

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA
2b Employer Identification Number (EIN): 59-1707138
2c Plan Sponsor's telephone number: 727-445-1992
2d Business code (see instructions): 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	231
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	164
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	224
6g(2)	0	
6h	13	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA		D Employer Identification Number (EIN) 59-1707138	

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

1 Coverage Information:

(a) Name of insurance carrier

EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	704124	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1345910
c	Additions: (1) Contributions deposited during the year	7c(1) 100964
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 16635
	(4) Transferred from separate account	7c(4) 121
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 117720
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1463630
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 851867
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ TRANSFER TO NEW PLAN	7e(4) 611763
(5) Total deductions	7e(5) 1463630	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA	D Employer Identification Number (EIN) 59-1707138	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PROVISE MANAGEMENT GROUP LLC

611 DRUID RD E, STE 105
CLEARWATER, FL 33756

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	65586	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	45607	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LPL FINANCIAL GROUP

311 PARK PLACE BLVD STE 150
CLEARWATER, FL 33759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	37134	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MORGANSTANLEY

601 CLEVELAND ST, STE 700
CLEARWATER, FL 33755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	28968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAYMOND JAMES

600 CLEVELAND ST STE 1150
CLEARWATER, FL 33755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	28655	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PCS

4010 BOYSCOUT BLVD, STE 450
TAMPA, FL 33607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	28391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MERRILL LYNCH

1 PROGRESS PLAZA, STE 1400
ST PETERSBURG, FL 33701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 28 33	NONE	25492	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FLORIDA RETIREMENT CONSULTANTS

16703 EARLY RISER AVE STE 210
LAND O LAKES, FL 34638

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	13321	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA	D Employer Identification Number (EIN) 59-1707138

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	300	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1534256	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1205858	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	900	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	246055	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22816240	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1345910	0
(15) Other	1c(15)	22419281	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	49568800	0
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	300	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	300	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49568500	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1612255	
(B) Participants.....	2a(1)(B)	1322949	
(C) Others (including rollovers).....	2a(1)(C)	3961822	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6897026
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17532	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17532
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3469776
c Other income	2c		3429771
d Total income. Add all income amounts in column (b) and enter total	2d		13814105

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18100086	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18100086
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		30402
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	13321	
(3) Recordkeeping fees	2i(3)	28391	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	231444	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		273156
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18403644

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4589539
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		44978961

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: **SPOOR BUNCH FRANZ**

(2) EIN: **36-4818378**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1264
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"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2500000
f 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"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m 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"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CARDIOLOGY MANAGEMENT HOLDINGS RETIREMENT PLAN	92-1304219	001

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, MD, PA</u>	D Employer Identification Number (EIN) <u>59-1707138</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-1558009

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703116A.

**Clearwater Cardiovascular and
Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Reissued Financial Statements and
Supplemental Schedules
December 31, 2024 and 2023**

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Table of Contents
December 31, 2024 and 2023

	Page(s)
Reissued Independent Auditor’s Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits.....	5
Notes to the Financial Statements	6 - 13
Supplemental Schedules	
Supplemental Schedule of Assets Held at End of Year.....	15 - 17
Supplemental Schedule of Delinquent Participant Contributions	18



Independent Auditor's Report

To the Trustees and Plan Administrator of
Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Clearwater, Florida

Opinion

We have audited the accompanying reissued financial statements of Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. Restated 401(k) Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the reissued financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. Restated 401(k) Profit Sharing Plan and Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. Restated 401(k) Profit Sharing Plan and Trust 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 audit opinion.

Empasis of Matter

In our report dated October 13, 2025, we issued an unmodified opinion on the 2024 financial statements. Subsequent to that date, Plan management elected to file an amended Form 5500 to reflect the transfer of all Plan assets to another plan as of December 31, 2024, and to report the 2024 Form 5500 as the final return. As a result, the financial statements were revised to include the additional disclosures required, presented in Note 9, to reconcile the financial statements to the amended final Form 5500 for the difference in reporting the transfer of Plan assets. Our opinion on the reissued financial statements is not modified with respect to this matter.

Effective January 1, 2025 (the "Effective Date"), the Plan was merged into the Cardiology Management Holdings Retirement Plan (the "CMH Plan"). As a result of the merger, all assets of the Plan were transferred to the CMH Plan. As of the Effective Date, participants in the Plan became participants in the CMH Plan.

Independent Auditor's Report (continued)

In addition, the previously issued financial statements dated October 13, 2025 were audited and reported on by Spoor Bunch Franz which has merged into Sorren CPAs, P.C. Accordingly, the auditor's report on these reissued financial statements is issued under Sorren CPAs, P.C.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the reissued 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.

In preparing the reissued financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. Restated 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. Restated 401(k) Profit Sharing Plan and Trust's internal control. Accordingly, no such opinion is expressed.

Independent Auditor's Report (continued)

- 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 Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. Restated 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Sorren CPAs P.C.

Sorren CPAs, P.C.

Certified Public Accountants

February 3, 2026

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 42,516,651	\$ 46,442,279
Guaranteed Income Fund, at contract value	611,763	1,345,910
Cash	2,867	300
Receivables		
Employer contribution receivable	1,615,968	1,534,256
Participant contribution receivable	1,292	-
Notes receivable from participants	<u>230,560</u>	<u>246,055</u>
Total assets	<u>44,979,101</u>	<u>49,568,800</u>
Liabilities		
Operating payables	<u>140</u>	<u>300</u>
Total liabilities	<u>140</u>	<u>300</u>
Net assets available for benefits	<u><u>\$ 44,978,961</u></u>	<u><u>\$ 49,568,500</u></u>

See accompanying notes to financial statements

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 5,094,930	\$ 4,766,173
Interest and dividends	1,804,617	1,179,710
	<u>6,899,547</u>	<u>5,945,883</u>
Less: investment expenses	<u>(231,444)</u>	<u>(239,779)</u>
Total investment income	<u>6,668,103</u>	<u>5,706,104</u>
Interest income on notes receivable from participants	<u>17,532</u>	<u>14,429</u>
Contributions:		
Employer contributions	1,612,255	1,532,414
Participant contributions	1,322,949	1,278,050
Rollovers	3,961,822	226,081
Total contributions	<u>6,897,026</u>	<u>3,036,545</u>
Total additions	<u>13,582,661</u>	<u>8,757,078</u>
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	18,130,488	921,837
Administration expenses	41,712	37,800
Total deductions	<u>18,172,200</u>	<u>959,637</u>
Net (decrease) increase	<u>(4,589,539)</u>	<u>7,797,441</u>
Net assets available for benefits:		
Beginning of year	<u>49,568,500</u>	<u>41,771,059</u>
End of year	<u>\$ 44,978,961</u>	<u>\$ 49,568,500</u>

See accompanying notes to financial statements

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan

The following description of the Clearwater Cardiovascular and Interventional Consultants, M.D., P.A. (the Company) Restated 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a Volume Submitter defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established January 1, 1977 and was most recently restated January 1, 2021 to comply with various Internal Revenue Service (IRS) requirements. The Plan covers all non-excluded employees of the Company who have met certain eligibility requirements.

Effective May 1, 2024, the Plan was amended to include Cardiology Management Holdings as a participating employer of the Plan. The amendment also revised the eligibility requirements under the Plan to exclude employees of Cardiology Management Holdings (participating employer) who do not also work for the Company.

Eligibility

Employees of the Company, and effective May 1, 2024, eligible employees of the participating employer who are age twenty-one or older and have completed 1,000 hours of service in any year, are eligible to participate in the Plan at the next entry date. The entry dates are the next January 1 or July 1 after meeting eligibility. Employees of the participating employer which do not also work for the Company, are excluded from participating in the Plan.

Contributions

Participants may elect to contribute, in the form of salary deferrals, up to 100 percent of their annual compensation, not to exceed the regulatory maximum. The Plan allows rollover contributions.

The Company may make discretionary matching, safe harbor and profit sharing contributions to the Plan. The Company's matching contribution is a discretionary percentage of participants' contributions. The matching formula for 2024 and 2023 was 50% of deferrals, not exceeding 6% of compensation. The discretionary profit sharing and 3% safe harbor contributions are allocated to eligible employees based on eligible compensation and participant classification. The discretionary matching, safe harbor and profit sharing contributions are determined annually by the Board of Directors. The Company made matching contributions of \$433,741 and \$408,940 for 2024 and 2023, respectively. The Company made profit sharing contributions of \$649,068 and \$633,330 for 2024 and 2023, respectively. The Company made safe harbor contributions of \$533,159 and \$492,455 for 2024 and 2023, respectively.

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's matching, safe harbor and profit sharing contributions and investment earnings (losses), and charged with an allocation of expenses paid by the Plan. Participants have the ability to direct the investment of their account balance between various mutual funds, a guaranteed income fund, or other investments as self-directed by the participant. Investment earnings and expenses are allocated to each participant's account based on the earnings and expenses relating to their individual investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, Company matching contributions and safe harbor contributions plus earnings thereon. Participants will vest 20% after two years of credited service and an additional 20% each year through the sixth year in which they will be 100% vested in their allocation of Company profit sharing contributions.

Forfeitures

Forfeitures of terminated participants non-vested account balances are applied to reduce the Company's employer profit sharing and safe harbor contributions or pay Plan expenses. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$23,738 and \$3,713, respectively. Forfeitures used to reduce the 2024 and 2023 employer contributions funded in 2025 and 2024 were \$23,738 and \$3,713, respectively.

Notes Receivable from Participants

The Plan allows participants to borrow from the Plan for any purpose. Participants may borrow up to 50% of their vested account balance provided the loan does not exceed \$50,000. Loans must be for a minimum of \$1,000 and are collateralized by the participant's account. The participant may not have more than two loans outstanding at any time. Interest rates are based on the Prime rate plus 1%, and generally must be repaid within five years except if used for the purchase of a principal residence.

Payment of Benefits

Participants are eligible to receive benefits upon termination of service, retirement, disability or death. Distributions will be made in one lump sum payment in cash or, in certain circumstances, in property. The Plan also allows in-service distributions of participant contributions for participants age 59½ or older, profit sharing and matching contributions for participants age 55 or older and hardship withdrawals. In-service distributions of rollover contributions may be made at any time as elected by the participant.

Plan Administration Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements, other expenses are paid by the Plan. Investment expenses and administrative expenses attributed to a particular participant are charged to the participant's account. Company personnel provided administrative services to the Plan at no charge in 2024 and 2023.

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates

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

Contributions

Company contributions are accrued by the Plan when authorized by the Company's Board of Directors. Employee contributions are accrued when wages are paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is based upon the last traded or current bid prices in active markets. Where there are no readily available last traded or current bid prices, fair value estimation procedures are used in determining asset values. These estimation procedures might result in fair values that are different from the values that would exist in a ready market due to the potential subjectivity in the estimates. See Note 4 for a discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gain 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 accrued interest. If any amount remains unpaid beyond the last day of the calendar quarter in which the payment was due, the loan shall be in default. Upon default, the entire principal balance and interest shall become immediately due and payable. If a loan in default remains unpaid at the time a distribution is permitted under the Plan, the participant's vested account balance will be offset by the balance due under the loan.

Payment of Benefits

Benefits are recorded when paid.

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 Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

3. Investments

The Plan entered into a Directed Benefit Custody Agreement and a Directed Employee Benefit Trust Agreement with Charles Schwab Bank.

Participant-directed assets totaling \$27,665,651 and \$25,368,308 as of December 31, 2024 and 2023, respectively, are in various mutual funds, money market funds and a guaranteed income fund held and certified by Charles Schwab Bank. These investments, including bought, sold and held during the year, appreciated in value by \$2,331,219 and \$2,702,307 as certified by Charles Schwab Bank for the years ended December 31, 2024 and 2023, respectively. Interest and dividends from participant directed investments totaled \$1,138,557 and \$714,883 as certified by Charles Schwab Bank for the years ended December 31, 2024 and 2023, respectively.

Self-directed brokerage accounts totaling \$11,316,711 and \$9,510,607 as of December 31, 2024 and 2023, respectively, are in personal choice retirement accounts held and certified by Charles Schwab Bank. These investments, including bought, sold and held during the year, appreciated in value by \$903,953 and \$697,956 as certified by Charles Schwab Bank for the years ended December 31, 2024 and 2023, respectively. Interest and dividends from participant directed investments totaled \$326,621 and \$225,395 as certified by Charles Schwab Bank for the years ended December 31, 2024 and 2023, respectively.

Self-directed accounts totaling \$4,147,627 and \$12,909,574 as of December 31, 2024 and 2023, respectively, are held in individual brokerage or partnership accounts. These investments, including bought, sold and held during the year, appreciated in value by \$1,859,757 and \$1,365,912 for the years ended December 31, 2024 and 2023, respectively. Interest and dividends from participant directed investments totaled \$339,439 and \$239,433 for the years ended December 31, 2024 and 2023, respectively.

The only non-participant directed investments are forfeitures which are invested in the money market fund at December 31, 2024 and 2023.

See Note 5 regarding the Guaranteed Income Fund and related restrictions on transfers and distributions.

4. Fair Value Measurements

GAAP provides a framework for measuring fair value and has established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. The level is based on the lowest level of any input that is significant to the fair value measurement.

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

4. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in methodologies used in 2024 and 2023.

Money market funds – The fair value is based on quoted net asset values of the shares held by the Plan at year end.

Mutual funds – The fair value is based on quoted net asset values of the shares held by the Plan at year end.

Self-directed brokerage accounts – Accounts primarily consist of mutual funds and common stocks that are valued based on quoted prices in active markets.

Limited partnerships – The fair values of the other investments are based on book values, recent sales activity, the estimated values of the underlying assets and independent appraisals or other observable or unobservable inputs.

The following tables set forth by level within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023.

	2024			
	Fair Value Measurements Using:			Fair Value
	Level 1	Level 2	Level 3	
Mutual funds	\$ 26,039,545	\$ -	\$ -	\$ 26,039,545
Money market funds	1,011,476	-	-	1,011,476
Self-directed brokerage accounts	15,459,735	-	4,995	15,464,730
Limited partnerships	-	-	900	900
Investments at fair value	<u>\$ 42,510,756</u>	<u>\$ -</u>	<u>\$ 5,895</u>	<u>\$ 42,516,651</u>

	2023			
	Fair Value Measurements Using:			Fair Value
	Level 1	Level 2	Level 3	
Mutual funds	\$ 22,816,240	\$ -	\$ -	\$ 22,816,240
Money market funds	1,205,858	-	-	1,205,858
Self-directed brokerage accounts	22,414,286	-	4,995	22,419,281
Limited partnerships	-	-	900	900
Investments at fair value	<u>\$ 46,436,384</u>	<u>\$ -</u>	<u>\$ 5,895</u>	<u>\$ 46,442,279</u>

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

5. Guaranteed Income Fund – Investment Contract with Insurance Company

Effective December 8, 2016, the Plan executed a group annuity contract (Contract) with Prudential Retirement Insurance and Retirement Company to invest contributions in the Guaranteed Income Fund (Fund), a fully benefit responsive investment contract. In April 2022, Empower Annuity Insurance Company of America acquired Prudential Financial, Inc.'s retirement business, and in October 2022, Prudential Retirement Insurance and Retirement Company was renamed Empower Annuity and Insurance Company of America (Empower). Empower maintains the contributions to this Fund in a general account, which is credited with interest on the underlying investments and charged for participant withdrawals and fees. The credited interest rate is declared semi-annually and guaranteed during each six month period. The annual average declared interest rate was 2.07% and 1.95% during 2024 and 2023, respectively.

Contract value represents contributions and reinvested income, less any withdrawals plus accrued interest. Under this contract participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value within reasonable timeframes. The repayment of principal and interest credited to participants is a financial obligation of the issuer. Given these provisions, the contract is considered to be benefit responsive.

Transfers and distributions may be deferred under certain circumstances as outlined in the Contract. Transfers between the Fund and a competing fund, as defined in the Contract, may only occur after the transferred amount is first transferred to a non-competing fund for at least ninety days. Also, transfers may be deferred for ninety days, or if later, January 1 following the date the limitation is invoked, if the total of all transfers and distributions during the calendar year exceed 25% of the total Fund assets as of January 1 of that calendar year. In addition, transfers of contributions during a calendar year may be deferred if all transfers and distributions within the same calendar year exceed 10% of total Fund assets on January 1 of the calendar year of the transfer. However, distributions for retirement, termination, death, or disability are not subject to the 10% limitation. Interest will continue to be credited during all deferral periods. Investor transfers may be restricted up to thirty days in the event of excessive investor trading.

Empower has the right under the Contract to terminate the Contract for breach of contract or if the contract is no longer commercially desirable upon thirty day written notice. The Guaranteed Income Fund investment option may be terminated by Empower with ninety days' notice. The Plan may terminate the Contract at any time with written notice. Disbursements upon termination will generally be within ninety days. All disbursements upon termination will be at contract value.

6. Income Tax Status

Effective January 1, 2021, the Employer adopted the Hill Ward & Henderson, P.A. Pre-Approved Defined Contribution Plan. The pre-approved Plan obtained an opinion letter dated June 30, 2020, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

6. Income Tax Status (continued)

In order to maintain a qualified cash or deferred arrangement under the IRS regulations, the Plan must satisfy the 401(k) non-discrimination requirements each year, which limit the percentage of compensation that can be contributed by highly compensated employees, as defined in the Code, relative to the percentage of compensation contributed by non-highly compensated employees. The non-discrimination requirements were satisfied for both 2024 and 2023.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

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

8. Related Party and Party-In-Interest Transactions

Certain Plan investments are held by Charles Schwab Bank, the custodian and trustee, and therefore, these transactions are considered party-in-interest transactions. Fees paid to Charles Schwab were \$45,607 and \$40,848 for the years ended December 31, 2024 and 2023, respectively.

Charles Schwab receives revenue from the underlying mutual funds. Such revenue received from the underlying funds may be used to compensate other service providers of the Plan, and to offset annual custody fees.

9. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 44,978,961	\$ 49,568,500
Transfer of assets to other plan per Schedule H, line 2l(2)	<u>(44,978,961)</u>	<u>-</u>
Net assets available for benefits per Schedule H, line 11	<u>\$ -</u>	<u>\$ 49,568,500</u>

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

10. Prohibited Transactions

For the Plan year 2024, the Employer did not remit certain participant contributions to the trustee in a timely manner based on when the participant contributions were withheld from participant paychecks as required under Department of Labor Regulation 29 CFR 2150.3-102. In recognition of its responsibility in this matter, the Employer calculated and has elected to make contributions to the participants' accounts to compensate for estimated lost income of \$28 for 2024. Participant contributions transferred late to the Plan totaling \$1,264 have been fully corrected as of the day of financial statement issuance.

11. Subsequent Events

The Plan's management has evaluated events occurring subsequent to year-end through February 3, 2026, the date the financial statements were available to be issued, for financial reporting and disclosure purposes. Plan management identified the following subsequent event:

Effective January 1, 2025, the Plan merged into Cardiology Management Holdings Retirement Plan (CMH Plan); accordingly, all Plan assets were transferred and assigned to the CMH Plan as of that date.

Supplemental Schedules

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Supplemental Schedule of Assets Held at End of Year
December 31, 2024

Schedule H, Line 4i

Employer identification number : 59-1707138

Plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Charles Schwab	Treasury Obligations Money Fund	**	\$ 987,738
*	Charles Schwab	Treasury Obligations Money Fund	\$ 23,738	23,738
	Allspring	Precious Metals Ist	**	6,733
	American Century	Small Cap Growth R6	**	170,027
	American Funds	American Balanced R6	**	4,672,041
	American Funds	US Government Sec R6	**	55,583
	American Funds	New Perspective R6	**	763,374
	BlackRock	High Yield Bond Instl	**	453,044
	BlackRock	Inflation Protected Bond Instl	**	405,518
	Carillon Eagle	Mid Cap Growth R6	**	399,297
	Cohen & Steers	Real Estate Securities A	**	193,702
	Fidelity	Advisor Total Bond Z	**	371,921
	First Eagle	Global A	**	19,207
	Franklin	Utilities Fund Class A	**	113,527
	Janus Henderson	Developed World BD I	**	27,496
	Janus Henderson	Global Life Sciences I	**	445,253
	JPMorgan	Core Plus Bond R6	**	431,179
	JPMorgan	Emerging Markets Equity R6	**	33,276
	Northern	Mid Cap Index	**	971,473
	TIAA-CREF	International Eq Idx Instl	**	499,054

* Denotes exempt party-in-interest.

** Cost omitted for participant directed funds.

See accompanying independent auditor's report on pages 1 - 3

Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Supplemental Schedule of Assets Held at End of Year (continued)
December 31, 2024

Schedule H, Line 4i

Employer identification number : 59-1707138

Plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price	Financial Services Fund	**	\$ 6,762
	T. Rowe Price	All- Cap Opportunities - 1	**	1,119,691
	Vanguard	Energy Index Admiral	**	279,652
	Vanguard	Information Technology Ind Adm	**	864,620
	Vanguard	Mid Cap Value Index Admiral	**	258,591
	Vanguard	Short-Term Investment-Grade Inv	**	714,432
	Vanguard	Small Cap I	**	647,930
	Vanguard	Small Cap Value Index Admiral	**	285,666
	Vanguard	Target Retirement Income Inv	**	193,343
	Vanguard	Target Retirement 2020 Inv	**	250,619
	Vanguard	Target Retirement 2025 Inv	**	247,313
	Vanguard	Target Retirement 2030 Inv	**	1,653,535
	Vanguard	Target Retirement 2035 Inv	**	241,642
	Vanguard	Target Retirement 2040 Inv	**	2,610,242
	Vanguard	Target Retirement 2045 Inv	**	416,710
	Vanguard	Target Retirement 2050 Inv	**	1,294,226
	Vanguard	Target Retirement 2055 Inv	**	242,891

* Denotes exempt party-in-interest.

** Cost omitted for participant directed funds.

See accompanying independent auditor's report on pages 1 - 3

**Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
Restated 401(k) Profit Sharing Plan and Trust
Supplemental Schedule of Assets Held at End of Year (continued)
December 31, 2024**

Schedule H, Line 4i

Employer identification number : 59-1707138

Plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Target Retirement 2060 Inv	**	\$ 41,415
	Vanguard	Value Index Admiral	**	223,455
	Vanguard	500 Index Admiral	**	4,415,105
	Empower Annuity Insurance Company	Guaranteed Income Fund	**	611,763
	Equity Trust Company	Limited Partnership	**	900
	Various	Participant Directed Brokerage Account Eligible Assets (c15)	**	15,464,730
	Participant loans	4.25% - 9.5%, principal and interest payable bi-weekly, mature 2025-2034, secured by participants' vested accrued benefits	-	230,560
	Total			<u>\$ 43,358,974</u>

* Denotes exempt party-in-interest.

** Cost omitted for participant directed funds.

See accompanying independent auditor's report on pages 1 - 3

**Clearwater Cardiovascular and Interventional Consultants, M.D., P.A.
 Restated 401(k) Profit Sharing Plan and Trust
 Supplemental Schedule of Delinquent Participant Contributions
 December 31, 2024**

Schedule H, line 4a

Employer identification number: 59-1707138

Plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>				
Participant Contributions Transferred Late to Plan for Plan Year 2024	\$ -	\$ 1,264	\$ -	\$ -

See accompanying independent auditor's report on pages 1 - 3