2022 and for the year ended December 31, 2023.The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to be complete and accurate by the respective Trustee as of December 31,:

	2023	2022
Investment, at fair value		
Common / collective trust	$ 15,600,094	$ 18,144,148
Interest bearing-cash	$ 12,140,365	$ 4,625,664
Mutual funds	$ 228,634,024	$ 193,742,026
Common stock	$ 441,205	$ 214,921
Noninterest bearing cash	$ 127,770	$ -
Investment Income		
Net appreciation in fair value of investments	$ 38,668,888	
Dividends	$ 5,442,990	
Interest	$ 396,513	

NOTE G - INVESTMENT OPTIONS

A participant may direct all contributions in several investment options. See pages 21-22.

NOTE H - ADMINISTRATION OF PLAN ASSETS/PARTIES-IN-INTEREST

Fidelity holds the Plan's assets. As Plan trustee, Fidelity provides recordkeeping services for the Plan and charges certain fees. Company contributions are managed by the trustee who invests cash received, interest and dividend income, and makes distributions to participants and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by plan participants for investment services are included as a reduction of the return earned. During the year ended December 31, 2023, the Plan paid investment service fees of $44,704. Advisory and management fees and independent audit fees are charged to the Plan and are included in total deductions from net assets. During the year ended December 31, 2023, the Plan paid recordkeeping fees of $82,123 and audit fees of $16,150. The Plan also incurred fees relating to their investments of $34,298 during the year ended December 31, 2023.

Officers or employees of the Company also perform administrative functions. No officer or employee received compensation from the Plan.

NOTE I - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions occurring subsequent to December 31, 2023 as of November 21, 2024 which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Florida Medical Clinic, II LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 92-3479126
Plan Number 001

December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Noninterest bearing cash	Cash Account	$ -	$ 127,770
*	Fidelity Government Money Market Fund	Money Market	-	11,129,088
*	Fidelity Cash Reserves	Money Market	-	635,895
	UBS BK USA Salt Lake City UT CD	Certificate of Deposit	-	30,799
	Wells Fargo Bank Natl Assn CD	Certificate of Deposit	-	9,992
	JP Morgan Chase BK N A CD	Certificate of Deposit	-	124,625
	American Express Natl BK Brok CD	Certificate of Deposit	-	5,014
	Zions Bancorporation Natl Assn CD	Certificate of Deposit	-	199,940
	Zions Bancorporation Natl Assn CD	Certificate of Deposit	-	5,012
*	Managed Income Portfolio - CL-1	Common/Collective Trust	-	15,600,094
	US Bancorp Del Com New	206 Shares of Common Stock	-	8,902
	Shopify Inc NPV Subordinated A	1,000 Shares of Common Stock	-	77,900
	Roku Inc Com CL A	399 Shares of Common Stock	-	36,573
	On Semiconductor CRP	700 Shares of Common Stock	-	58,471
	NVIDIA Corp NFS LLC Is A Market	250 Shares of Common Stock	-	123,978
	Lucid Group Inc Com	2,000 Shares of Common Stock	-	8,420
	Alphabet Inc Cap Stk CL A	250 Shares of Common Stock	-	34,923
	Alphabet Inc Cap Stk CL C	400 Shares of Common Stock	-	56,372
	Berkshire Hathaway Inc DEL CL B New	100 Shares of Common Stock	-	35,666
	American Funds New World R5	Mutual Funds	-	4,818,052
	American Funds New Perspective Fund R6	Mutual Funds	-	7,793,772
	Cohen & Steers Institutional Realty Shares	Mutual Funds	-	2,491,176
*	Fidelity Balanced Fund Class K	Mutual Funds	-	11,881,186
*	Fidelity Contrafund Fund Class K	Mutual Funds	-	25,734,575
*	Fidelity Extended Market Index Fund	Mutual Funds	-	8,953,177
*	Fidelity Freedom 2005 Fund Class K	Mutual Funds	-	95,095
*	Fidelity Freedom 2010 Fund Class K	Mutual Funds	-	195,260
*	Fidelity Freedom 2015 Fund Class K	Mutual Funds	-	196,602
*	Fidelity Freedom 2020 Fund Class K	Mutual Funds	-	839,479
*	Fidelity Freedom 2025 Fund Class K	Mutual Funds	-	6,566,128
*	Fidelity Freedom 2030 Fund Class K	Mutual Funds	-	6,053,984
*	Fidelity Freedom 2035 Fund Class K	Mutual Funds	-	4,832,343
*	Fidelity Freedom 2040 Fund Class K	Mutual Funds	-	10,045,886
*	Fidelity Freedom 2045 Fund Class K	Mutual Funds	-	4,383,404
*	Fidelity Freedom 2050 Fund Class K	Mutual Funds	-	6,994,856
*	Fidelity Freedom 2055 Fund Class K	Mutual Funds	-	3,107,660
*	Fidelity Freedom 2060 Fund Class K	Mutual Funds	-	1,187,441
*	Fidelity Freedom 2065 Fund Class K	Mutual Funds	-	645,147
*	Fidelity Freedom Income Fund Class K	Mutual Funds	-	300,462
*	Fidelity Growth Company Fund Class K	Mutual Funds	-	30,889,060

Florida Medical Clinic, II LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 92-3479126
Plan Number 001

December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Fidelity Small Cap Value Fund	Mutual Funds	-	5,002,685
*	Fidelity Total Market Index Fund	Mutual Funds	-	28,781,912
*	Fidelity Internatl Index Instl Premium	Mutual Funds	-	5,817
*	Fidelity Select Computers	Mutual Funds	-	42,781
*	Fidelity Select Defense & Aerospace	Mutual Funds	-	69,349
*	Fidelity Intern'Tl Small Cap	Mutual Funds	-	7,484
*	Fidelity 500 Index Institutional Prem	Mutual Funds	-	14,183
*	Fidelity Contrafund	Mutual Funds	-	7,651
*	Fidelity Small Cap Index Instl Premium	Mutual Funds	-	2,338
*	Fidelity Real Estate Index Institutional	Mutual Funds	-	3,002
*	Fid Mid Cap Index Institutional Prem	Mutual Funds	-	3,878
*	Fidelity Emerging Mkts Indx Instl Prem	Mutual Funds	-	4,105
*	Fidelity U.S. Bond Index Instl Premium	Mutual Funds	-	19,463
*	Fidelity Total Bond	Mutual Funds	-	6,571
*	Fidelity Inflat- Prot Bd Index Instl Prem	Mutual Funds	-	9,717
*	Fidelity Zero International Index	Mutual Funds	-	3,124
*	Fid S/T Treasury Bond Indx Instl Prem	Mutual Funds	-	13,144
*	Fidelity Large Cap Value Indx Inst Prem	Mutual Funds	-	6,453
*	Fidelity Small Cap Value	Mutual Funds	-	2,335
*	Fidelity Select Energy	Mutual Funds	-	56,175
*	Fidelity Select Technology	Mutual Funds	-	41,765
*	Fidelity Select Medical Delivery	Mutual Funds	-	39,139
	Listed Fd Tr Wahed Ftse Etf	Mutual Funds	-	145,472
	Proshares Tr Ultrapro Qqq	Mutual Funds	-	553,179
	Spdr Ser Tr Sp500 High Div	Mutual Funds	-	4,115
	JP Morgan Small Cap Equity Fund	Mutual Funds	-	7,030,855
	MFS Value Fund Class R6	Mutual Funds	-	11,914,695
	PIMCO High Yield Fund	Mutual Funds	-	2,363,673
	PIMCO Total Return Fund Institutional Class	Mutual Funds	-	3,930,093
	PIMCO International Bond Fund	Mutual Funds	-	2,344,026
	Vanguard Inflation Protected Securities Func	Mutual Funds	-	3,439,923
	Vanguard Selected Value Fund	Mutual Funds	-	5,251,759
	Vanguard Short Term Bond Index Fund	Mutual Funds	-	3,330,337
	Vanguard Small Cap Index Fund	Mutual Funds	-	2,885,374
	Vanguard Total Bond Market Index	Mutual Funds	-	7,765,492
	Vanguard Total International Stock Index Fu	Mutual Funds	-	5,527,215
			-	256,943,458
*	Participant loans (notes receivable from participants)	3.25% - 9.50%	-	1,336,179
			$ -	$ 258,279,637

(a) *Party-in-interest to the Plan
(d) Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from historical cost entry on the Schedule of Assets (Held at End of Year)

Florida Medical Clinic, II LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 92-3479126
Plan Number 001

December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Noninterest bearing cash	Cash Account	$ -	$ 127,770
*	Fidelity Government Money Market Fund	Money Market	-	11,129,088
*	Fidelity Cash Reserves	Money Market	-	635,895
	UBS BK USA Salt Lake City UT CD	Certificate of Deposit	-	30,799
	Wells Fargo Bank Natl Assn CD	Certificate of Deposit	-	9,992
	JP Morgan Chase BK N A CD	Certificate of Deposit	-	124,625
	American Express Natl BK Brok CD	Certificate of Deposit	-	5,014
	Zions Bancorporation Natl Assn CD	Certificate of Deposit	-	199,940
	Zions Bancorporation Natl Assn CD	Certificate of Deposit	-	5,012
*	Managed Income Portfolio - CL-1	Common/Collective Trust	-	15,600,094
	US Bancorp Del Com New	206 Shares of Common Stock	-	8,902
	Shopify Inc NPV Subordinated A	1,000 Shares of Common Stock	-	77,900
	Roku Inc Com CL A	399 Shares of Common Stock	-	36,573
	On Semiconductor CRP	700 Shares of Common Stock	-	58,471
	NVIDIA Corp NFS LLC Is A Market	250 Shares of Common Stock	-	123,978
	Lucid Group Inc Com	2,000 Shares of Common Stock	-	8,420
	Alphabet Inc Cap Stk CL A	250 Shares of Common Stock	-	34,923
	Alphabet Inc Cap Stk CL C	400 Shares of Common Stock	-	56,372
	Berkshire Hathaway Inc DEL CL B New	100 Shares of Common Stock	-	35,666
	American Funds New World R5	Mutual Funds	-	4,818,052
	American Funds New Perspective Fund R6	Mutual Funds	-	7,793,772
	Cohen & Steers Institutional Realty Shares	Mutual Funds	-	2,491,176
*	Fidelity Balanced Fund Class K	Mutual Funds	-	11,881,186
*	Fidelity Contrafund Fund Class K	Mutual Funds	-	25,734,575
*	Fidelity Extended Market Index Fund	Mutual Funds	-	8,953,177
*	Fidelity Freedom 2005 Fund Class K	Mutual Funds	-	95,095
*	Fidelity Freedom 2010 Fund Class K	Mutual Funds	-	195,260
*	Fidelity Freedom 2015 Fund Class K	Mutual Funds	-	196,602
*	Fidelity Freedom 2020 Fund Class K	Mutual Funds	-	839,479
*	Fidelity Freedom 2025 Fund Class K	Mutual Funds	-	6,566,128
*	Fidelity Freedom 2030 Fund Class K	Mutual Funds	-	6,053,984
*	Fidelity Freedom 2035 Fund Class K	Mutual Funds	-	4,832,343
*	Fidelity Freedom 2040 Fund Class K	Mutual Funds	-	10,045,886
*	Fidelity Freedom 2045 Fund Class K	Mutual Funds	-	4,383,404
*	Fidelity Freedom 2050 Fund Class K	Mutual Funds	-	6,994,856
*	Fidelity Freedom 2055 Fund Class K	Mutual Funds	-	3,107,660
*	Fidelity Freedom 2060 Fund Class K	Mutual Funds	-	1,187,441
*	Fidelity Freedom 2065 Fund Class K	Mutual Funds	-	645,147
*	Fidelity Freedom Income Fund Class K	Mutual Funds	-	300,462
*	Fidelity Growth Company Fund Class K	Mutual Funds	-	30,889,060

Florida Medical Clinic, II LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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Plan EIN 92-3479126
Plan Number 001

December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Fidelity Small Cap Value Fund	Mutual Funds	-	5,002,685
*	Fidelity Total Market Index Fund	Mutual Funds	-	28,781,912
*	Fidelity Internatl Index Instl Premium	Mutual Funds	-	5,817
*	Fidelity Select Computers	Mutual Funds	-	42,781
*	Fidelity Select Defense & Aerospace	Mutual Funds	-	69,349
*	Fidelity Intern'Tl Small Cap	Mutual Funds	-	7,484
*	Fidelity 500 Index Institutional Prem	Mutual Funds	-	14,183
*	Fidelity Contrafund	Mutual Funds	-	7,651
*	Fidelity Small Cap Index Instl Premium	Mutual Funds	-	2,338
*	Fidelity Real Estate Index Institutional	Mutual Funds	-	3,002
*	Fid Mid Cap Index Institutional Prem	Mutual Funds	-	3,878
*	Fidelity Emerging Mkts Indx Instl Prem	Mutual Funds	-	4,105
*	Fidelity U.S. Bond Index Instl Premium	Mutual Funds	-	19,463
*	Fidelity Total Bond	Mutual Funds	-	6,571
*	Fidelity Inflat- Prot Bd Index Instl Prem	Mutual Funds	-	9,717
*	Fidelity Zero International Index	Mutual Funds	-	3,124
*	Fid S/T Treasury Bond Indx Instl Prem	Mutual Funds	-	13,144
*	Fidelity Large Cap Value Indx Inst Prem	Mutual Funds	-	6,453
*	Fidelity Small Cap Value	Mutual Funds	-	2,335
*	Fidelity Select Energy	Mutual Funds	-	56,175
*	Fidelity Select Technology	Mutual Funds	-	41,765
*	Fidelity Select Medical Delivery	Mutual Funds	-	39,139
	Listed Fd Tr Wahed Ftse Etf	Mutual Funds	-	145,472
	Proshares Tr Ultrapro Qqq	Mutual Funds	-	553,179
	Spdr Ser Tr Sp500 High Div	Mutual Funds	-	4,115
	JP Morgan Small Cap Equity Fund	Mutual Funds	-	7,030,855
	MFS Value Fund Class R6	Mutual Funds	-	11,914,695
	PIMCO High Yield Fund	Mutual Funds	-	2,363,673
	PIMCO Total Return Fund Institutional Class	Mutual Funds	-	3,930,093
	PIMCO International Bond Fund	Mutual Funds	-	2,344,026
	Vanguard Inflation Protected Securities Func	Mutual Funds	-	3,439,923
	Vanguard Selected Value Fund	Mutual Funds	-	5,251,759
	Vanguard Short Term Bond Index Fund	Mutual Funds	-	3,330,337
	Vanguard Small Cap Index Fund	Mutual Funds	-	2,885,374
	Vanguard Total Bond Market Index	Mutual Funds	-	7,765,492
	Vanguard Total International Stock Index Fu	Mutual Funds	-	5,527,215
			-	256,943,458
*	Participant loans (notes receivable from participants)	3.25% - 9.50%	-	1,336,179
			$ -	$ 258,279,637

(a) *Party-in-interest to the Plan
(d) Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from historical cost entry on the Schedule of Assets (Held at End of Year)