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|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>FLORIDA EYE CLINIC 401(K) PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>FLORIDA EYE CLINIC, P.A.</u></p> <p><u>160 BOSTON AVENUE</u><br/><u>ALTAMONTE SPRINGS, FL 32701</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/1996</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>59-1493386</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>407-775-7436</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>621111</u></p> |

**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.

|                  |  |                   |  |
|------------------|--|-------------------|--|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/15/2025</u> | <u>MABEL MACHIN</u>  |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  |                   |  |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |  |                   |  |
|                  | Signature of DFE   | Date              | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 311 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 248 |
|   | <b>6a(2)</b>                               | 223 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 80  |
|   | <b>6d</b>                                  | 303 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 303 |
|   | <b>6g(1)</b>                               | 275 |
|   | <b>6g(2)</b>                               | 242 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input 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)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |

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

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**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.

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**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 \_\_\_\_\_

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|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>FLORIDA EYE CLINIC 401(K) PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FLORIDA EYE CLINIC, P.A.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>59-1493386</b> |            |

**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

**ALLSPRING GLOBAL INVESTMENTS**

**95-3692822**

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

**AMERICAN CENTURY INVESTMENT SERVICE**

**44-0640487**

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

**AMERICAN FUNDS DISTRIBUTORS, INC.**

**95-2769620**

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

**AMERIPRISE TRUST COMPANY** **250 PEHLE AVE**  
**SADDLEBROOK, NJ 07663**

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

COLUMBIA

ONE FINANCIAL CENTER  
MA5-515-14-01  
BOSTON, MA 02111

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

DELAWARE INVESTMENTS

2005 MARKET STREET  
PHILADELPHIA, PA 19103

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET  
MAIL ZONE O3N  
SMITHFIELD, RI 02917

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

ING FUNDS SERVICES, LLC

7337 E. DOUBLETREE RANCH ROAD  
SCOTTSDALE, AZ 85258

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET  
DENVER, CO 80206

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

NEUBERGER BERMAN

605 THIRD AVENUE  
3RD FLOOR  
NEW YORK, NY 10158

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

PHOENIX - VIRTUS

56 PROSPECT STREET  
PO BOX 150480  
HARTFORD, CT 06115

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

PRINCIPAL FUNDS DISTRIBUTOR, INC.

1100 INVESTMENT BLVD  
STE. 200  
EL DORADO HILLS, CA 95762

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

TRANSAMERICA CAPITAL, INC.

4600 S SYRACUSE ST.  
# 1100  
DENVER, CO 80237

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

VANGUARD

455 DEVON PARK DRIVE  
WAYNE, PA 19087

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

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

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

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

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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)

ADP, INC.

13-3036745

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 50 15<br>64         | RECORD KEEPER   | 30499  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---|--|--|--|---|--|
| 59 60 63<br>15 17 50<br>64 70 | INVESTMENT ADVISOR  | 59   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 24671   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ADP BROKER-DEALER

22-3319984

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 99                  | RECORD KEEPER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
|--|---|---|
| MERRILL LYNCH PIERCE FENNER & SMITH  | 59 60 63  | 24671                                     |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>UNAVAILABLE<br>UNAVAILABLE<br>UNAVAILABLE, CA 91367   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>SHAREHOLDER SERVICING FEES SUB-TRANSFER<br>AGENCY FEES DISTRIBUTION (12B-1) FEES  |   |
| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>ALLSPRING GLOBAL INVESTMENTS<br><br>95-3692822        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A<br>SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY<br>ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE<br>DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF<br>AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AMERICAN CENTURY INVESTMENT SERVICE<br><br>44-0640487 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A<br>SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY<br>ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE<br>DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF<br>AVERAGE DAILY ASSETS-R SHRS |   |

**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 |
|--|---|---|
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| AMERICAN FUNDS DISTRIBUTORS, INC.<br><br>95-2769620                    | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| AMERIPRISE TRUST COMPANY<br><br>250 PEHLE AVE<br>SADDLEBROOK, NJ 07663 | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| BLACKROCK INVESTMENTS, INC.<br><br>23-2784752                          | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |

**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 |
|--|---|---|
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| COLUMBIA<br><br>ONE FINANCIAL CENTER<br>MA5-515-14-01<br>BOSTON, MA 02111                    | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| DELAWARE INVESTMENTS<br><br>2005 MARKET STREET<br>PHILADELPHIA, PA 19103                     | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER  | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| FIDELITY DISTRIBUTORS CORP.<br><br>500 SALEM STREET<br>MAIL ZONE O3N<br>SMITHFIELD, RI 02917 | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |

**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<br>(see instructions)               | (c) Enter amount of indirect compensation   |
|---|---|---|
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |
| ING FUNDS SERVICES, LLC   | 7337 E. DOUBLETREE RANCH ROAD<br>SCOTTSDALE, AZ 85258 | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)               | (c) Enter amount of indirect compensation   |
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |
| J.P. MORGAN INVESTMENT MANAGEMENT                                   | 13-3200244  | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)               | (c) Enter amount of indirect compensation   |
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |
| JANUS DISTRIBUTORS, LLC   | 151 DETROIT STREET<br>DENVER, CO 80206                | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |

**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<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>NEUBERGER BERMAN<br>605 THIRD AVENUE<br>3RD FLOOR<br>NEW YORK, NY 10158                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PHOENIX - VIRTUS<br>56 PROSPECT STREET<br>PO BOX 150480<br>HARTFORD, CT 06115                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PRINCIPAL FUNDS DISTRIBUTOR, INC.<br>1100 INVESTMENT BLVD<br>STE. 200<br>EL DORADO HILLS, CA 95762 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |

**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 |
|---|---|---|
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| TRANSAMERICA CAPITAL, INC.      4600 S SYRACUSE ST.<br># 1100<br>DENVER, CO 80237 | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER   | 99  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  |   |
| VANGUARD      455 DEVON PARK DRIVE<br>WAYNE, PA 19087                             | ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS |   |
| (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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>FLORIDA EYE CLINIC 401(K) PLAN</u>  | <b>B</b> Three-digit plan number (PN)                              | <u>003</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>FLORIDA EYE CLINIC, P.A.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-1493386</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                                  |   |               |
|---|----------------------------------|---|---------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>COL TR STABLE HQ INC ADM0</u> |   |               |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>AMERIPRISE TRUST COMPANY</u>  |   |               |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>571045</u> |
| <u>41-0007957-058</u>                             | <u>C</u>                         |   |               |

  

|   |                      |   |  |
|---|----------------------|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|   |                      |   |  |

  

|   |                      |   |  |
|---|----------------------|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|   |                      |   |  |

  

|   |                      |   |  |
|---|----------------------|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|   |                      |   |  |

  

|   |                      |   |  |
|---|----------------------|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|   |                      |   |  |

  

|   |                      |   |  |
|---|----------------------|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|   |                      |   |  |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>FLORIDA EYE CLINIC 401(K) PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FLORIDA EYE CLINIC, P.A.</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>59-1493386</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

| <b>Assets</b>  | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>                    |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                              |                        |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>                 |                        |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>                 |                        |
| <b>(3)</b> Other .....   | <b>1b(3)</b>                 |                        |
| <b>c</b> General investments:  |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>                 |                        |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>                 |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>              |                        |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>              |                        |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>              |                        |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>                 |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>                 |                        |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>                 |                        |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>                 | 56034                  |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>                 | 516955                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>                |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>                |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>                |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>                | 8168689                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>                | 73242                  |
| <b>(15)</b> Other .....  | <b>1c(15)</b>                | 571045                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 8741678               | 10725388        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 8741678               | 10725388        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 201759     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 953874     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 17768      |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1173401   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 4308       |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 4308      |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 334716     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 334716    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 10241     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1062898   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 3726      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 2589290   |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 574551 |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |        |
| (3) Other .....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 574551 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        | 471    |
| <b>h</b> Interest expense .....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:   |               |        |        |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |        |        |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 30499  |        |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 59     |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....  | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |        |        |
| (11) Other expenses .....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 30558  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 605580 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1983710 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....  | <b>2l(2)</b> |  | 0       |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MCDIRMIT DAVIS LLC**

(2) EIN: **26-0004117**

**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 |
|--|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 122344 |
| <b>b</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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> 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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|  |   |  |
|--|---|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|--|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>FLORIDA EYE CLINIC 401(K) PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FLORIDA EYE CLINIC, P.A.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-1493386</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 57-1198022

**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 |  |
|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

# Financial Statements and Supplementary Information

December 31, 2024 and 2023

## Florida Eye Clinic 401(K) Plan

Florida Eye Clinic 401(k) Plan  
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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
Florida Eye Clinic 401(k) Plan

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

We have performed audits of the financial statements of Florida Eye Clinic 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### Responsibilities of Management for the Financial Statements

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

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

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

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with 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 Schedules Required by ERISA**

The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

*McDimit Davis*

Orlando, Florida  
October 15, 2025

Florida Eye Clinic 401(k) Plan  
**Statements of Net Assets Available for Benefits**  
December 31, 2024 and 2023

|   | <u>2024</u>          | <u>2023</u>         |
|---|----------------------|---------------------|
| <b>Assets</b>   |                      |                     |
| Investments at fair value                                     | \$ 10,652,146        | \$ 8,685,644        |
| Notes receivable from participants                            | 73,242               | 56,034              |
| Contributions receivable from participants                    | 8,648                | 16,837              |
| Contributions receivable from employer                        | 2,410                | 10,762              |
| <b>Total assets</b>   | <u>10,736,446</u>    | <u>8,769,277</u>    |
| <b>Liabilities and Net Assets Available for Plan Benefits</b> |                      |                     |
| Refunds payable for excess contributions                      | 173,069              | -                   |
| <b>Total liabilities</b>                                      | <u>173,069</u>       | <u>-</u>            |
| <b>Net assets available for benefits</b>                      | <u>\$ 10,563,377</u> | <u>\$ 8,769,277</u> |

Florida Eye Clinic 401(k) Plan  
**Statement of Changes in Net Assets Available for Benefits**  
Year Ended December 31, 2024

**Additions to Net Assets Attributed to:**

|   |                      |
|---|----------------------|
| Investment income (loss):                             |                      |
| Net appreciation in fair value of investments         | \$ 1,073,139         |
| Interest and dividends                                | 334,716              |
| Other income  | 3,726                |
|   | <hr/>                |
| <b>Net investment income (loss)</b>                   | <b>1,411,581</b>     |
|   | <hr/>                |
| Interest on notes receivable from participants        | 4,308                |
|   | <hr/>                |
| Contributions:  |                      |
| Participants  | 804,840              |
| Employer  | 161,183              |
| Rollover  | 17,768               |
|   | <hr/>                |
| <b>Total contributions</b>                            | <b>983,791</b>       |
|   | <hr/>                |
| <b>Total additions</b>                                | <b>2,399,680</b>     |
|   | <hr/>                |
| <b>Deductions from Net Assets Attributed to:</b>      |                      |
| Benefits paid to participants                         | 575,022              |
| Administrative expenses                               | 30,558               |
|   | <hr/>                |
| <b>Total deductions</b>                               | <b>605,580</b>       |
|   | <hr/>                |
| <b>Net increase</b>                                   | <b>1,794,100</b>     |
|   | <hr/>                |
| Net assets available for benefits, beginning of year  | 8,769,277            |
|   | <hr/>                |
| <b>Net assets available for benefits, end of year</b> | <b>\$ 10,563,377</b> |
|   | <hr/> <hr/>          |

## **NOTE 1            DESCRIPTION OF PLAN**

The following description of the Florida Eye Clinic 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

### **General**

The Plan is a defined contribution plan covering substantially all employees of Florida Eye Clinic Ambulatory Surgical Center and Florida Eye Clinic, P.A. (entities under common control collectively known as the “Company”), who have three consecutive months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### **Plan Administration**

Florida Eye Clinic, P.A. is the plan sponsor and contracts the administration and recordkeeping services from a third-party administrator, ADP, LLC (“ADP”), who controls and manages the operation and administration of the Plan. The Plan’s assets are maintained by Reliance Trust Company (the “Custodian”). Contributions are held by the Custodian, who invests cash received, interest and dividend income, and makes distributions to participants (at the direction of the Company and the participants).

### **Contributions**

Each year, participants in the Plan may voluntarily contribute up to 80% of their pre-tax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrolled provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5%, escalating by 1% annually until reaching 15%, of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant.

The Company provides matching contributions of 25% of the first 10% of the participant contributions to the Plan. Additional profit-sharing amounts may be contributed at the discretion of the Company. Matching and discretionary profit-sharing contributions are invested in the same manner as participant contributions, as directed by the participant.

Participant and Company contributions are subject to the limitations specified by the Plan and the Internal Revenue Service (the “IRS”).

### **Participant Accounts**

Each participant’s account is credited with the participant’s contributions, Company matching and profit-sharing contributions, as well as allocations of earnings and losses and administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

### **Vesting of Benefits**

Participants are immediately fully vested in their voluntary contributions, plus actual earnings or losses thereon. Vesting in the Company’s matching contributions, including actual earnings or losses thereon, is based upon the number of years of service. Participants vest in the Company’s contributions at a rate of 20% per year of service after one year of service and become fully vested after five years of credited service. Participants vest in the Company’s profit-sharing contributions at a rate of 20% per year of service after two years of service and become fully vested after six years of credited service. Company contributions in participant accounts become fully vested upon death, disability (as defined by the Plan), attainment of normal retirement age (as defined by the Plan), or upon termination of the Plan.

### **Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant’s account. The loan interest rate, determined at the time of issuance, is set at prime plus 1%, as defined. Principal and interest are paid ratably through payroll deductions. Loans are treated as an investment of the borrowing participant’s account and only the borrowing participant’s account received interest paid on the participant loan.

## **NOTE 1            DESCRIPTION OF PLAN (CONTINUED)**

### **Payment of Benefits**

On termination of service with the Company due to death, disability, retirement, or other reason, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment distributions. The period of installment distributions may not extend beyond the life expectancy of the participant. In addition, the Plan allows hardship withdrawals as allowed by the Internal Revenue Code.

Participants still employed who have reached the age of 59 ½ are eligible to withdraw all or a portion of their vested accounts.

### **Forfeitures**

The non-vested portion of a participant's account balance upon termination of service with the Company is forfeited. Forfeitures may be used by the Plan for administrative expenses of the Plan or by the Company to reduce future contributions to the Plan. During the year ended December 31, 2024, approximately \$14,000 were used for administrative expenses of the Plan or to reduce Company contributions to the Plan. At December 31, 2024 and 2023, no significant forfeited non-vested balance existed.

## **NOTE 2            SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

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

### **Use of Estimates**

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

### **Investment Valuation and Income Recognition**

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest, which approximates fair value. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses when incurred. No allowance for credit losses is recorded as repayments of principal and interest are received primarily through payroll deductions and the notes are collateralized by the participants' accounts.

Notes receivable from participants outstanding at December 31, 2024 had interest rates ranging from 4.25% and 9.50% and maturities through May 2035.

### **Deemed Loan Distributions**

Deemed loan distributions are recorded when the participant defaults on the loan. For the year ended December 31, 2024, deemed loan distributions of approximately \$500 are included with benefits paid to participants.

### **Contributions**

Participant contributions are recorded when withheld from compensation. Employer contributions are recorded in the period in which they become obligations of the Company.

**NOTE 2                   SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Corrective Distributions**

Contributions in excess of amounts allowed by the IRS or ERISA requirements are returned to the participant. Contributions are presented net of corrective distributions.

During the year ended December 31, 2024, the Plan contributed approximately \$173,000 in excess contributions in error. The Plan has recorded these excess contributions as refunds payable due from the Plan as of December 31, 2024. As of the date of the independent auditor's report, the excess contributions have not been repaid.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments in the accompanying statement of changes in net assets available for benefits.

**New Accounting Pronouncements**

The Plan has considered new pronouncements that alter accounting principles generally accepted in the United States of America and does not believe that any new or modified principles will have a material impact on the Plan's reported financial position or operations in the near term.

**Subsequent Events**

Effective February 15, 2025, Transamerica Retirement Solutions, LLC ("Transamerica") replaced ADP as the third-party administrator for the Plan. The Plan was amended effective February 15, 2025 to reflect the change in the third-party administrator. The amended plan allows for Roth 401(k) deferrals.

The Plan has evaluated subsequent events through the date of the independent auditor's report, the date which the accompanying financial statements were available to be issued. Based on such evaluation, except for as noted above, no events have occurred that in the opinion of management warrant adjustments to or disclosures in the financial statements.

**NOTE 3                   FAIR VALUE MEASUREMENTS**

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

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

*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability or 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 fair value measurement.

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

The assets' or liabilities' 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following are descriptions of the valuation methodology used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

*Registered Investment Companies*

The value is based on quoted market prices in an active market where individual securities are traded, as of the last trading day of the Plan year.

*Common Collective Trust*

The net asset value (NAV) of units of a financial institution common collective trust, which are not publicly quoted prices in an active market, is based on the fair value of the underlying investments, less any liabilities. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

The Plan's investments reported at fair value using the Level 1 valuation methodology and NAV as practical expedient are as follows as of December 31, 2024 and 2023:

|   | <u>2024</u>          | <u>2023</u>         |
|---|----------------------|---------------------|
| Registered Investment Companies (Level 1) | \$ 10,081,101        | \$ 8,168,689        |
| Common Collective Trust (NAV)             | 571,045              | 516,955             |
| <b>Total investments, at fair value</b>   | <u>\$ 10,652,146</u> | <u>\$ 8,685,644</u> |

The following table summarizes investments for which fair value is measured using the NAV practical expedient as of December 31, 2024 and 2023:

|                                  | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently<br/>eligible)</u> | <u>Redemption<br/>Notice<br/>Period</u> |
|----------------------------------|-------------------|---------------------------------|---|---|
| <b><u>December 31, 2024:</u></b> |                   |                                 |   |   |
| Common collective trusts         | \$ 571,045        | n/a                             | Daily   | None                                    |
| <b><u>December 31, 2023:</u></b> |                   |                                 |   |   |
| Common collective trusts         | \$ 516,955        | n/a                             | Daily   | None                                    |

**NOTE 4 SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year), including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation/(depreciation) in fair value of investments, interest, and dividends for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Custodian.

**NOTE 5            PARTIES-IN-INTEREST**

Parties-in-interest include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or a Company whose employees are covered by the Plan.

The third-party administrator provides certain administrative services to the Plan for which fees are charged to the Plan. Fees paid to the third-party administrator qualify as party-in-interest transactions and amounted to approximately \$30,500 for the year ended December 31, 2024.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee received compensation from the Plan. Additionally, certain administrative expenses such as audit and legal fees are paid by the Company at its discretion.

**NOTE 6            PLAN TERMINATION AND AMENDMENTS**

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. The Company also has the right to amend any or all provisions of the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and the net assets of the Plan would be allocated among the participants and beneficiaries of the Plan in the order provided for by ERISA.

**NOTE 7            INCOME TAX STATUS**

The Plan has adopted a prototype defined contribution plan which the IRS has determined and affirmed, in a letter dated October 6, 2020, to be designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a taxing authority. Plan management have analyzed the tax positions taken by the Plan and concluded no uncertain positions have been taken. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

**NOTE 8            RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 statement of net assets available for benefits.

**NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500**

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

|   | <u>2024</u>          | <u>2023</u>         |
|---|----------------------|---------------------|
| Net Assets Available for Plan Benefits - Financial Statements | \$ 10,563,377        | \$ 8,769,277        |
| Contributions receivable from participants                    | (8,648)              | (16,837)            |
| Contributions receivable from employers                       | (2,410)              | (10,762)            |
| Refunds payable for excess contributions                      | 173,069              | -                   |
| <b>Net Assets Available for Plan Benefits - Form 5500</b>     | <u>\$ 10,725,388</u> | <u>\$ 8,741,678</u> |

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

|  |                     |
|--|---------------------|
| Net Increase in Net Assets Available for Benefits - Financial Statements | \$ 1,794,100        |
| Contributions receivable from participants - prior year                  | 16,837              |
| Contributions receivable from employers - prior year                     | 10,762              |
| Contributions receivable from participants - current year                | (8,648)             |
| Contributions receivable from employers - current year                   | (2,410)             |
| Refunds payable for excess contributions                                 | 173,069             |
| <b>Net Increase in Net Assets Available for Benefits - Form 5500</b>     | <u>\$ 1,983,710</u> |

**NOTE 10 PROHIBITED TRANSACTIONS**

During the plan year, the Plan Sponsor failed to remit participant contributions totaling \$122,344 for the pay periods ended June 14, 2024, July 12, 2024, July 26, 2024, July 31, 2024, and September 20, 2024, in a timely manner. The contributions were deposited into the Plan as follows:

| <u>Payroll Period Ended</u> | <u>Date Remitted</u> | <u>Days Delinquent</u> |
|-----------------------------|----------------------|------------------------|
| June 14, 2024               | July 16, 2024        | 32                     |
| July 12, 2024               | August 26, 2024      | 45                     |
| July 26, 2024               | August 26, 2024      | 31                     |
| July 31, 2024               | August 23, 2024      | 23                     |
| September 20, 2024          | October 15, 2024     | 25                     |

The late remittances were prohibited transactions under ERISA. The Plan Sponsor remitted the original late contributions during the plan year. Management has determined that an additional \$602 in lost earnings should be remitted into the Plan, which as of the date of the independent auditor's report has not been deposited into the Plan. These lost earnings have been recorded as contributions receivable from employer as of December 31, 2024 in the accompanying statements of net assets available for benefits. Management plans to make the correction in accordance with the DOL's Voluntary Fiduciary Correction Program (VFCP).

**Supplemental Information**

Florida Eye Clinic 401(k) Plan (EIN # 59-1493386; Plan Number: 003)  
**Schedule H, Line 4a – Schedule of Delinquent Participant Contributions**  
 December 31, 2024

| Plan Year | Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected VFCP and PTE 2002-51 |
|-----------|--|---|--------------------------------------|--|--|
|           |  | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| 2024*     | \$ 122,344 **  | \$ -  | \$ -                                 | \$ 122,344                               | \$ -                                       |

\*Lost earnings will be remitted in 2025 for delinquent 2024 contributions.

\*\*Indicates late participant loan repayments are included

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

December 31, 2024

| (a)   | (b)   | (c)                           | (d)            | (e)                  |
|---|---|-------------------------------|----------------|----------------------|
| <u>Identity of issuer, borrower, lessor, or similar party</u> | <u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u> |                               | <u>Cost **</u> | <u>Current value</u> |
| BlackRock   |   | iShares S&P 500 Index K       | \$ -           | \$ 2,618,919         |
| Fidelity Advisor  |   | Growth Opportunities Fund     | -              | 1,087,276            |
| American Funds  |   | 2040 Targ Date Ret - R4       | -              | 988,005              |
| American Funds  |   | 2050 Targ Date Ret-R4         | -              | 928,012              |
| Columbia Threadneedle   |   | Div Inc Fund - A              | -              | 694,020              |
| Columbia Trust  |   | Stable HQ Income Admin 0      | -              | 571,045              |
| Janus Henderson   |   | Balanced Fund A               | -              | 452,710              |
| Janus Henderson   |   | Flex Bond A                   | -              | 445,475              |
| American Funds  |   | 2030 Targ Date Ret - R4       | -              | 428,242              |
| BlackRock   |   | iShares Russell 2000 SM Cap K | -              | 396,631              |
| BlackRock   |   | iShares MSCI EAFE Intl Index  | -              | 370,034              |
| Macquarie   |   | Mid Cap Growth Equity A       | -              | 297,480              |
| Vanguard  |   | International Growth ADM      | -              | 286,587              |
| American Funds  |   | 2020 Targ Date Ret-R4         | -              | 246,157              |
| BlackRock   |   | iShares Russell MIDCAP Index  | -              | 234,824              |
| Allspring   |   | Special MC Val A              | -              | 217,953              |
| Voya  |   | GNMA Income A                 | -              | 112,088              |
| Transamerica  |   | Intl Equity A                 | -              | 97,773               |
| Virtus  |   | Kar Small-Cap Growth A        | -              | 67,257               |
| American Funds  |   | 2010 Targ Date Ret-R4         | -              | 43,017               |
| American Century  |   | Small Cap Val - A             | -              | 29,142               |
| JPMorgan  |   | Emerging Mkt Eq R3            | -              | 23,590               |
| Principal   |   | High Yield Fund Class A       | -              | 11,052               |
| Neuberger Berman  |   | Strategic Income A            | -              | 4,754                |
| BlackRock   |   | Inflation Protected Bond Fund | -              | 103                  |
|   |   |                               | <u>\$ -</u>    | <u>\$ 10,652,146</u> |
| * Participants' notes receivable                              |   | 4.25% - 9.50%                 | <u>\$ -</u>    | <u>\$ 73,242</u>     |

\* Indicates a party-in-interest as defined by ERISA

\*\* Cost information not required for participant-directed investments

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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**

For calendar plan year 2024 or fiscal plan year beginning and ending

|   |   |  |
|---|---|--|
| <b>A</b> Name of plan   | <b>B</b> Three-digit plan number (PN) ▶       |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 | <b>D</b> Employer Identification Number (EIN) |  |

**Part I Asset and Liability Statement**

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

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

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

**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.

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

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

**Expenses**

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

**Net Income and Reconciliation**

|   |              |  |  |
|---|--------------|--|--|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  |  |
| <b>l</b> Transfers of assets:   |              |  |  |
| <b>(1)</b> To this plan.....  | <b>2l(1)</b> |  |  |
| <b>(2)</b> From this plan .....   | <b>2l(2)</b> |  |  |

**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:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, 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 |
|--|-----|----|--------|
| <b>a</b> 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.) .....                 |     |    |        |
| <b>4a</b>  |     |    |        |
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>  |     |    |        |
| <b>c</b> 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.) .....   |     |    |        |
| <b>4c</b>  |     |    |        |
| <b>d</b> 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.) .....  |     |    |        |
| <b>4d</b>  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....   |     |    |        |
| <b>4e</b>  |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  |     |    |        |
| <b>4f</b>  |     |    |        |
| <b>g</b> 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? .....   |     |    |        |
| <b>4g</b>  |     |    |        |
| <b>h</b> 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? .....   |     |    |        |
| <b>4h</b>  |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....   |     |    |        |
| <b>4i</b>  |     |    |        |
| <b>j</b> 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.) .....   |     |    |        |
| <b>4j</b>  |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  |     |    |        |
| <b>4k</b>  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   |     |    |        |
| <b>4l</b>  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   |     |    |        |
| <b>4m</b>  |     |    |        |
| <b>n</b> 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. ....   |     |    |        |
| <b>4n</b>  |     |    |        |

**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 \_\_\_\_\_.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** FLORIDA EYE CLINIC 401(K) PLAN  
**Plan Sponsor's Name** FLORIDA EYE CLINIC, P.A.

**EIN:** 59-1493386  
**PN:** 003

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | PARTICIPANT LOANS   | INTEREST RATES ( 4.25% TO 9.50%)   |          | 73,242            |
|     | AMERFDS 2010 TARG DATE RET-R4                             | REGISTERED INVESTMENT COMPANY  |          | 43,017            |
|     | BLACKROCK INFL PROT BD PORT-A                             | REGISTERED INVESTMENT COMPANY  |          | 102               |
|     | MACQUARIE MID CAP GROWTH A                                | REGISTERED INVESTMENT COMPANY  |          | 297,480           |
|     | AMERFDS 2020 TARG DATE RET-R4                             | REGISTERED INVESTMENT COMPANY  |          | 246,157           |
|     | AMERFDS 2050 TARG DATE RET-R4                             | REGISTERED INVESTMENT COMPANY  |          | 928,012           |
|     | JPMORGAN EMG MKT EQ R3                                    | REGISTERED INVESTMENT COMPANY  |          | 23,590            |

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** FLORIDA EYE CLINIC 401(K) PLAN  
**Plan Sponsor's Name** FLORIDA EYE CLINIC, P.A.

**EIN:** 59-1493386  
**PN:** 003

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | NEUBERGER BERMAN STRAT INC A                              | REGISTERED INVESTMENT COMPANY  |          | 4,754             |
|     | AMERFDS 2040 TARG DATE RET-R4                             | REGISTERED INVESTMENT COMPANY  |          | 988,005           |
|     | JANUS HENDERSON FLEX BOND A                               | REGISTERED INVESTMENT COMPANY  |          | 445,475           |
|     | FIDELITY ADVISOR GROWTH OPFS A                            | REGISTERED INVESTMENT COMPANY  |          | 1,087,276         |
|     | ALLSPRING SPECIAL MC VAL A                                | REGISTERED INVESTMENT COMPANY  |          | 217,953           |
|     | VANGUARD INTL GRTH ADM                                    | REGISTERED INVESTMENT COMPANY  |          | 286,587           |
|     | VIRTUS KAR SMALL-CAP GROWTH A                             | REGISTERED INVESTMENT COMPANY  |          | 67,257            |

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** FLORIDA EYE CLINIC 401(K) PLAN  
**Plan Sponsor's Name** FLORIDA EYE CLINIC, P.A.

**EIN:** 59-1493386  
**PN:** 003

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | COLUMBIA DIV INC FD - A                                   | REGISTERED INVESTMENT COMPANY  |          | 694,020           |
|     | PRINHIGHLDFD-A  | REGISTERED INVESTMENT COMPANY  |          | 11,052            |
|     | ISHARES RUSSELL 2000 SM CAP K                             | REGISTERED INVESTMENT COMPANY  |          | 396,631           |
|     | VOYA GNMA INCOME A  | REGISTERED INVESTMENT COMPANY  |          | 112,088           |
|     | ISHARES RUSSELL MIDCAP INDEX K                            | REGISTERED INVESTMENT COMPANY  |          | 234,824           |
|     | ISHARES S&P 500 INDEX K                                   | REGISTERED INVESTMENT COMPANY  |          | 2,618,919         |
|     | JANUS HEND BALANCED FUND - A                              | REGISTERED INVESTMENT COMPANY  |          | 452,710           |

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** FLORIDA EYE CLINIC 401(K) PLAN  
**Plan Sponsor's Name** FLORIDA EYE CLINIC, P.A.

**EIN:** 59-1493386  
**PN:** 003

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | AMERFDS 2030 TARG DATE RET-R4                             | REGISTERED INVESTMENT COMPANY  |          | 428,242           |
|     | TRANSAMERICA INTL EQUITY A                                | REGISTERED INVESTMENT COMPANY  |          | 97,773            |
|     | ISHARES MSCI EAFE INTL INDEX K                            | REGISTERED INVESTMENT COMPANY  |          | 370,034           |
|     | AMERICAN CENT SM CAP VAL - A                              | REGISTERED INVESTMENT COMPANY  |          | 29,142            |
|     | COL TR STABLE HQ INC ADM0                                 | COMMON/COLLECTIVE TRUST  |          | 571,045           |
|     |   |  |          |                   |
|     |   |  |          |                   |