

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 02/01/1998
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 59-1466615
2c Plan Sponsor's telephone number: 941-792-1404
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 type="checkbox"/> Same as Plan Sponsor FUTUREPLAN FIDUCIARY SERVICES LLC PO BOX 55757 BOSTON, MA 02205		3b Administrator's EIN 82-3719843	
		3c Administrator's telephone number 855-711-5283	
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	288	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	227	
6a(2) Total number of active participants at the end of the plan year	6a(2)	214	
b Retired or separated participants receiving benefits.....	6b	6	
c Other retired or separated participants entitled to future benefits	6c	92	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	312	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0	
f Total. Add lines 6d and 6e	6f	312	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	276	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	309	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	25	
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 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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> 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 COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA 401(K) PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA, P.A.</p>	<p>D Employer Identification Number (EIN) 59-1466615</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
NATIONWIDE 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
31-4156830	66869	GAP-CP-KZ2W	312	01/01/2024	12/31/2024

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 391933
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
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 checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 542948
c	Additions: (1) Contributions deposited during the year	7c(1) 76783
	(2) Dividends and credits.....	7c(2) 34
	(3) Interest credited during the year.....	7c(3) 9607
	(4) Transferred from separate account	7c(4) 1764260
	(5) Other (specify below)..... ▶ LOAN REPAYMENT	7c(5) 1518
	(6) Total additions	7c(6) 1852202
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2395150
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 0
	(2) Administration charge made by carrier.....	7e(2) 1672
	(3) Transferred to separate account	7e(3) 2001545
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 2003217	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 391933

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 COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA, P.A.	D Employer Identification Number (EIN) 59-1466615	

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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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)

IFP ADVISORS, INC.

3030 N. ROCKY POINT DR.
SUITE 700
TAMPA, FL 33607

59-3331424

(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	NONE	50975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

95-2130882

(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 64 65 72	RECORDKEEPER	49097	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NEWPORT GROUP, INC.

200 DRYDEN RD SUITE 3500
DRESHER, PA 19025

42-1451295

(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 17 38	TPA	28526	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BISON WEALTH LLC

3500 LENNOX RD NE
ATLANTA, GA 30326

46-0955252

(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	NONE	20490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(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 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.	OMB No. 1210-0110 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 COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA, P.A.	D Employer Identification Number (EIN) 59-1466615

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	865866
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	115970	160221
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17786310	21706971
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	542948	391933
(15) Other	1c(15)	1075895	2089232

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19521123	25214223
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19521123	25214223

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)	1447104	
(B) Participants.....	2a(1)(B)	1124244	
(C) Others (including rollovers).....	2a(1)(C)	221745	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2793093
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)	13792	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13792
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	2829	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3879585
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6689299

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	902309	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		902309
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	93890	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		93890
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		996199

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5693100
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CBIZ CPAS PC

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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>COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA, P.A.</u>	D Employer Identification Number (EIN) <u>59-1466615</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): 31-4156830

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 Q702826A.



**COASTAL ORTHOPEDICS & SPORTS MEDICINE
OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

**Financial Statements
and Supplemental Schedule**

**December 31, 2024 and 2023
(With Independent Auditors' Report Thereon)**

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

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Independent Auditors' Report

To the Plan Administrator of the
Coastal Orthopedics & Sports Medicine of Southwest Florida
401(k) Profit Sharing Plan:

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

We were engaged to perform audits of the financial statements of Coastal Orthopedics & Sports Medicine of Southwest Florida 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions 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 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying 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.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

Auditors’ 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 for the Financial Statements 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 auditors’ 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 involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

September 18, 2025
St. Petersburg, Florida

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
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:		
Mutual funds	\$ 21,706,971	17,786,310
Self-directed brokerage accounts	<u>2,089,232</u>	<u>1,075,895</u>
Total investments at fair value	23,796,203	18,862,205
Guaranteed interest account, at contract value	391,933	542,948
Employer contributions receivable	865,866	353,875
Participants' contributions receivable	-	43,212
Notes receivable from participants	<u>160,221</u>	<u>115,970</u>
Total receivables	<u>1,026,087</u>	<u>513,057</u>
Net assets available for benefits	<u>\$ 25,214,223</u>	<u>19,918,210</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 3,482,498
Dividends	2,829
Interest income on notes receivable from participants	<u>13,792</u>
Total investment income	3,499,119
Contributions:	
Employer	1,447,104
Participant	1,124,244
Rollovers	<u>221,745</u>
Total contributions	<u>2,793,093</u>
Total additions	6,292,212
Deductions from net assets attributed to:	
Benefits paid to participants	902,309
Administrative expenses	<u>93,890</u>
Total deductions	<u>996,199</u>
Net increase	5,296,013
Net assets available for benefits:	
Beginning of year	<u>19,918,210</u>
End of year	<u>\$ 25,214,223</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the Coastal Orthopedics & Sports Medicine of Southwest Florida 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

(a) General

The Plan was established on February 1, 1998 as a prototype defined contribution plan covering all employees of Coastal Orthopedics & Sports Medicine of Southwest Florida, P.A. and Musculoskeletal Ambulatory Surgery Center, Inc. (collectively the “Company”) meeting eligibility requirements, as defined. The Plan was amended and restated on January 1, 2010. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

(b) Contributions

All employees of the Company who have completed at least one year of employment, 1,000 hours of service, and have attained the age of twenty-one are eligible to participate. The Plan provides for entry dates on the first day of the quarter coinciding with the satisfaction of the entry requirements.

Participants may make pre-tax and post-tax salary contributions to the Plan, not to exceed \$23,000 in 2024 as allowed by the Internal Revenue Service (“IRS”). As allowed by the IRS, the limit on catch-up elective deferrals for participants age 50 and over was an additional \$7,500 for the 2024 plan year.

The Company elected to make fully-vested safe harbor non-elective contributions on behalf of employees eligible to make elective deferrals equal to 3% of plan compensation (as defined), not to exceed applicable limitations set by the IRS. Safe harbor plans allow highly compensated employees to maximize their contributions, and automatically pass certain non-discrimination testing. The safe harbor non-elective contribution for the year ended December 31, 2024 totaled approximately \$1.2 million. Additionally, the Company may elect to make a discretionary matching contribution to participants employed by the Company on the last day of the year. For the plan year ended December 31, 2024, the Company did not elect to make a discretionary matching contribution.

The Company’s profit-sharing contributions are allocated to the participants account as indicated by the Company’s Board of Directors. For the plan year ended December 31, 2024, the Company’s Board of Directors elected to make a profit-sharing contribution to physicians only, totaling approximately \$276,000.

The Plan accepts rollovers and direct transfers from other tax-qualified plans.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution, if applicable, and plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

(d) Vesting

Participants are immediately vested in their contributions and Company safe harbor non-elective contributions plus actual earnings thereon. Participants vest in their profit-sharing contributions based on years of service as defined by the Plan. Upon death or total and permanent disability, employees will become 100% vested in the Company contributions.

A participant is vested in Company profit sharing contributions as follows:

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

(e) Investment Options

Upon enrollment in the Plan a participant may direct their contributions and Company contributions, in increments of one percent, in any of the available investment options offered by the Plan. Participants should reference prospectus information for detailed investment information.

Investment options may be changed at the participant's discretion.

(f) Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50% of their vested account balance. The loans are secured by the balance in the participant's account and as of December 31, 2024 applicable interest rates ranged from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(g) Payment of Benefits

On termination of service due to death, disability, or retirement, the participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account under several options which include electing to rollover the vested portion of their account to another qualified plan or electing to receive a single lump sum payment, subject to withholding for income taxes.

(h) Forfeitures

Pursuant to the plan document, forfeiture balances are to be used to pay administrative expenses of the Plan or reduce Company contributions. There were no forfeitures used to pay administrative expenses during the year ended December 31, 2024. The Plan has approximately \$6,100 and \$16,900 of forfeitures available for payment of future administrative expenses or reduction of future Company contributions as of December 31, 2024 and 2023, respectively. The plan used approximately \$16,850 in forfeitures to reduce employer contributions during the year ended December 31, 2024.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) 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 certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds are stated at fair value as determined by quoted market prices. Self-directed brokerage accounts are stated at fair value as determined by quoted market prices.

The guaranteed interest account is a fully benefit responsive investment contract and is valued at contract value (see Note 9).

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.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

Net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

(d) Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which [the employee contributions are withheld from compensation.] [participant compensation is earned.].

(e) Administrative Expenses

The administrative expenses of the Plan are shared by the Plan and Company.

(f) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(g) Notes Receivable from Participants

The Plan's notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. 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 or 2023. If a participant ceases to make loan repayments, the loan balance is reduced, and a benefit payment is recorded.

(h) Payment of Benefits

Benefits payments are recorded when paid.

(3) Information Prepared and Certified by Trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the trustee, and Nationwide Life Insurance Company have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value, excluding Self-Directed Brokerage Accounts

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(3) Information Prepared and Certified by Trustees - Continued

- Guaranteed interest account, contract value
- Total investment income, excluding Self-Directed Brokerage Accounts activity
- Schedule of Assets (Held at End of Year)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) Plan Termination

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

(5) Income Tax Status

Effective January 1, 2021, the Plan adopted a non-standardized pre-approved plan document ("PAPD") sponsored by Slavic. The IRS has determined that the PAPD is designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and informed Newport Group, the Plan's third-party administrator, of such in a letter dated June 30, 2020. Although the PAPD has been amended since receiving the opinion letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements 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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(6) Party-in-Interest

The Plan invests in shares of mutual funds, self-directed brokerage accounts, and a guaranteed interest account managed by Nationwide. Nationwide and subsidiaries are considered the trustees, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions, as defined in Section 3(14) of ERISA; they are, however, expressly exempted from the prohibited transaction rules.

During 2024, the Plan paid approximately \$45,000 in expenses to Nationwide with an additional \$39,000 paid to other service providers for recordkeeping services. Notes receivable from participants transactions are also considered to be party-in-interest transactions, because they are transacted with plan participants.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(7) Fair Value Measurements

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

- (a) Quoted prices for similar assets or liabilities in active markets;
- (b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- (c) Inputs other than quoted prices that are observable for the asset or liability;
- (d) 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.

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.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds

Mutual Funds are valued at quoted market prices in an active market, which represent the net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Self-Directed Brokerage Accounts

Self-directed brokerage accounts are invested in primarily common stocks; Level 1 classification is considered reasonable based on readily determinable fair value of the investments.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(7) Fair Value Measurements - Continued

Self-Directed Brokerage Accounts - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

<u>Description</u>	Assets Measured at Fair Value at December 31, 2024	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 21,706,971	21,706,971	-	-
Self-directed brokerage accounts	<u>2,089,232</u>	<u>2,089,232</u>	<u>-</u>	<u>-</u>
	<u>\$ 23,796,203</u>	<u>23,796,203</u>	<u>-</u>	<u>-</u>

<u>Description</u>	Assets Measured at Fair Value at December 31, 2023	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 17,786,310	17,786,310	-	-
Self-directed brokerage accounts	<u>1,075,895</u>	<u>1,075,895</u>	<u>-</u>	<u>-</u>
	<u>\$ 18,862,205</u>	<u>18,862,205</u>	<u>-</u>	<u>-</u>

(8) Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 25,214,223	19,918,210
Less participants' receivables	-	(43,212)
Less employer receivables	<u>-</u>	<u>(353,875)</u>
Net assets available for benefits per Schedule H of Form 5500, Line 1(l)	<u>\$ 25,214,223</u>	<u>19,521,123</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(8) Reconciliation of Financial Statements to Schedule H of Form 5500 - Continued

Following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2024 to net income on Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 5,296,013
Add prior year employer receivables	353,875
Add change in prior year employee receivables	43,212
Less current year employer receivables	<u>-</u>
Net income per Schedule H of Form 5500, Line 2(k)	\$ <u><u>5,693,100</u></u>

(9) Fully Benefit-Responsive Investment Contract

The Plan has a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (“Nationwide”). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.83 percent. The crediting interest rate is reviewed on a quarterly basis for resetting.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for the guaranteed investment contract. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the plan document (including complete or partial termination or merger with another plan.); (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(10) Subsequent Events

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through September 18, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 59-1466615

Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Aggregate SDBA Assets	Self-directed brokerage accounts	\$ 2,089,232
	Aberdeen U.S. Sustainable Leaders Smaller Companies Fund Institutional Class	Mutual funds	7,511
	Virtus NFJ Mid-Cap Value Fund Institutional Class	Mutual funds	152,031
	American Century Emerging Markets Fund R6 Class	Mutual funds	412,135
	American Century Inflation Adjusted Bond Fund R5 Class	Mutual funds	31,207
	American Funds 2010 Target Date Retirement Fund Class R-6	Mutual funds	17,721
	American Funds 2015 Target Date Retirement Fund Class R-6	Mutual funds	62,121
	American Funds 2020 Target Date Retirement Fund Class R-6	Mutual funds	427,716
	American Funds 2025 Target Date Retirement Fund Class R-6	Mutual funds	684,232
	American Funds 2030 Target Date Retirement Fund Class R-6	Mutual funds	2,431,143
	American Funds 2035 Target Date Retirement Fund Class R-6	Mutual funds	2,162,665
	American Funds 2040 Target Date Retirement Fund Class R-6	Mutual funds	2,223,685
	American Funds 2045 Target Date Retirement Fund Class R-6	Mutual funds	2,031,903
	American Funds 2050 Target Date Retirement Fund Class R-6	Mutual funds	1,191,374
	American Funds 2055 Target Date Retirement Fund Class R-6	Mutual funds	684,073
	American Funds 2060 Target Date Retirement Fund Class R-6	Mutual funds	218,804
	American Funds 2065 Target Date Retirement Fund Class R-6	Mutual funds	1,769
	American Funds New Perspective Fund Class R-6	Mutual funds	604,833
	American Funds U.S. Government Securities Fund Class R-6	Mutual funds	56,620
	AMG Veritas Global Real Return I	Mutual funds	6,949
	iShares Russell Small/Mid-Cap Index Fund Class K	Mutual funds	7,115
	Cohen & Steers Real Estate Securities Fund Institutional Class	Mutual funds	31,018
	Columbia Dividend Income Fund Institutional 2 Class	Mutual funds	862,151
	Macquarie Small Cp Value - Institutional	Mutual funds	135,000
	Federal Government Obligations Fund	Mutual funds	6,114
	Fidelity Multi-Asset Index Fund	Mutual funds	6,945
	Fidelity NASDAQ Composite Index Fund	Mutual funds	7,515
	Fidelity Advisor Growth Opportunities Fund Class I	Mutual funds	896,186
	Hartford Strategic Income Fund Class R5	Mutual funds	80,344
	JPMorgan Core Bond Fund R6	Mutual funds	463,428
	JPMorgan Small Cap Growth Fund Class R6	Mutual funds	116,417
*	Nationwide International Index Fund Class R6	Mutual funds	162,262
	PGIM Total Return Bond Fund Class R6	Mutual funds	552
	PIMCO Diversified Income Fund Institutional Class	Mutual funds	394,996
	PIMCO Low Duration Income Fund Institutional Class	Mutual funds	15,935
	Principal High Yield Fund Institutional Class	Mutual funds	6,208
	Vanguard 500 Index Fund Admiral Shares	Mutual funds	7,234
	Vanguard Extended Market Index Fund Admiral Shares	Mutual funds	190,995
	Vanguard High Dividend Yield Index Fund Admiral	Mutual funds	13,198
	Vanguard Information Technology Index Fund Admiral Shares	Mutual funds	1,969
	Vanguard International Growth Fund Admiral Shares	Mutual funds	147,625
	Vanguard Large Cap Index Fund Admiral Shares	Mutual funds	7,253
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual funds	7,075
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds	333,480
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual funds	4,392,459
	Fidelity Advisor Technology A	Mutual funds	3,633
	Fidelity Advisor Technology Fund - Class Z	Mutual funds	1,372
*	Nationwide Fixed Select Option	Guaranteed interest account	391,933
*	Participant Loans	4.25%-9.50%	160,221
			<u>\$ 24,348,357</u>

* Party-in-interest



**COASTAL ORTHOPEDICS & SPORTS MEDICINE
OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

**Financial Statements
and Supplemental Schedule**

**December 31, 2024 and 2023
(With Independent Auditors' Report Thereon)**

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

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Independent Auditors' Report

To the Plan Administrator of the
Coastal Orthopedics & Sports Medicine of Southwest Florida
401(k) Profit Sharing Plan:

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

We were engaged to perform audits of the financial statements of Coastal Orthopedics & Sports Medicine of Southwest Florida 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions 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 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying 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.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

Auditors’ 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 for the Financial Statements 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 auditors’ 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 involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

September 18, 2025
St. Petersburg, Florida

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
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:		
Mutual funds	\$ 21,706,971	17,786,310
Self-directed brokerage accounts	<u>2,089,232</u>	<u>1,075,895</u>
Total investments at fair value	23,796,203	18,862,205
Guaranteed interest account, at contract value	391,933	542,948
Employer contributions receivable	865,866	353,875
Participants' contributions receivable	-	43,212
Notes receivable from participants	<u>160,221</u>	<u>115,970</u>
Total receivables	<u>1,026,087</u>	<u>513,057</u>
Net assets available for benefits	<u>\$ 25,214,223</u>	<u>19,918,210</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 3,482,498
Dividends	2,829
Interest income on notes receivable from participants	<u>13,792</u>
Total investment income	3,499,119
Contributions:	
Employer	1,447,104
Participant	1,124,244
Rollovers	<u>221,745</u>
Total contributions	<u>2,793,093</u>
Total additions	6,292,212
Deductions from net assets attributed to:	
Benefits paid to participants	902,309
Administrative expenses	<u>93,890</u>
Total deductions	<u>996,199</u>
Net increase	5,296,013
Net assets available for benefits:	
Beginning of year	<u>19,918,210</u>
End of year	<u>\$ 25,214,223</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the Coastal Orthopedics & Sports Medicine of Southwest Florida 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

(a) General

The Plan was established on February 1, 1998 as a prototype defined contribution plan covering all employees of Coastal Orthopedics & Sports Medicine of Southwest Florida, P.A. and Musculoskeletal Ambulatory Surgery Center, Inc. (collectively the “Company”) meeting eligibility requirements, as defined. The Plan was amended and restated on January 1, 2010. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

(b) Contributions

All employees of the Company who have completed at least one year of employment, 1,000 hours of service, and have attained the age of twenty-one are eligible to participate. The Plan provides for entry dates on the first day of the quarter coinciding with the satisfaction of the entry requirements.

Participants may make pre-tax and post-tax salary contributions to the Plan, not to exceed \$23,000 in 2024 as allowed by the Internal Revenue Service (“IRS”). As allowed by the IRS, the limit on catch-up elective deferrals for participants age 50 and over was an additional \$7,500 for the 2024 plan year.

The Company elected to make fully-vested safe harbor non-elective contributions on behalf of employees eligible to make elective deferrals equal to 3% of plan compensation (as defined), not to exceed applicable limitations set by the IRS. Safe harbor plans allow highly compensated employees to maximize their contributions, and automatically pass certain non-discrimination testing. The safe harbor non-elective contribution for the year ended December 31, 2024 totaled approximately \$1.2 million. Additionally, the Company may elect to make a discretionary matching contribution to participants employed by the Company on the last day of the year. For the plan year ended December 31, 2024, the Company did not elect to make a discretionary matching contribution.

The Company’s profit-sharing contributions are allocated to the participants account as indicated by the Company’s Board of Directors. For the plan year ended December 31, 2024, the Company’s Board of Directors elected to make a profit-sharing contribution to physicians only, totaling approximately \$276,000.

The Plan accepts rollovers and direct transfers from other tax-qualified plans.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution, if applicable, and plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

(d) Vesting

Participants are immediately vested in their contributions and Company safe harbor non-elective contributions plus actual earnings thereon. Participants vest in their profit-sharing contributions based on years of service as defined by the Plan. Upon death or total and permanent disability, employees will become 100% vested in the Company contributions.

A participant is vested in Company profit sharing contributions as follows:

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

(e) Investment Options

Upon enrollment in the Plan a participant may direct their contributions and Company contributions, in increments of one percent, in any of the available investment options offered by the Plan. Participants should reference prospectus information for detailed investment information.

Investment options may be changed at the participant's discretion.

(f) Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50% of their vested account balance. The loans are secured by the balance in the participant's account and as of December 31, 2024 applicable interest rates ranged from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(g) Payment of Benefits

On termination of service due to death, disability, or retirement, the participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account under several options which include electing to rollover the vested portion of their account to another qualified plan or electing to receive a single lump sum payment, subject to withholding for income taxes.

(h) Forfeitures

Pursuant to the plan document, forfeiture balances are to be used to pay administrative expenses of the Plan or reduce Company contributions. There were no forfeitures used to pay administrative expenses during the year ended December 31, 2024. The Plan has approximately \$6,100 and \$16,900 of forfeitures available for payment of future administrative expenses or reduction of future Company contributions as of December 31, 2024 and 2023, respectively. The plan used approximately \$16,850 in forfeitures to reduce employer contributions during the year ended December 31, 2024.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) 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 certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds are stated at fair value as determined by quoted market prices. Self-directed brokerage accounts are stated at fair value as determined by quoted market prices.

The guaranteed interest account is a fully benefit responsive investment contract and is valued at contract value (see Note 9).

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.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

Net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

(d) Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which [the employee contributions are withheld from compensation.] [participant compensation is earned.].

(e) Administrative Expenses

The administrative expenses of the Plan are shared by the Plan and Company.

(f) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(g) Notes Receivable from Participants

The Plan's notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. 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 or 2023. If a participant ceases to make loan repayments, the loan balance is reduced, and a benefit payment is recorded.

(h) Payment of Benefits

Benefits payments are recorded when paid.

(3) Information Prepared and Certified by Trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the trustee, and Nationwide Life Insurance Company have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value, excluding Self-Directed Brokerage Accounts

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(3) Information Prepared and Certified by Trustees - Continued

- Guaranteed interest account, contract value
- Total investment income, excluding Self-Directed Brokerage Accounts activity
- Schedule of Assets (Held at End of Year)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) Plan Termination

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

(5) Income Tax Status

Effective January 1, 2021, the Plan adopted a non-standardized pre-approved plan document ("PAPD") sponsored by Slavic. The IRS has determined that the PAPD is designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and informed Newport Group, the Plan's third-party administrator, of such in a letter dated June 30, 2020. Although the PAPD has been amended since receiving the opinion letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements 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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(6) Party-in-Interest

The Plan invests in shares of mutual funds, self-directed brokerage accounts, and a guaranteed interest account managed by Nationwide. Nationwide and subsidiaries are considered the trustees, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions, as defined in Section 3(14) of ERISA; they are, however, expressly exempted from the prohibited transaction rules.

During 2024, the Plan paid approximately \$45,000 in expenses to Nationwide with an additional \$39,000 paid to other service providers for recordkeeping services. Notes receivable from participants transactions are also considered to be party-in-interest transactions, because they are transacted with plan participants.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(7) Fair Value Measurements

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

- (a) Quoted prices for similar assets or liabilities in active markets;
- (b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- (c) Inputs other than quoted prices that are observable for the asset or liability;
- (d) 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.

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.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds

Mutual Funds are valued at quoted market prices in an active market, which represent the net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Self-Directed Brokerage Accounts

Self-directed brokerage accounts are invested in primarily common stocks; Level 1 classification is considered reasonable based on readily determinable fair value of the investments.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(7) Fair Value Measurements - Continued

Self-Directed Brokerage Accounts - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

<u>Description</u>	Assets Measured at Fair Value at December 31, 2024	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 21,706,971	21,706,971	-	-
Self-directed brokerage accounts	<u>2,089,232</u>	<u>2,089,232</u>	<u>-</u>	<u>-</u>
	<u>\$ 23,796,203</u>	<u>23,796,203</u>	<u>-</u>	<u>-</u>

<u>Description</u>	Assets Measured at Fair Value at December 31, 2023	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 17,786,310	17,786,310	-	-
Self-directed brokerage accounts	<u>1,075,895</u>	<u>1,075,895</u>	<u>-</u>	<u>-</u>
	<u>\$ 18,862,205</u>	<u>18,862,205</u>	<u>-</u>	<u>-</u>

(8) Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 25,214,223	19,918,210
Less participants' receivables	-	(43,212)
Less employer receivables	<u>-</u>	<u>(353,875)</u>
Net assets available for benefits per Schedule H of Form 5500, Line 1(l)	<u>\$ 25,214,223</u>	<u>19,521,123</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(8) Reconciliation of Financial Statements to Schedule H of Form 5500 - Continued

Following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2024 to net income on Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 5,296,013
Add prior year employer receivables	353,875
Add change in prior year employee receivables	43,212
Less current year employer receivables	<u>-</u>
Net income per Schedule H of Form 5500, Line 2(k)	\$ <u><u>5,693,100</u></u>

(9) Fully Benefit-Responsive Investment Contract

The Plan has a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (“Nationwide”). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.83 percent. The crediting interest rate is reviewed on a quarterly basis for resetting.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for the guaranteed investment contract. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the plan document (including complete or partial termination or merger with another plan.); (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(10) Subsequent Events

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through September 18, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 59-1466615

Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Aggregate SDBA Assets	Self-directed brokerage accounts	\$ 2,089,232
	Aberdeen U.S. Sustainable Leaders Smaller Companies Fund Institutional Class	Mutual funds	7,511
	Virtus NFJ Mid-Cap Value Fund Institutional Class	Mutual funds	152,031
	American Century Emerging Markets Fund R6 Class	Mutual funds	412,135
	American Century Inflation Adjusted Bond Fund R5 Class	Mutual funds	31,207
	American Funds 2010 Target Date Retirement Fund Class R-6	Mutual funds	17,721
	American Funds 2015 Target Date Retirement Fund Class R-6	Mutual funds	62,121
	American Funds 2020 Target Date Retirement Fund Class R-6	Mutual funds	427,716
	American Funds 2025 Target Date Retirement Fund Class R-6	Mutual funds	684,232
	American Funds 2030 Target Date Retirement Fund Class R-6	Mutual funds	2,431,143
	American Funds 2035 Target Date Retirement Fund Class R-6	Mutual funds	2,162,665
	American Funds 2040 Target Date Retirement Fund Class R-6	Mutual funds	2,223,685
	American Funds 2045 Target Date Retirement Fund Class R-6	Mutual funds	2,031,903
	American Funds 2050 Target Date Retirement Fund Class R-6	Mutual funds	1,191,374
	American Funds 2055 Target Date Retirement Fund Class R-6	Mutual funds	684,073
	American Funds 2060 Target Date Retirement Fund Class R-6	Mutual funds	218,804
	American Funds 2065 Target Date Retirement Fund Class R-6	Mutual funds	1,769
	American Funds New Perspective Fund Class R-6	Mutual funds	604,833
	American Funds U.S. Government Securities Fund Class R-6	Mutual funds	56,620
	AMG Veritas Global Real Return I	Mutual funds	6,949
	iShares Russell Small/Mid-Cap Index Fund Class K	Mutual funds	7,115
	Cohen & Steers Real Estate Securities Fund Institutional Class	Mutual funds	31,018
	Columbia Dividend Income Fund Institutional 2 Class	Mutual funds	862,151
	Macquarie Small Cp Value - Institutional	Mutual funds	135,000
	Federal Government Obligations Fund	Mutual funds	6,114
	Fidelity Multi-Asset Index Fund	Mutual funds	6,945
	Fidelity NASDAQ Composite Index Fund	Mutual funds	7,515
	Fidelity Advisor Growth Opportunities Fund Class I	Mutual funds	896,186
	Hartford Strategic Income Fund Class R5	Mutual funds	80,344
	JPMorgan Core Bond Fund R6	Mutual funds	463,428
	JPMorgan Small Cap Growth Fund Class R6	Mutual funds	116,417
*	Nationwide International Index Fund Class R6	Mutual funds	162,262
	PGIM Total Return Bond Fund Class R6	Mutual funds	552
	PIMCO Diversified Income Fund Institutional Class	Mutual funds	394,996
	PIMCO Low Duration Income Fund Institutional Class	Mutual funds	15,935
	Principal High Yield Fund Institutional Class	Mutual funds	6,208
	Vanguard 500 Index Fund Admiral Shares	Mutual funds	7,234
	Vanguard Extended Market Index Fund Admiral Shares	Mutual funds	190,995
	Vanguard High Dividend Yield Index Fund Admiral	Mutual funds	13,198
	Vanguard Information Technology Index Fund Admiral Shares	Mutual funds	1,969
	Vanguard International Growth Fund Admiral Shares	Mutual funds	147,625
	Vanguard Large Cap Index Fund Admiral Shares	Mutual funds	7,253
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual funds	7,075
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds	333,480
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual funds	4,392,459
	Fidelity Advisor Technology A	Mutual funds	3,633
	Fidelity Advisor Technology Fund - Class Z	Mutual funds	1,372
*	Nationwide Fixed Select Option	Guaranteed interest account	391,933
*	Participant Loans	4.25%-9.50%	160,221
			<u>\$ 24,348,357</u>

* Party-in-interest



**COASTAL ORTHOPEDICS & SPORTS MEDICINE
OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

**Financial Statements
and Supplemental Schedule**

**December 31, 2024 and 2023
(With Independent Auditors' Report Thereon)**

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

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Independent Auditors' Report

To the Plan Administrator of the
Coastal Orthopedics & Sports Medicine of Southwest Florida
401(k) Profit Sharing Plan:

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

We were engaged to perform audits of the financial statements of Coastal Orthopedics & Sports Medicine of Southwest Florida 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions 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 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying 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.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

Auditors’ 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 for the Financial Statements 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 auditors’ 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 involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

September 18, 2025
St. Petersburg, Florida

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
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:		
Mutual funds	\$ 21,706,971	17,786,310
Self-directed brokerage accounts	<u>2,089,232</u>	<u>1,075,895</u>
Total investments at fair value	23,796,203	18,862,205
Guaranteed interest account, at contract value	391,933	542,948
Employer contributions receivable	865,866	353,875
Participants' contributions receivable	-	43,212
Notes receivable from participants	<u>160,221</u>	<u>115,970</u>
Total receivables	<u>1,026,087</u>	<u>513,057</u>
Net assets available for benefits	<u>\$ 25,214,223</u>	<u>19,918,210</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 3,482,498
Dividends	2,829
Interest income on notes receivable from participants	<u>13,792</u>
Total investment income	3,499,119
Contributions:	
Employer	1,447,104
Participant	1,124,244
Rollovers	<u>221,745</u>
Total contributions	<u>2,793,093</u>
Total additions	6,292,212
Deductions from net assets attributed to:	
Benefits paid to participants	902,309
Administrative expenses	<u>93,890</u>
Total deductions	<u>996,199</u>
Net increase	5,296,013
Net assets available for benefits:	
Beginning of year	<u>19,918,210</u>
End of year	<u>\$ 25,214,223</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the Coastal Orthopedics & Sports Medicine of Southwest Florida 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

(a) General

The Plan was established on February 1, 1998 as a prototype defined contribution plan covering all employees of Coastal Orthopedics & Sports Medicine of Southwest Florida, P.A. and Musculoskeletal Ambulatory Surgery Center, Inc. (collectively the “Company”) meeting eligibility requirements, as defined. The Plan was amended and restated on January 1, 2010. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

(b) Contributions

All employees of the Company who have completed at least one year of employment, 1,000 hours of service, and have attained the age of twenty-one are eligible to participate. The Plan provides for entry dates on the first day of the quarter coinciding with the satisfaction of the entry requirements.

Participants may make pre-tax and post-tax salary contributions to the Plan, not to exceed \$23,000 in 2024 as allowed by the Internal Revenue Service (“IRS”). As allowed by the IRS, the limit on catch-up elective deferrals for participants age 50 and over was an additional \$7,500 for the 2024 plan year.

The Company elected to make fully-vested safe harbor non-elective contributions on behalf of employees eligible to make elective deferrals equal to 3% of plan compensation (as defined), not to exceed applicable limitations set by the IRS. Safe harbor plans allow highly compensated employees to maximize their contributions, and automatically pass certain non-discrimination testing. The safe harbor non-elective contribution for the year ended December 31, 2024 totaled approximately \$1.2 million. Additionally, the Company may elect to make a discretionary matching contribution to participants employed by the Company on the last day of the year. For the plan year ended December 31, 2024, the Company did not elect to make a discretionary matching contribution.

The Company’s profit-sharing contributions are allocated to the participants account as indicated by the Company’s Board of Directors. For the plan year ended December 31, 2024, the Company’s Board of Directors elected to make a profit-sharing contribution to physicians only, totaling approximately \$276,000.

The Plan accepts rollovers and direct transfers from other tax-qualified plans.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution, if applicable, and plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

(d) Vesting

Participants are immediately vested in their contributions and Company safe harbor non-elective contributions plus actual earnings thereon. Participants vest in their profit-sharing contributions based on years of service as defined by the Plan. Upon death or total and permanent disability, employees will become 100% vested in the Company contributions.

A participant is vested in Company profit sharing contributions as follows:

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

(e) Investment Options

Upon enrollment in the Plan a participant may direct their contributions and Company contributions, in increments of one percent, in any of the available investment options offered by the Plan. Participants should reference prospectus information for detailed investment information.

Investment options may be changed at the participant's discretion.

(f) Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50% of their vested account balance. The loans are secured by the balance in the participant's account and as of December 31, 2024 applicable interest rates ranged from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(g) Payment of Benefits

On termination of service due to death, disability, or retirement, the participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account under several options which include electing to rollover the vested portion of their account to another qualified plan or electing to receive a single lump sum payment, subject to withholding for income taxes.

(h) Forfeitures

Pursuant to the plan document, forfeiture balances are to be used to pay administrative expenses of the Plan or reduce Company contributions. There were no forfeitures used to pay administrative expenses during the year ended December 31, 2024. The Plan has approximately \$6,100 and \$16,900 of forfeitures available for payment of future administrative expenses or reduction of future Company contributions as of December 31, 2024 and 2023, respectively. The plan used approximately \$16,850 in forfeitures to reduce employer contributions during the year ended December 31, 2024.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) 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 certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds are stated at fair value as determined by quoted market prices. Self-directed brokerage accounts are stated at fair value as determined by quoted market prices.

The guaranteed interest account is a fully benefit responsive investment contract and is valued at contract value (see Note 9).

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.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

Net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

(d) Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which [the employee contributions are withheld from compensation.] [participant compensation is earned.].

(e) Administrative Expenses

The administrative expenses of the Plan are shared by the Plan and Company.

(f) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(g) Notes Receivable from Participants

The Plan's notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. 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 or 2023. If a participant ceases to make loan repayments, the loan balance is reduced, and a benefit payment is recorded.

(h) Payment of Benefits

Benefits payments are recorded when paid.

(3) Information Prepared and Certified by Trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the trustee, and Nationwide Life Insurance Company have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value, excluding Self-Directed Brokerage Accounts

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(3) Information Prepared and Certified by Trustees - Continued

- Guaranteed interest account, contract value
- Total investment income, excluding Self-Directed Brokerage Accounts activity
- Schedule of Assets (Held at End of Year)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) Plan Termination

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

(5) Income Tax Status

Effective January 1, 2021, the Plan adopted a non-standardized pre-approved plan document ("PAPD") sponsored by Slavic. The IRS has determined that the PAPD is designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and informed Newport Group, the Plan's third-party administrator, of such in a letter dated June 30, 2020. Although the PAPD has been amended since receiving the opinion letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements 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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(6) Party-in-Interest

The Plan invests in shares of mutual funds, self-directed brokerage accounts, and a guaranteed interest account managed by Nationwide. Nationwide and subsidiaries are considered the trustees, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions, as defined in Section 3(14) of ERISA; they are, however, expressly exempted from the prohibited transaction rules.

During 2024, the Plan paid approximately \$45,000 in expenses to Nationwide with an additional \$39,000 paid to other service providers for recordkeeping services. Notes receivable from participants transactions are also considered to be party-in-interest transactions, because they are transacted with plan participants.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(7) Fair Value Measurements

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

- (a) Quoted prices for similar assets or liabilities in active markets;
- (b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- (c) Inputs other than quoted prices that are observable for the asset or liability;
- (d) 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.

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.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds

Mutual Funds are valued at quoted market prices in an active market, which represent the net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Self-Directed Brokerage Accounts

Self-directed brokerage accounts are invested in primarily common stocks; Level 1 classification is considered reasonable based on readily determinable fair value of the investments.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(7) Fair Value Measurements - Continued

Self-Directed Brokerage Accounts - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

<u>Description</u>	Assets Measured at Fair Value at December 31, 2024	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 21,706,971	21,706,971	-	-
Self-directed brokerage accounts	<u>2,089,232</u>	<u>2,089,232</u>	<u>-</u>	<u>-</u>
	<u>\$ 23,796,203</u>	<u>23,796,203</u>	<u>-</u>	<u>-</u>

<u>Description</u>	Assets Measured at Fair Value at December 31, 2023	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 17,786,310	17,786,310	-	-
Self-directed brokerage accounts	<u>1,075,895</u>	<u>1,075,895</u>	<u>-</u>	<u>-</u>
	<u>\$ 18,862,205</u>	<u>18,862,205</u>	<u>-</u>	<u>-</u>

(8) Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 25,214,223	19,918,210
Less participants' receivables	-	(43,212)
Less employer receivables	<u>-</u>	<u>(353,875)</u>
Net assets available for benefits per Schedule H of Form 5500, Line 1(l)	<u>\$ 25,214,223</u>	<u>19,521,123</u>

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(8) Reconciliation of Financial Statements to Schedule H of Form 5500 - Continued

Following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2024 to net income on Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 5,296,013
Add prior year employer receivables	353,875
Add change in prior year employee receivables	43,212
Less current year employer receivables	<u>-</u>
Net income per Schedule H of Form 5500, Line 2(k)	\$ <u><u>5,693,100</u></u>

(9) Fully Benefit-Responsive Investment Contract

The Plan has a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (“Nationwide”). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.83 percent. The crediting interest rate is reviewed on a quarterly basis for resetting.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for the guaranteed investment contract. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the plan document (including complete or partial termination or merger with another plan.); (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements - Continued

(10) Subsequent Events

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through September 18, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

**COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA
401(K) PROFIT SHARING PLAN**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 59-1466615

Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Aggregate SDBA Assets	Self-directed brokerage accounts	\$ 2,089,232
	Aberdeen U.S. Sustainable Leaders Smaller Companies Fund Institutional Class	Mutual funds	7,511
	Virtus NFJ Mid-Cap Value Fund Institutional Class	Mutual funds	152,031
	American Century Emerging Markets Fund R6 Class	Mutual funds	412,135
	American Century Inflation Adjusted Bond Fund R5 Class	Mutual funds	31,207
	American Funds 2010 Target Date Retirement Fund Class R-6	Mutual funds	17,721
	American Funds 2015 Target Date Retirement Fund Class R-6	Mutual funds	62,121
	American Funds 2020 Target Date Retirement Fund Class R-6	Mutual funds	427,716
	American Funds 2025 Target Date Retirement Fund Class R-6	Mutual funds	684,232
	American Funds 2030 Target Date Retirement Fund Class R-6	Mutual funds	2,431,143
	American Funds 2035 Target Date Retirement Fund Class R-6	Mutual funds	2,162,665
	American Funds 2040 Target Date Retirement Fund Class R-6	Mutual funds	2,223,685
	American Funds 2045 Target Date Retirement Fund Class R-6	Mutual funds	2,031,903
	American Funds 2050 Target Date Retirement Fund Class R-6	Mutual funds	1,191,374
	American Funds 2055 Target Date Retirement Fund Class R-6	Mutual funds	684,073
	American Funds 2060 Target Date Retirement Fund Class R-6	Mutual funds	218,804
	American Funds 2065 Target Date Retirement Fund Class R-6	Mutual funds	1,769
	American Funds New Perspective Fund Class R-6	Mutual funds	604,833
	American Funds U.S. Government Securities Fund Class R-6	Mutual funds	56,620
	AMG Veritas Global Real Return I	Mutual funds	6,949
	iShares Russell Small/Mid-Cap Index Fund Class K	Mutual funds	7,115
	Cohen & Steers Real Estate Securities Fund Institutional Class	Mutual funds	31,018
	Columbia Dividend Income Fund Institutional 2 Class	Mutual funds	862,151
	Macquarie Small Cp Value - Institutional	Mutual funds	135,000
	Federal Government Obligations Fund	Mutual funds	6,114
	Fidelity Multi-Asset Index Fund	Mutual funds	6,945
	Fidelity NASDAQ Composite Index Fund	Mutual funds	7,515
	Fidelity Advisor Growth Opportunities Fund Class I	Mutual funds	896,186
	Hartford Strategic Income Fund Class R5	Mutual funds	80,344
	JPMorgan Core Bond Fund R6	Mutual funds	463,428
	JPMorgan Small Cap Growth Fund Class R6	Mutual funds	116,417
*	Nationwide International Index Fund Class R6	Mutual funds	162,262
	PGIM Total Return Bond Fund Class R6	Mutual funds	552
	PIMCO Diversified Income Fund Institutional Class	Mutual funds	394,996
	PIMCO Low Duration Income Fund Institutional Class	Mutual funds	15,935
	Principal High Yield Fund Institutional Class	Mutual funds	6,208
	Vanguard 500 Index Fund Admiral Shares	Mutual funds	7,234
	Vanguard Extended Market Index Fund Admiral Shares	Mutual funds	190,995
	Vanguard High Dividend Yield Index Fund Admiral	Mutual funds	13,198
	Vanguard Information Technology Index Fund Admiral Shares	Mutual funds	1,969
	Vanguard International Growth Fund Admiral Shares	Mutual funds	147,625
	Vanguard Large Cap Index Fund Admiral Shares	Mutual funds	7,253
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual funds	7,075
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds	333,480
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual funds	4,392,459
	Fidelity Advisor Technology A	Mutual funds	3,633
	Fidelity Advisor Technology Fund - Class Z	Mutual funds	1,372
*	Nationwide Fixed Select Option	Guaranteed interest account	391,933
*	Participant Loans	4.25%-9.50%	160,221
			<u>\$ 24,348,357</u>

* Party-in-interest