

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
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: CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): CANCER SPECIALISTS, LLC
Mailing address (include room, apt., suite no. and street, or P.O. Box): 7751 BELFORT PARKWAY, STE 350, CENTRAL BUSINESS OFFICE, JACKSONVILLE, FL 32256
2b Employer Identification Number (EIN): 45-5523028
2c Plan Sponsor's telephone number: 904-363-2113
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	662
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	424
	6a(2)	452
	6b	29
	6c	218
	6d	699
	6e	0
	6f	699
	6g(1)	650
6g(2)	698	
6h	0	
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 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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) **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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CANCER SPECIALISTS, LLC</p>	<p>D Employer Identification Number (EIN) 45-5523028</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	812059	578	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ECONOMIC GROUP PENSION SERVICES **2017 W 25TH STREET, FLOOR 9**
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 1184724
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP PENSION FUNDING	
b	Balance at the end of the previous year	7b 882001
c	Additions: (1) Contributions deposited during the year	7c(1) 155537
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 23284
	(4) Transferred from separate account	7c(4) 138396
	(5) Other (specify below)..... ▶ LOAN PMTS, POSITIVE ADJ, INTEREST, TRANSFERS	7c(5) 1395
	(6) Total additions	7c(6) 318612
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1200613
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 10972
	(2) Administration charge made by carrier.....	7e(2) 1097
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶ LOAN DISBURSEMENTS, NEG ADJUST, TRANSFERS	7e(4) 3820
(5) Total deductions	7e(5) 15889	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1184724

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CANCER SPECIALISTS, LLC	D Employer Identification Number (EIN) 45-5523028	

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)..... 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

VOYA RETIREMENT INS AND ANN CO

71-0294708

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

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

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

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

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

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

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

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

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

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

(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)

MAI CAPITAL MANAGEMENT, LLC

61-1495162

(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?
99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	70447	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ECONOMIC GROUP PENSION SERVICES

13-3180178

(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?
49	TPA	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	24271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VOYA RETIREMENT ADVISORS, LLC

02-0488491

(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?
26	SERVICE PROVIDER	9592	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MORNINGSTAR

36-3297908

(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	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
ECONOMIC GROUP PENSION SERVICES	99	24271
(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.	
VOYA RETIREMENT INSURANCE AND ANNUITY 71-0294708	OTHER SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAI CAPITAL MANAGEMENT, LLC	99	70447
(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.	
VOYA RETIREMENT INSURANCE AND ANNUITY 71-0294708	OTHER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR	27	7599
(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.	
VOYA RETIREMENT INS. AND ANN. CO. 71-0294708	INVESTMENT ADVISORY (PLAN)	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CANCER SPECIALISTS, LLC</u>	D Employer Identification Number (EIN) <u>45-5523028</u>	

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: <u>VRIAC SEPAARATE ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VRIAC</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53176188</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CANCER SPECIALISTS, LLC	D Employer Identification Number (EIN) 45-5523028

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1676880	1905754
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	165157	99998
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	706207	775953
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	200546	253349
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44544624	53175749
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	882001	1184724
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	48175415	57395527
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	48175415	57395527

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)	1905571	
(B) Participants.....	2a(1)(B)	1924975	
(C) Others (including rollovers).....	2a(1)(C)	141774	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3972320
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	106	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	15775	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15881
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	12701	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2987	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15688
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6642831
c Other income	2c		-35196
d Total income. Add all income amounts in column (b) and enter total	2d		10611524

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1356771	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1356771
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		225
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	34407	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34416
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1391412

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9220112
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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) 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) 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: **SMOAK, DAVIS AND NIXON, LLP**

(2) EIN: **59-0602635**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CANCER SPECIALISTS, LLC</u>	D Employer Identification Number (EIN) <u>45-5523028</u>	

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	0
---	---	---

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): 71-0294708

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): _____

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 Q703912A.

CANCER SPECIALISTS OF NORTH FLORIDA
401(K) PLAN
FINANCIAL REPORT
December 31, 2024 and 2023



SMOAK, DAVIS & NIXON LLP
Certified Public Accountants
Providing Integrated Financial Solutions

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 10
SUPPLEMENTAL SCHEDULE	
Schedule of Assets (Held at End of Year)	11 - 13



SMOAK, DAVIS & NIXON LLP
Certified Public Accountants
Providing Integrated Financial Solutions

5011 Gate Parkway
Building 100, Suite 300
Jacksonville, FL 32256

Office: (904)396-5831
Fax: (904)399-8985
www.sdnllp.com

To the Trustees of
Cancer Specialists of North Florida 401(k) Plan
Jacksonville, Florida

Independent Auditor's Report

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

We have performed audits of the accompanying financial statements of Cancer Specialists of North Florida 401(k) Plan (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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cancer Specialists of North Florida 401(k) 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, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 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).



Independent Auditor's Report **(Continued)**

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.



Independent Auditor's Report
(Continued)

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 control. 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.



Independent Auditor's Report
(Continued)

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year), 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 their form and content, are 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).

Smoak, Davis & Nixon LLP

Jacksonville, Florida
June 23, 2025

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Receivables:		
Employer contributions	\$ 1,905,754	\$ 1,676,880
Notes receivable from participants	253,349	200,546
	2,159,103	1,877,426
Investments:		
Investments at fair value (See Note 3)	55,236,424	46,297,989
	55,236,424	46,297,989
Total Assets	57,395,527	48,175,415
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 57,395,527	\$ 48,175,415

The Notes to Financial Statements are an integral part of these statements.

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2024

ADDITIONS

Additions To Net Assets Attributed To:

Investment Income:

Net appreciation in fair value of investments	\$ 6,607,635
Dividends and other income	15,688
Interest	15,881
	<u>6,639,204</u>

Contributions:

Participants	1,924,975
Employers	1,905,571
Rollovers	141,774
	<u>3,972,320</u>

Total Additions	<u>10,611,524</u>
-----------------	-------------------

DEDUCTIONS

Deductions From Net Assets Attributed To:

Benefits paid to participants	1,356,771
Certain deemed distributions of participant loans	225
Participant fees and charges	34,416
	<u>1,391,412</u>

Total Deductions	<u>1,391,412</u>
------------------	------------------

Net increase	9,220,112
--------------	-----------

Net Assets Available For Benefits

Beginning of year	<u>48,175,415</u>
End of year	<u>\$ 57,395,527</u>

The Notes to Financial Statements are an integral part of this statement.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Cancer Specialists of North Florida 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was established on October 1, 2012 and is a defined contribution plan covering all employees of Cancer Specialists of North Florida, LLC (the "Employer"), excluding leased employees, who have six months of service and are age eighteen or older. Years of service with any medical practice operated by a physician immediately prior to the physician becoming an employee of the Employer are recognized. Effective January 1, 2023, the plan was amended to include years of service with Ascension Healthcare. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions:

Participants may elect to make salary deferral contributions to the Plan in an amount up to 80% of their annual pay with a total amount not to exceed \$23,000 and \$22,500 in the years ended December 31, 2024 and 2023, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may also contribute amounts on after-tax basis.

The Employer may make discretionary matching contributions equal to a uniform percentage of the participants' salary deferrals. The Employer will determine the amount of the discretionary percentage each year. The Employer may also elect to make "safe harbor" contributions, but is under no obligation to do so. The "safe harbor" contribution is equal to 3% of total eligible compensation for the Plan year. If the Employer elects to satisfy the "safe harbor", then the discretionary matching contribution will not exceed 3% of compensation of a participant who is eligible to share in the discretionary contribution for the Plan Year. The Employer may also make a discretionary profit sharing contribution to the plan and each participant's allocation is based on the ratio of their compensation to the total compensation of all participants eligible to share.

Participants Accounts:

Each participant's account is credited with the participant's elective contribution, allocations of the Employer's contributions, Plan earnings (losses), distributions, and allocations of administrative expenses. The Plan's earnings (losses) and administrative expense are allocated based on participant account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are also 100% vested in the Employer's contributions.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at market rates on the date the loans were initiated. Participants may only have one loan outstanding at any one time. Principal and interest is paid through payroll deduction over a period not exceeding five years.

Payment of Benefits:

On termination of services for any reason, a participant (or beneficiary) may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount as provided by the Plan. In-service distributions, as provided by the Plan, may be made upon demonstration of financial hardship, disability, or after participants reach the age of 59.5 years.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. See Note 3 for discussion of fair value measurements.

Notes Receivable From Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for loss on uncollectable notes receivable has been recorded as of December 31, 2024 and 2023. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

Payment of Benefits:

Benefits are recorded upon distribution.

Plan Expenses:

The Plan pays custodian and asset management fees; legal, accounting and other services may be paid by the Employer or the Plan.

Subsequent Events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through June 23, 2025, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

The Plan applies generally accepted accounting principles for fair value measurements of financial assets and liabilities. These accounting principles define fair value and establish a hierarchy that prioritizes fair value measurements based on the types of inputs used for the various valuation techniques. The three levels of inputs used to measure fair value are as follows:

Level 1 - Values measured using quoted prices in active markets for identical investments.

Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

NOTES TO FINANCIAL STATEMENTS

Note 3. (Continued)

Following is a description of the valuation methodology used for assets measured at fair value:

Money Market Funds: Money market funds are a type of fixed income mutual funds that invest in debt securities that are characterized by their short maturities and minimal credit risk. Valuation is based on the types of securities held by these funds.

Mutual Funds: Mutual funds are reported at NAV as calculated by the mutual fund based upon the value of the securities held by the mutual funds.

Self-directed Brokerage Account: Account primarily consists of money market and common stocks that are valued on the basis of readily-determinable market prices.

Insurance Company - Fixed Account: An annuity contract issued by Voya Retirement Insurance and Annuity Company. The contract is reported based upon observable inputs, including assumptions as to what market participants would use in pricing such instruments.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Fair Value Measurements on a Recurring Basis as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Funds	\$ 439	\$ -	\$ -	\$ 439
Mutual Funds	53,175,749			53,175,749
Self-directed Brokerage Account	875,512			875,512
Insurance Company - Fixed Account		1,184,724		1,184,724
Total	\$ 54,051,700	\$ 1,184,724	\$ -	\$ 55,236,424

Fair Value Measurements on a Recurring Basis as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Funds	\$ 418	\$ -	\$ -	\$ 418
Mutual Funds	44,544,624			44,544,624
Self-directed Brokerage Account	870,946			870,946
Insurance Company - Fixed Account		882,001		882,001
Total	\$ 45,415,988	\$ 882,001	\$ -	\$ 46,297,989

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments

During the year ended December 31, 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$6,607,635.

Note 5. Plan Termination

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

Note 6. Tax Status

The Internal Revenue Service has determined and informed the Custodian of record by a letter dated June 30, 2020, 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 determination 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.

Note 7. Information Prepared and Certified by the Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Voya Retirement Insurance and Annuity Company for the years ended December 31, 2024 and 2023.

	2024	2023
Investments, at fair value	\$ 54,360,912	\$ 45,427,043
Total investments	\$ 54,360,912	\$ 45,427,043
Notes receivable from participants	\$ 253,349	\$ 200,546
Investment gain	\$ 6,661,593	

Plan assets of \$875,512 and \$870,946 and related investment income as of December 31, 2024 and 2023, respectively were held by Fidelity Investments were subject to auditing procedures and not included in the certification provided by Voya Retirement Insurance and Annuity Company.

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. 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 at least reasonably possible that changes in the value 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 statement of net assets available for plan benefits.

Note 9. Party-in-Interest Transactions

Certain investments of the Plan are shares of funds managed by Voya Retirement Insurance and Annuity Company ("Voya"). Voya is a custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid \$34,407 in administrative expenses to Voya for the year ended December 31, 2024.

SUPPLEMENTAL SCHEDULE

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT YEAR END)
ATTACHMENT - FORM 5500

December 31, 2024

EIN: 45-5523028

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	American Beacon Global Bond Fund Z	\$	572,169
*	Voya Retirement Insurance and Annuity Company	American Funds Am Balanced R-6		508,298
*	Voya Retirement Insurance and Annuity Company	American Funds New World R6		980,567
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective Fund-Class R-6		919,330
*	Voya Retirement Insurance and Annuity Company	American Funds Washington Mutual R6		2,107,009
*	Voya Retirement Insurance and Annuity Company	BlackRock High Yield Bond Portfolio - Class K Shares		533,956
*	Voya Retirement Insurance and Annuity Company	Carillon Eagle Mid Cap Grw R6		327,548
*	Voya Retirement Insurance and Annuity Company	ClearBridge Appreciation Fund-Class IS		1,275,614
*	Voya Retirement Insurance and Annuity Company	Cohen & Steers Real Estate Securities Fund - Class Z		105,558
*	Voya Retirement Insurance and Annuity Company	DFA Inflation-Protected Securities Portfolio-Inst Class		1,148,936
*	Voya Retirement Insurance and Annuity Company	Fidelity 500 Index Fund		6,280,041
*	Voya Retirement Insurance and Annuity Company	Fidelity Intl Index Fnd		1,851,768
*	Voya Retirement Insurance and Annuity Company	Fidelity Mid Cap Idx Fd		1,293,805
*	Voya Retirement Insurance and Annuity Company	Fidelity Sm Cp Ind Fd		1,068,926
*	Voya Retirement Insurance and Annuity Company	International Growth Fund II R1		233
*	Voya Retirement Insurance and Annuity Company	JPMorgan LgCp Growth Fnd R6		5,791,151
*	Voya Retirement Insurance and Annuity Company	JPMorgan SmCp Growth Fnd R6		364,557
*	Voya Retirement Insurance and Annuity Company	Large Cap Value Fund III R1		575,765
*	Voya Retirement Insurance and Annuity Company	MFS Aggressive Growth Allocation Fund-Class R6		1,546,311
*	Voya Retirement Insurance and Annuity Company	MFS Conservative Allocation Fund-Class R6		623,934
*	Voya Retirement Insurance and Annuity Company	MFS International Growth Allocation Fund-Class R6		10,085,635
*	Voya Retirement Insurance and Annuity Company	MFS Moderate Allocation Fund-Class R6		1,029,049
*	Voya Retirement Insurance and Annuity Company	MFS New Discovery Val Fund R6		367,430
*	Voya Retirement Insurance and Annuity Company	PIMCO CommodityRealReturn Strategy Fund-Int Class		136,591
*	Voya Retirement Insurance and Annuity Company	Pioneer Bond Fund-Class K Shares		1,136,834
*	Voya Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund-Class K Shares		1,297,450
*	Voya Retirement Insurance and Annuity Company	Principal Blue Chip Fund R6		630,951
*	Voya Retirement Insurance and Annuity Company	Putnam International Value Fund-Class R6		625,233
*	Voya Retirement Insurance and Annuity Company	VY AmCen Sm-MdCp VI Pt Srv		200,340
*	Voya Retirement Insurance and Annuity Company	Vanguard Balanced Index Fund-Admiral Shares		226,698
*	Voya Retirement Insurance and Annuity Company	Victory Trv intl SmCp Fd R6		1,130
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account		1,184,724
*	Voya Retirement Insurance and Annuity Company	Voya Government Money Market Fund A (Hold Account)		439
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2025 P Z		499,659
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2030 P Z		238,392
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2035 P Z		676,446
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2040 P Z		2,176,016
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2045 P Z		2,670,499
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2050 P Z		1,362,813
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2055 P Z		327,522
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2060 P Z		1,518,180
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2065 P Z		33,335
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution Inc P Z		60,070

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT YEAR END)
ATTACHMENT - FORM 5500

December 31, 2024

EIN: 45-5523028

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Investments	3M Company Common Stock	\$	5,164
	Fidelity Investments	American Eagle Outfitters New Common Stock		8,835
	Fidelity Investments	American Express Co Common Stock		7,717
	Fidelity Investments	Apple Inc Common Stock		13,022
	Fidelity Investments	Axalta Coating Systems Ltd Common Stock		2,874
	Fidelity Investments	Bank of America Corp Common Stock		3,384
	Fidelity Investments	Bank of New York Mellon Corp Common Stock		8,528
	Fidelity Investments	Bath & Body Works Inc. Common Stock		5,273
	Fidelity Investments	Big Rock Brewery Inc Common Stock		130
	Fidelity Investments	Capri Holdings LTD Common Stock		65,181
	Fidelity Investments	Campbell Soup Co Common Stock		5,863
	Fidelity Investments	Cigna Corp New Common Stock		6,904
	Fidelity Investments	Coty Inco Common Stock		5,860
	Fidelity Investments	Disney Walt Common Stock		2,227
	Fidelity Investments	Exxon Mobil Corp Common Stock		14,414
	Fidelity Investments	Fortune Brands Home & Security Inc Common Stock		25,282
	Fidelity Investments	General Mill Inc Common Stock		12,881
	Fidelity Investments	Goldman Sachs Group Inc Common Stock		14,316
	Fidelity Investments	Graco Inc Common Stock		177,008
	Fidelity Investments	Harley Davidson Inc Common Stock		3,646
	Fidelity Investments	Indivior PLC Common Stock		99
	Fidelity Investments	Intel Corp Common Stock		2,105
	Fidelity Investments	Johnson & Johnson Common Stock		12,293
	Fidelity Investments	JP Morgan Chase & Co Common Stock		4,554
	Fidelity Investments	Kraft Heinz Co Common Stock		19,317
	Fidelity Investments	Mattel Inc Common Stock		9,486
	Fidelity Investments	Masterbrand Inc Common Stock		5,406
	Fidelity Investments	McCormick & Co Inc Non Voting Common Stock		6,404
	Fidelity Investments	Medtronic Inc Common Stock		11,902
	Fidelity Investments	Mesa Laboratories, Inc. Common Stock		11,868
	Fidelity Investments	Meta Platforms Inc Common Stock		73,774
	Fidelity Investments	Molson Coors Brewing Common Stock		14,387
	Fidelity Investments	MSA Safety, Inc. Co Common Stock		21,716
	Fidelity Investments	National Oilwell Varco Inc Common Stock		6,950
	Fidelity Investments	PepsiCo Inc Common Stock		4,714
	Fidelity Investments	Phillips 66 Common Stock		7,405
	Fidelity Investments	Polaris Inds Inc Common Stock		3,688
	Fidelity Investments	Procter & Gamble Co Common Stock		6,203
	Fidelity Investments	Reckitt Benckiser Group PLC Sponsored Common Stock		2,404
	Fidelity Investments	Rocky Mountain Chocolate Factory Common Stock		2,928
	Fidelity Investments	Rotork PLC ADR Common Stock		7,640
	Fidelity Investments	Schlumberger Limited Common Stock		15,451
	Fidelity Investments	Solventum Corp Com SHS Common Stock		661
	Fidelity Investments	Tapestry Inc Common Stock		27,439
	Fidelity Investments	Thor Inds Inc Common Stock		23,449

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT YEAR END)
ATTACHMENT - FORM 5500

December 31, 2024

EIN: 45-5523028

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Investments	US Bancorp DEL Common Stock	\$	4,305
	Fidelity Investments	Unilever PLC Common Stock		3,912
	Fidelity Investments	United Guardian Inc Common Stock		2,151
	Fidelity Investments	Utah Med Prods Inc Common Stock		16,351
	Fidelity Investments	Vitoria Secret and Co Common Stock		1,864
	Fidelity Investments	Wal-Mart Stores Inc Common Stock		30,629
	Fidelity Investments	Wells Fargo & Company Common Stock		25,989
*	Fidelity Investments	Fidelity Cash Reserves		99,559
				<u>55,236,424</u>
	Participant loans	Participant Loans at 3.25% - 8.50%	-0-	253,349
			N/A	<u>\$ 55,489,773</u>
*	Party-in-interest			

Note: Cost information may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account.

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT YEAR END)
ATTACHMENT - FORM 5500

December 31, 2024

EIN: 45-5523028

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	American Beacon Global Bond Fund Z	\$	572,169
*	Voya Retirement Insurance and Annuity Company	American Funds Am Balanced R-6		508,298
*	Voya Retirement Insurance and Annuity Company	American Funds New World R6		980,567
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective Fund-Class R-6		919,330
*	Voya Retirement Insurance and Annuity Company	American Funds Washington Mutual R6		2,107,009
*	Voya Retirement Insurance and Annuity Company	BlackRock High Yield Bond Portfolio - Class K Shares		533,956
*	Voya Retirement Insurance and Annuity Company	Carillon Eagle Mid Cap Grw R6		327,548
*	Voya Retirement Insurance and Annuity Company	ClearBridge Appreciation Fund-Class IS		1,275,614
*	Voya Retirement Insurance and Annuity Company	Cohen & Steers Real Estate Securities Fund - Class Z		105,558
*	Voya Retirement Insurance and Annuity Company	DFA Inflation-Protected Securities Portfolio-Inst Class		1,148,936
*	Voya Retirement Insurance and Annuity Company	Fidelity 500 Index Fund		6,280,041
*	Voya Retirement Insurance and Annuity Company	Fidelity Intl Index Fnd		1,851,768
*	Voya Retirement Insurance and Annuity Company	Fidelity Mid Cap Idx Fd		1,293,805
*	Voya Retirement Insurance and Annuity Company	Fidelity Sm Cp Ind Fd		1,068,926
*	Voya Retirement Insurance and Annuity Company	International Growth Fund II R1		233
*	Voya Retirement Insurance and Annuity Company	JPMorgan LgCp Growth Fnd R6		5,791,151
*	Voya Retirement Insurance and Annuity Company	JPMorgan SmCp Growth Fnd R6		364,557
*	Voya Retirement Insurance and Annuity Company	Large Cap Value Fund III R1		575,765
*	Voya Retirement Insurance and Annuity Company	MFS Aggressive Growth Allocation Fund-Class R6		1,546,311
*	Voya Retirement Insurance and Annuity Company	MFS Conservative Allocation Fund-Class R6		623,934
*	Voya Retirement Insurance and Annuity Company	MFS International Growth Allocation Fund-Class R6		10,085,635
*	Voya Retirement Insurance and Annuity Company	MFS Moderate Allocation Fund-Class R6		1,029,049
*	Voya Retirement Insurance and Annuity Company	MFS New Discovery Val Fund R6		367,430
*	Voya Retirement Insurance and Annuity Company	PIMCO CommodityRealReturn Strategy Fund-Int Class		136,591
*	Voya Retirement Insurance and Annuity Company	Pioneer Bond Fund-Class K Shares		1,136,834
*	Voya Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund-Class K Shares		1,297,450
*	Voya Retirement Insurance and Annuity Company	Principal Blue Chip Fund R6		630,951
*	Voya Retirement Insurance and Annuity Company	Putnam International Value Fund-Class R6		625,233
*	Voya Retirement Insurance and Annuity Company	VY AmCen Sm-MdCp VI Pt Srv		200,340
*	Voya Retirement Insurance and Annuity Company	Vanguard Balanced Index Fund-Admiral Shares		226,698
*	Voya Retirement Insurance and Annuity Company	Victory Trv intl SmCp Fd R6		1,130
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account		1,184,724
*	Voya Retirement Insurance and Annuity Company	Voya Government Money Market Fund A (Hold Account)		439
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2025 P Z		499,659
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2030 P Z		238,392
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2035 P Z		676,446
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2040 P Z		2,176,016
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2045 P Z		2,670,499
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2050 P Z		1,362,813
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2055 P Z		327,522
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2060 P Z		1,518,180
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2065 P Z		33,335
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution Inc P Z		60,070

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT YEAR END)
ATTACHMENT - FORM 5500

December 31, 2024

EIN: 45-5523028

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Investments	3M Company Common Stock	\$	5,164
	Fidelity Investments	American Eagle Outfitters New Common Stock		8,835
	Fidelity Investments	American Express Co Common Stock		7,717
	Fidelity Investments	Apple Inc Common Stock		13,022
	Fidelity Investments	Axalta Coating Systems Ltd Common Stock		2,874
	Fidelity Investments	Bank of America Corp Common Stock		3,384
	Fidelity Investments	Bank of New York Mellon Corp Common Stock		8,528
	Fidelity Investments	Bath & Body Works Inc. Common Stock		5,273
	Fidelity Investments	Big Rock Brewery Inc Common Stock		130
	Fidelity Investments	Capri Holdings LTD Common Stock		65,181
	Fidelity Investments	Campbell Soup Co Common Stock		5,863
	Fidelity Investments	Cigna Corp New Common Stock		6,904
	Fidelity Investments	Coty Inco Common Stock		5,860
	Fidelity Investments	Disney Walt Common Stock		2,227
	Fidelity Investments	Exxon Mobil Corp Common Stock		14,414
	Fidelity Investments	Fortune Brands Home & Security Inc Common Stock		25,282
	Fidelity Investments	General Mill Inc Common Stock		12,881
	Fidelity Investments	Goldman Sachs Group Inc Common Stock		14,316
	Fidelity Investments	Graco Inc Common Stock		177,008
	Fidelity Investments	Harley Davidson Inc Common Stock		3,646
	Fidelity Investments	Indivior PLC Common Stock		99
	Fidelity Investments	Intel Corp Common Stock		2,105
	Fidelity Investments	Johnson & Johnson Common Stock		12,293
	Fidelity Investments	JP Morgan Chase & Co Common Stock		4,554
	Fidelity Investments	Kraft Heinz Co Common Stock		19,317
	Fidelity Investments	Mattel Inc Common Stock		9,486
	Fidelity Investments	Masterbrand Inc Common Stock		5,406
	Fidelity Investments	McCormick & Co Inc Non Voting Common Stock		6,404
	Fidelity Investments	Medtronic Inc Common Stock		11,902
	Fidelity Investments	Mesa Laboratories, Inc. Common Stock		11,868
	Fidelity Investments	Meta Platforms Inc Common Stock		73,774
	Fidelity Investments	Molson Coors Brewing Common Stock		14,387
	Fidelity Investments	MSA Safety, Inc. Co Common Stock		21,716
	Fidelity Investments	National Oilwell Varco Inc Common Stock		6,950
	Fidelity Investments	PepsiCo Inc Common Stock		4,714
	Fidelity Investments	Phillips 66 Common Stock		7,405
	Fidelity Investments	Polaris Inds Inc Common Stock		3,688
	Fidelity Investments	Procter & Gamble Co Common Stock		6,203
	Fidelity Investments	Reckitt Benckiser Group PLC Sponsored Common Stock		2,404
	Fidelity Investments	Rocky Mountain Chocolate Factory Common Stock		2,928
	Fidelity Investments	Rotork PLC ADR Common Stock		7,640
	Fidelity Investments	Schlumberger Limited Common Stock		15,451
	Fidelity Investments	Solventum Corp Com SHS Common Stock		661
	Fidelity Investments	Tapestry Inc Common Stock		27,439
	Fidelity Investments	Thor Inds Inc Common Stock		23,449

CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN

SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT YEAR END)
ATTACHMENT - FORM 5500

December 31, 2024

EIN: 45-5523028

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Investments	US Bancorp DEL Common Stock	\$	4,305
	Fidelity Investments	Unilever PLC Common Stock		3,912
	Fidelity Investments	United Guardian Inc Common Stock		2,151
	Fidelity Investments	Utah Med Prods Inc Common Stock		16,351
	Fidelity Investments	Vitoria Secret and Co Common Stock		1,864
	Fidelity Investments	Wal-Mart Stores Inc Common Stock		30,629
	Fidelity Investments	Wells Fargo & Company Common Stock		25,989
*	Fidelity Investments	Fidelity Cash Reserves		99,559
				<u>55,236,424</u>
	Participant loans	Participant Loans at 3.25% - 8.50%	-0-	253,349
			N/A	<u>\$ 55,489,773</u>
*	Party-in-interest			

Note: Cost information may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account.