

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN
1b Three-digit plan number (PN) 005
1c Effective date of plan 12/31/2002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ANESTHESIA SERVICES, P.A. 100 WEST COMMONS BOULEVARD SUITE 400 NEW CASTLE, DE 19720
2b Employer Identification Number (EIN) 51-0298419
2c Plan Sponsor's telephone number 302-709-4500
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.

Form 5500 (2024) v. 240311

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	249
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)	179
	6a(2)	183
	6b	4
	6c	64
	6d	251
	6e	0
	6f	251
	6g(1)	224
6g(2)	233	
6h	3	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)	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 checked="" type="checkbox"/> Trust	(3) <input checked="" 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>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.</p>	<p>D Employer Identification Number (EIN) 51-0298419</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
JOHN HANCOCK LIFE INSURANCE COMPANY

(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
01-0233346	65838	45864	246	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">36463</p>
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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

THE MANDMARBLESTONE GROUP LLC **ONE RAYMOND DRIVE, SUITE 7**
HAVERTOWN, PA 19083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	36463	TPA COMPENSATION, FEES & OTHER ALLOWANCES	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	1372376
5	Current value of plan's interest under this contract in separate accounts at year end.....	113184012
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 ▶ GUARANTEED INTEREST	
b	Balance at the end of the previous year	7b 1918571
c	Additions: (1) Contributions deposited during the year	7c(1) 128743
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 36760
	(4) Transferred from separate account	7c(4) 892213
	(5) Other (specify below)..... ▶ PLAN EXPENSES ACCOUNT CREDIT	7c(5) 290
	(6) Total additions	7c(6) 1058006
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2976577
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 285373
	(2) Administration charge made by carrier.....	7e(2) 2225
	(3) Transferred to separate account	7e(3) 1316603
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 1604201	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1372376

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

A Name of plan ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.	D Employer Identification Number (EIN) 51-0298419	

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

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

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

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

WELLS FARGO ADVISORS LLC

34-1542819

(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	INVESTMENT ADVISORY	47740	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WILEY BROS.-AINTREE CAPITAL

62-1627736

(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	INVESTMENT ADVISORY	2260	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
15	RECORDKEEPER	572	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ANESTHESIA SERVICES, P.A.</u>	D Employer Identification Number (EIN) <u>51-0298419</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK POOLED SEPARATE ACCOUN

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN <u>01-0233346-000</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>113184012</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.	D Employer Identification Number (EIN) 51-0298419

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
Assets			
a Total noninterest-bearing cash	1a	8969	10334
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2777480	2687349
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	440688	442669
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	101525845	113184012
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1918572	1372377
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	106671554	117696741
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	106671554	117696741

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)	2687349	
(B) Participants.....	2a(1)(B)	3055528	
(C) Others (including rollovers).....	2a(1)(C)	67151	
(2) Noncash contributions.....	2a(2)	0	5810028
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	31729	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31729
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	15402152
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	21243909

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10076929
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	10076929
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	87693
(3) Recordkeeping fees	2i(3)	4100
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	50000
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	141793
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	10218722

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	11025187
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

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

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

(1) 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: BELFINT, LYONS & SHUMAN, P.A.

(2) EIN: 51-0232399

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		620000
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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANESTHESIA SERVICES, P.A.</u>	D Employer Identification Number (EIN) <u>51-0298419</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): 01-0233346

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 Q702368A.

**ANESTHESIA SERVICES, P.A.
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND ERISA -
REQUIRED SUPPLEMENTAL SCHEDULE
AND INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2024 AND 2023

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
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DECEMBER 31, 2024 AND 2023

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Independent Auditor's Report

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Anesthesia Services, P.A. 401(k) Profit Sharing Plan (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 Anesthesia Services, P.A. 401(k) Profit Sharing 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from John Hancock Life Insurance Company, 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 5 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, 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.

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Anesthesia Services, P.A. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 these 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 Anesthesia Services, P.A. 401(k) Profit Sharing 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 GAAS 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

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 Anesthesia Services, P.A. 401(k) Profit Sharing 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Anesthesia Services, P.A. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and 2023, is presented for purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 audit 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL'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, are presented, in all material respects, in conformity with the DOL'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).

Belfint, Lyons & Shuman, P.A.

September 12, 2025
Wilmington, Delaware

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value	<u>\$ 114,566,723</u>	<u>\$ 103,453,386</u>
Receivables		
Employer Contributions	2,687,349	2,777,480
Notes Receivable from Participants	<u>442,669</u>	<u>440,688</u>
Total Receivables	<u>3,130,018</u>	<u>3,218,168</u>
TOTAL ASSETS	<u>117,696,741</u>	<u>106,671,554</u>
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 117,696,741</u></u>	<u><u>\$ 106,671,554</u></u>

The accompanying notes are an integral part of these financial statements.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO PLAN ASSETS

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 15,348,285
Interest and Dividends	<u>34,825</u>
Net Investment Income	<u>15,383,110</u>
Credit to Participants	<u>19,042</u>
Interest on Notes Receivable from Participants	<u>31,729</u>
Contributions	
Employer	2,687,349
Participant	3,055,528
Rollover	<u>67,151</u>
Total Contributions	<u>5,810,028</u>
TOTAL ADDITIONS TO PLAN ASSETS	<u>21,243,909</u>

DEDUCTIONS FROM PLAN ASSETS

Benefits Paid to Participants	10,076,929
Administrative Expenses	<u>141,793</u>
TOTAL DEDUCTIONS FROM PLAN ASSETS	<u>10,218,722</u>

NET CHANGE 11,025,187

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year 106,671,554

NET ASSETS AVAILABLE FOR BENEFITS - End of Year \$ 117,696,741

The accompanying notes are an integral part of these financial statements.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1: DESCRIPTION OF PLAN

The following description of the Anesthesia (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan which provides employees of Anesthesia Services, P.A. (Company or plan administrator) the opportunity to accumulate savings that provide benefits in the event of retirement, disability, or death. The Plan is structured to comply with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions - All eligible employees may elect to make 401(k) elective deferral contributions on their date of hire. No minimum service or age requirement is required for purposes of making elective deferral contributions. Elective deferrals include pretax elective deferrals and Roth elective deferrals. Roth elective deferrals are defined as being made in lieu of all or a portion of the pretax elective deferral the participant is otherwise eligible to make under the Plan and treated by the employer as includible in the participant's income. Participants may elect to contribute up to 100% of compensation as defined in the Plan, subject to maximum limits established by Internal Revenue Code (IRC). Participants that are age 50 or older by the end of a calendar year may elect to contribute additional catch-up contributions to the Plan. Contributions are deducted from employee's pay pursuant to a salary reduction agreement that the participant can modify or revoke during the plan year. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan also accepts Roth deferral contributions from other Roth deferral contribution accounts as rollover contributions.

Employer Contributions - Each year, the Company may contribute, at its discretion, a matching contribution to the Plan, an additional profit-sharing contribution, or a safe harbor 401(k) contribution. The Company may establish a contribution at any level and may omit such a contribution. For matching and profit-sharing contribution purposes, the participant must be credited with 1,000 hours of service and remain employed on the last day of the plan year. If the Company makes a safe harbor election, employees will receive notice prior to the beginning of a plan year. The Company also may postpone its decision to make a safe harbor nonelective contribution for any plan year, but in such event will give notice of its election to postpone such a decision (safe harbor option) prior to the beginning of the plan year. To receive a discretionary profit-sharing contribution, employees become participants in the Plan as of the first day of the plan year or the first day of the seventh month of the plan year coincident with or next following the date on which the employee completes a one year of service minimum eligibility requirement. A year of service for eligibility purposes means a 12-month period beginning on each anniversary of the commencement of employment in which the employee has been credited with 1,000 hours of service.

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's contribution, and the earnings from the participant-directed investment selections. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Certain administrative expenses are netted

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Participant Accounts - Continued - against the earnings of the investment alternatives held by participants. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. 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 salary deferral contributions and any company safe harbor contributions plus actual earnings thereon. Vesting in the Company's profit-sharing or matching contribution portion of their accounts is based on years of continuous service computed under the elapsed-time method. A participant is 100 percent vested after three years of credited service. A year of service for vesting purposes is a plan year during which the participant completes 1,000 hours of service. Effective January 1, 2008, the Plan was amended to include years of service in employment of Nanticoke Memorial Hospital in the credit to the years of service and vesting requirements.

Notes Receivable from Participants - Participants who are currently employees of the Company and who have a vested benefit under the Plan may apply for loans. The minimum loan is \$1,000. The maximum amount is the lesser of one-half of the participant's vested account balance or \$50,000 reduced by the highest outstanding loan balance during the prior 12-month period. The vested account balance is used as collateral for any loan. All loans bear a reasonable rate of interest, as determined by the plan administrator, consistent with the provisions of the IRC, ERISA, and other applicable legal requirements. The loan agreement provides that loan repayments will be made at least quarterly through payroll deduction. All loans must be repaid in level payments on at least a quarterly basis over a five-year period unless the loan is for the purchase of a principal residence, in which case the period may be longer. The plan administrator treats a loan as being in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which the loan is initially considered past due. Upon default, death, disability, or termination of employment, the entire outstanding principal and accrued interest is immediately due and payable, and the participant is deemed to have received a taxable distribution from the Plan.

Payment of Benefits - Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest, installment payments (annually, quarterly, or monthly) over a specified period of time, not to exceed the participant's or joint (participant and designated beneficiary) life expectancy, or a part lump-sum distribution and part installments as described. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Amounts of \$1,000 or less may be distributed without the terminated, retired, disabled, or deceased participant's or beneficiary's consent. For any distribution exceeding \$1,000, but not in excess of \$5,000, the participant shall be given the option to elect to have such distribution paid directly to an eligible retirement plan specified by him or her in a direct rollover or to receive the distribution directly. If neither option is selected, the plan administrator shall make such distributions in a direct rollover to an individual retirement account designated by the plan administrator, and shall provide written notice to the participant informing him or her that he

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - Continued - or she has the option to transfer such amounts into another individual retirement account or qualified plan of his or her own choice. A participant may elect to withdraw the vested account balance after reaching the Plan's normal retirement age of 65, or delay until retirement. Participants who have attained age 59½ may request a distribution of all or a portion of the vested balance in their accounts, other than the amounts attributable to transfers from the Anesthesia Services, P.A. Money Purchase Pension Plan (MPPP). Participants may request a distribution of all or a portion of their MPPP account balances upon the attainment of age 62. Spousal consent must be obtained in the case of distributions attributable from an MPPP.

As required under Section 401(a)(9) of the IRC, a participant must begin receiving required minimum distributions from the Plan by April 1 of the calendar year following the later of (i) the year in which the participant reaches age 73, or (ii) the year in which the participant retires if not a 5% owner.

Hardship Withdrawals - Participants may withdraw their elective deferrals in the form of a hardship withdrawal to satisfy an immediate and heavy financial need as defined in the plan document. The participant must exhaust all other assets prior to obtaining a hardship withdrawal.

Forfeitures - Forfeitures occur in the plan year that a participant receives a distribution of the entire vested account or, if the participant does not receive a distribution, after five consecutive one-year breaks in service. Forfeited amounts, to the extent they are not used to pay plan expenses, are to be used to reduce any employer contributions, or are to be reallocated among the accounts of the remaining participants as if the forfeited amounts were additional employer-matching or profit-sharing contributions subject to limitations established by law. As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$4,776 and \$6,672, respectively. Forfeitures of \$4,776 were used to reduce the 2024 profit-sharing contribution deposited in 2025.

Administration - The Plan's investments are administered and managed by John Hancock Life Insurance Company (U.S.A.), which serves as the Plan's custodian. Additionally, the Personal Brokerage Account (PBA), allows participants to invest directly in stocks, bonds, registered investment companies, or other investments outside the John Hancock group annuity contract. The Plan's third-party administrator with respect to contribution computations and discrimination testing is performed by the MandMarblestone Group LLC. The Company partially absorbs some administrative fees. Fees for participant loans are borne by the respective participants.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received for the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investments consist of pooled separate accounts, guaranteed interest accounts, and self-directed personal brokerage accounts. Units of each pooled separate account are determined on a participation-unit basis. The participation-unit value is adjusted daily to reflect investment results under the separate account. Purchases and sales of units are recorded on a trade-date basis. Interest and dividend income are recorded as the pooled separate accounts recognize investment earnings from the underlying investments to purchase additional participation units in the pooled separate account. The fair value of the guaranteed interest accounts is determined using a formula that incorporates prevailing interest rates. The formula is specified in the guaranteed interest accounts' schedule of the Plan's group annuity contract. The self-directed personal brokerage accounts are invested in stocks and registered investment companies.

Employer Contributions Receivable - As of December 31, 2024 and 2023, the Plan had \$2,687,349 and \$2,777,480, respectively, in employer contributions receivable from the employer.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent loans are recorded as distributions on the basis of the terms of the plan document.

Contributions - Contributions from the plan participants and the related employer contributions are recorded in the year in which the participant contributions are withheld from compensation.

Payment of Benefits - Benefits are recorded when paid.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Costs associated with participant-initiated transactions are paid by the respective participants' accounts. Some administrative expenses are paid from the annual operating expenses of the Plan's designated investment alternatives. As reported to the Company, John Hancock Life Insurance Company received .06% for recordkeeping services.

Subsequent Events - The Plan's policy is to evaluate events and transactions subsequent to its year end for potential recognition in the financial statements or disclosure in the notes to the financial statements. The plan administrator has evaluated all events and transactions through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

NOTE 3: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurements*, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Pooled Separate Accounts - Valued at fair value of the underlying funds, which equals the number of units of the respective underlying fund multiplied by the closing net asset value (NAV) per unit quoted by that fund (See Note 2).

Guaranteed Interest Accounts - Valued at fair value by using a formula that incorporates prevailing interest rates and is specified in the group annuity contract of the Plan. (See Note 2).

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

The following table sets forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Interest-Bearing Cash	\$ 10,334	\$ -	\$ -	\$ 10,334
Guaranteed Interest Accounts	-	1,372,377	-	1,372,377
Total Investments in the Fair Value Hierarchy	10,334	1,372,377	-	1,382,711
Investments Measured at NAV (a)	-	-	-	113,184,012
Total Investments, at Fair Value	<u>\$ 10,334</u>	<u>\$ 1,372,377</u>	<u>\$ -</u>	<u>\$ 114,566,723</u>

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

	2023			
	Level 1	Level 2	Level 3	Total
Interest-Bearing Cash	\$ 8,969	\$ -	\$ -	\$ 8,969
Guaranteed Interest Accounts	-	1,918,572	-	1,918,572
	8,969	1,918,572	-	1,927,541
Total Investments in the Fair Value Hierarchy				
Investments Measured at NAV (a)	-	-	-	101,525,845
	-	-	-	101,525,845
Total Investments, at Fair Value	\$ 8,969	\$ 1,918,572	\$ -	\$ 103,453,386

(a) In accordance with *Subtopic 820-10*, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 4: INVESTMENTS

During 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 \$15,348,285.

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company (U.S.A.), have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Cash balances totaling \$10,334 and \$8,969 as of December 31, 2024 and 2023, respectively, held at John Hancock Life Insurance Company (U.S.A.) were not covered by the certification.

	2024	2023
Investments, at Fair Value		
Pooled Separate Accounts	\$ 113,184,012	\$ 101,525,845
Guaranteed Interest Accounts	1,372,377	1,918,572
	\$ 114,556,389	\$ 103,444,417
Total	\$ 114,556,389	\$ 103,444,417

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

	Year Ended December 31, 2024
Investment Income	
Net Appreciation in Fair Value of Investments	
Pooled Separate Accounts	\$ 15,348,285
Interest and Dividends	34,825
Total Investment Income	\$ 15,383,110

Investments Measured Using the NAV per Share Practical Expedient - The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant restrictions for these investments.

Investment Option	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
500 Index Fund	\$ 7,219,521	\$ 6,605,610	N/A	Daily	None
American Balanced Fund	5,610,594	5,776,558	N/A	Daily	None
American Century Heritage Fund	71,451	60,601	N/A	Daily	None
BlackRock Global Allocation Fund	347,232	293,236	N/A	Daily	None
Blue Chip Growth Fund	2,785,646	1,997,110	N/A	Daily	None
Capital Appreciation Fund	4,848,433	3,708,485	N/A	Daily	None
Capital World Growth and Income	183,291	143,520	N/A	Daily	None
DFA U.S. Small-Cap Fund	1,073,247	891,515	N/A	Daily	None
DFA Global Equity Fund	344,570	301,130	N/A	Daily	None
Domini Social Equity	339,572	271,205	N/A	Daily	None
EuroPacific Growth Fund	646,821	586,669	N/A	Daily	None
Fidelity Advisor Total Bond	1,697,649	1,826,673	N/A	Daily	None
Financial Industries Fund	476,266	337,318	N/A	Daily	None
Franklin Small-Mid Growth Fund	1,018,448	894,815	N/A	Daily	None
Fundamental Large-Cap Fund	284,676	79,662	N/A	Daily	None
International Equity Index Fund	833,138	749,954	N/A	Daily	None
International Growth Fund	172,550	165,476	N/A	Daily	None
Invesco Small-Cap Growth Fund	656,993	540,472	N/A	Daily	None
Ivy Asset Strategy Fund	62,041	49,317	N/A	Daily	None

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

Investments Measured Using the NAV per Share Practical Expedient - Continued

Investment Option	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
John Hancock Disciplined Value	\$ 413,201	\$ 342,349	N/A	Daily	None
John Hancock Disciplined International Value	23,461	17,941	N/A	Daily	None
JP Morgan Mid-Cap Value Fund	1,315,875	1,146,820	N/A	Daily	None
Lifestyle Fund - Aggressive Portfolio	4,127,962	3,447,560	N/A	Daily	None
Lifestyle Fund - Balanced Portfolio	11,953,831	11,651,115	N/A	Daily	None
Lifestyle Fund - Conservative Portfolio	1,439,417	1,273,606	N/A	Daily	None
Lifestyle Fund - Growth Portfolio	15,925,055	14,084,390	N/A	Daily	None
Lifestyle Fund - Moderate Portfolio	2,030,491	1,774,036	N/A	Daily	None
Mass Investors Fund	409,904	319,313	N/A	Daily	None
Mid-Cap Index Fund	1,290,819	1,109,102	N/A	Daily	None
Mid-Cap Growth Fund	1,444,168	1,140,129	N/A	Daily	None
Mid-Cap Stock Fund	-	-	N/A	Daily	None
Mid-Value Fund	504,242	417,161	N/A	Daily	None
Mutual Global Discovery Fund	-	-	N/A	Daily	None
New Opportunities Fund	147,369	125,311	N/A	Daily	None
Oppenheimer Developing Markets Fund	721,888	675,177	N/A	Daily	None
Oppenheimer Global Fund	136,844	112,992	N/A	Daily	None
Oppenheimer International Growth Fund	402,783	379,997	N/A	Daily	None
Opportunistic Fixed Income	355,266	317,859	N/A	Daily	None
Parnassus Core Equity Fund	362,320	295,308	N/A	Daily	None
PIMCO All Asset Fund	157,164	144,155	N/A	Daily	None
PIMCO Real Return Fund	263,541	231,930	N/A	Daily	None
Real Estate Securities Fund	485,447	416,743	N/A	Daily	None
Royce Opportunity Fund	1,772,983	1,547,155	N/A	Daily	None
Science and Technology Fund	4,262,297	2,877,165	N/A	Daily	None
Small-Cap Stock Fund	702,718	627,481	N/A	Daily	None
Small-Cap Index Fund	440,620	357,940	N/A	Daily	None
Small-Cap Value Fund	281,293	245,704	N/A	Daily	None
Sprott Gold Fund	275,803	311,990	N/A	Daily	None
Strategic Income Opportunity Fund	289,309	257,514	N/A	Daily	None
T. Rowe Price Equity Income Fund	686,254	596,277	N/A	Daily	None
T. Rowe Price Health Sciences Fund	1,010,246	989,102	N/A	Daily	None
T. Rowe Price Science and Technology Fund	3,040,034	1,852,937	N/A	Daily	None
T. Rowe Price Spectrum Income Fund	254,381	63,108	N/A	Daily	None
Templeton Foreign Small Company	116,988	114,517	N/A	Daily	None
The Growth Fund of America	382,738	285,922	N/A	Daily	None

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

Investments Measured Using the NAV per Share Practical Expedient - Continued

Investment Option	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
The Investment Company of America	\$ 1,784,233	\$ 1,430,315	N/A	Daily	None
Total Bond Market Fund	1,240,657	1,246,163	N/A	Daily	None
Total Stock Market Index Fund	1,358,243	1,118,659	N/A	Daily	None
U.S. Equity Fund	2,320,316	1,867,565	N/A	Daily	None
U.S. Quality Growth Fund	280,857	242,020	N/A	Daily	None
Utilities Fund	738,048	637,391	N/A	Daily	None
Vanguard Energy Fund	754,452	555,352	N/A	Daily	None
Vanguard Explorer Fund	85,812	69,147	N/A	Daily	None
Vanguard Growth Index Fund	382,918	218,533	N/A	Daily	None
Vanguard Small-Cap Growth Index	444,357	344,822	N/A	Daily	None
Vanguard Target Retirement 2020	948,293	881,078	N/A	Daily	None
Vanguard Target Retirement 2025	146,060	388,020	N/A	Daily	None
Vanguard Target Retirement 2030	828,276	1,850,983	N/A	Daily	None
Vanguard Target Retirement 2035	966,369	3,905,035	N/A	Daily	None
Vanguard Target Retirement 2040	1,913,153	1,867,932	N/A	Daily	None
Vanguard Target Retirement 2045	2,230,839	1,849,846	N/A	Daily	None
Vanguard Target Retirement 2050	3,623,184	2,750,004	N/A	Daily	None
Vanguard Target Retirement 2055	4,049,283	3,406,988	N/A	Daily	None
Vanguard Target Retirement 2060	1,106,871	517,845	N/A	Daily	None
Vanguard Target Retirement 2065	15,561	-	N/A	Daily	None
Vanguard Target Retirement Income	438,476	411,135	N/A	Daily	None
Vanguard Total World Stock Index ETF	309,772	272,631	N/A	Daily	None
Vanguard Value Index Fund	536,152	451,078	N/A	Daily	None
VS High Yield	198,951	115,699	N/A	Daily	None
Washington Mutual Investors Fund	384,028	298,472	N/A	Daily	None
	<u>\$ 113,184,012</u>	<u>\$ 101,525,845</u>			

NOTE 6: RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has not considered normal plan operations such as employer and employee contributions or benefits accrued or paid by the Plan for participants as party-in-interest transactions that require separate disclosure. Certain plan investments are units of pooled separate accounts, guaranteed interest accounts and self-directed brokerage accounts managed by the Custodians. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules. Fees for professional services are partially absorbed by the plan sponsor. Participant loan origination fees are paid out of the relevant participants' accounts.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2024

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their accounts. Any unallocated assets would be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 8: TAX STATUS

The Plan adopted the MandMarblestone PC Non-Standardized Prototype Profit Sharing Plan with Cash or Deferred Arrangement, which obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable sections of the IRC. The plan administrator and legal counsel believe that the Plan is qualified, and the related trust is tax exempt and is currently designed and being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's federal Form 5500 is subject to examination by the IRS and DOL, generally for the three years after it was filed.

NOTE 9: 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. Because of the level of risk associated with certain investments, it is at least reasonably possible that changes in their values will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

NOTE 10: COMMITMENTS AND CONTINGENCIES

In the normal course of business, there may be various commitments and contingencies outstanding, which are not reflected in these financial statements. In the opinion of the plan administrator, the outcome of such events, if any, would not have a material effect on the Plan's financial position or operations.

ERISA-REQUIRED SUPPLEMENTAL SCHEDULE

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	500 Index Fund	\$ -	\$ 7,219,521
*	"	American Balanced Fund	-	5,610,594
*	"	American Century Heritage Fund	-	71,451
*	"	Blackrock Global Allocation Fund	-	347,232
*	"	Blue Chip Growth Fund	-	2,785,646
*	"	Capital Appreciation Fund	-	4,848,433
*	"	Capital World Growth and Income	-	183,291
*	"	DFA U.S. Small-Cap Fund	-	1,073,247
*	"	DFA Global Equity Fund	-	344,570
*	"	Disciplined Value	-	413,201
*	"	Disciplined International Value	-	23,461
*	"	Domini Social Equity	-	339,572
*	"	EuroPacific Growth Fund	-	646,821
*	"	Fidelity Advisor Total Fund	-	1,697,649
*	"	Financial Industries Fund	-	476,266
*	"	Franklin Small-Mid Growth Fund	-	1,018,448
*	"	Fundamental Large-Cap Fund	-	284,676
*	"	International Equity Index Fund	-	833,138
*	"	Invesco International Growth Fund	-	172,550
*	"	Invesco Small-Cap Growth Fund	-	656,993
*	"	Ivy Asset Strategy Fund	-	62,041
*	"	JP Morgan Mid-Cap Value Fund	-	1,315,875
*	"	Lifestyle Fund - Aggressive Portfolio	-	4,127,962
*	"	Lifestyle Fund - Balanced Portfolio	-	11,953,831
*	"	Lifestyle Fund - Conservative Portfolio	-	1,439,417
*	"	Lifestyle Fund - Growth Portfolio	-	15,925,055
*	"	Lifestyle Fund - Moderate Portfolio	-	2,030,491
*	"	Mass Investors Fund	-	409,904
*	"	Mid-Cap Index Fund	-	1,290,819
*	"	Mid-Cap Growth Fund	-	1,444,168
*	"	Mid-Value Fund	-	504,242
*	"	New Opportunities Fund	-	147,369
*	"	Oppenheimer Developing Markets Fund	-	721,888
*	"	Oppenheimer Global Fund	-	136,844
*	"	Oppenheimer International Growth Fund	-	402,783
*	"	Oppportunistic Fixed Income	-	355,266

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
EIN: 51-0298419, PLAN #005
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	Parnassus Core Equity Fund	\$ -	\$ 362,320
*	"	PIMCO All Asset Fund	-	157,164
*	"	PIMCO Real Return Fund	-	263,541
*	"	Real Estate Securities Fund	-	485,447
*	"	Royce Opportunity Fund	-	1,772,983
*	"	Science and Technology Fund	-	4,262,297
*	"	Small-Cap Stock Fund	-	702,718
*	"	Small-Cap Index Fund	-	440,620
*	"	Small-Cap Value Fund	-	281,293
*	"	Sprott Gold Fund	-	275,803
*	"	Strategic Income Opportunity Fund	-	289,309
*	"	T. Rowe Price Equity Income Fund	-	686,254
*	"	T. Rowe Price Health Sciences Fund	-	1,010,246
*	"	T. Rowe Price Science and Technology Fund	-	3,040,034
*	"	T. Rowe Price Spectrum Income Fund	-	254,381
*	"	Templeton Foreign Small Company	-	116,988
*	"	The Growth Fund of America	-	382,738
*	"	The Investment Company of America	-	1,784,233
*	"	Total Bond Market Fund	-	1,240,657
*	"	Total Stock Market Index Fund	-	1,358,243
*	"	U.S. Equity Fund	-	2,320,316
*	"	U.S. Quality Growth Fund	-	280,857
*	"	Utilities Fund	-	738,048
*	"	Vanguard Energy Fund	-	754,452
*	"	Vanguard Explorer Fund	-	85,812
*	"	Vanguard Growth Index Fund	-	382,918
*	"	Vanguard Small-Cap Growth Index	-	444,357
*	"	Vanguard Target Retirement Income	-	438,476
*	"	Vanguard Target Retirement 2020	-	948,293
*	"	Vanguard Target Retirement 2025	-	146,060
*	"	Vanguard Target Retirement 2030	-	828,276
*	"	Vanguard Target Retirement 2035	-	966,369
*	"	Vanguard Target Retirement 2040	-	1,913,153
*	"	Vanguard Target Retirement 2045	-	2,230,839

(d) Cost information not required for participant-directed plans.
*Party in interest, as defined by ERISA.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
EIN: 51-0298419, PLAN #005
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	Vanguard Target Retirement 2050	\$ -	\$ 3,623,184
*	"	Vanguard Target Retirement 2055	-	4,049,283
*	"	Vanguard Target Retirement 2060	-	1,106,871
*	"	Vanguard Target Retirement 2065	-	15,561
*	"	Vanguard Value Index Fund	-	536,152
*	"	Vanguard Total World Stock Index ETF	-	309,772
*	"	VS High Yield	-	198,951
*	"	Washington Mutual Investors Fund	-	384,028
		Subtotal: Pooled Separate Accounts	-	113,184,012
*	John Hancock USA	Interest-Bearing Cash	-	10,334
*	John Hancock USA	Guaranteed Interest Accounts		
*	"	Guaranateed 10-Year	-	29,585
		Stable Value Guaranteed Income Fund	-	1,342,792
		Subtotal: Guaranteed Interest Accounts	-	1,372,377
		Total Investments	\$ -	\$ 114,566,723
*	Participant Loans	Interest Rate 4.25% - 9.50%	\$ -	\$ 442,669

(d) Cost information not required for participant-directed plans.
*Party in interest, as defined by ERISA.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
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: ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 12/31/2002
2a Plan sponsor's name (employer, if for a single-employer plan): Anesthesia Services, P.A.
2b Employer Identification Number (EIN): 51-0298419
2c Plan Sponsor's telephone number: 302-709-4500
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 signature of Mark Chaffin dated 9/16/2025.

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

Form 5500 (2024) v. 240311

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

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*Party in interest, as defined by ERISA.

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EIN: 51-0298419, PLAN #005
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
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DECEMBER 31, 2024

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ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
EIN: 51-0298419, PLAN #005
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