

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
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 ATLANTIC ORTHODONTICS 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2018
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BRIANNE C. DESANTIS, DMD, MS, PL 106 NORTH OLD KINGS ROAD, SUITE C ORMOND BEACH, FL 32174	2b Employer Identification Number (EIN) 26-0536901
		2c Sponsor's telephone number 386-672-4981
		2d Business code (see instructions) 621210
3a	Plan administrator's name and address ☒ 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
5a	Total number of participants at the beginning of the plan year	5a 9
b	Total number of participants at the end of the plan year	5b 10
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1) 5
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2) 5
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 8
d(2)	Total number of active participants at the end of the plan year	5d(2) 9
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	BRIANNE C. DESANTIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	227910	316563
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	227910	316563
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	16102	
(2) Participants	8a(2)	33453	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	45667	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		95222
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	6569	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6569
i Net income (loss) (subtract line 8h from line 8c)	8i		88653
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		31656
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		46
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.....		☐ Yes ☒ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....		11a
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.		☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year		12b
c Enter the amount contributed by the employer to the plan for this plan year		12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		☐ Yes ☐ No ☐ N/A
Part VII Plan Terminations and Transfers of Assets		
13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year.....		13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII IRS Compliance Questions		
14a 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		
14b 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		
15 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703912A</u> .		

Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan		OMB No. 1545-0046 1210-0086	
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 504 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).			
Treasury of Labor Employees Benefit Security Administration		This Form is Open to Public Inspection			
Private Benefit Security Corporation		Complete all entries in accordance with the instructions to the Form 5500-SF.			
Part I Annual Report Identification Information					
For calendar year 2025 or fiscal year beginning 01/01/2025 and ending 12/31/2025					
A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MB. Other plans must attach a list of participating employer information in accordance with the form instructions.)					
B This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the first return/report ☐ a second year return/report (two lines 12 months)					
C Check box if filing under: ☐ ERISA ☐ ERISA ☐ automatic extension ☐ ERISA program ☐ special extension (enter description)					
D If the plan is a collectively bargained plan, check here ☐					
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 ATLANTIC ORTHODONTICS 401(K) PLAN		1b Three-digit plan number 001		1c Effective date of plan 01/01/2018	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, territory, and ZIP or foreign postal code (if foreign, see instructions) BRIANNE C. DESANTIS, DMD, MS, PL 106 NORTH OLD KINGS ROAD, SUITE C OPAKOHO WAICHA PL 20174		2b Employer Identification Number (EIN) 26-0536901		2c Sponsor's telephone number 386-672-4981	
3a Plan administrator's name and address ☒ 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, list for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Previous name c Plan Name		4b EIN		4c PIN	
5a Total number of participants at the beginning of the plan year.....		5a		9	
b Total number of participants at the end of the plan year.....		5b		10	
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....		5c(1)		5	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		5c(2)		5	
d(1) Total number of active participants at the beginning of the plan year.....		5d(1)		5	
d(2) Total number of active participants at the end of the plan year.....		5d(2)		5	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e		0	
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 after penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.					
SIGNATURE OF PLAN ADMINISTRATOR BRIANNE C. DESANTIS		DATE 11-13-2025		SIGNATURE OF INDIVIDUAL SIGNING AS PLAN ADMINISTRATOR	
SIGNATURE OF EMPLOYER/PLAN SPONSOR		DATE		SIGNATURE OF INDIVIDUAL SIGNING AS EMPLOYER OR PLAN SPONSOR	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QCPA) under 26 CFR 5500-101-10? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see LHMCA section 4023)? ☐ Yes ☐ No ☐ Not determinable
- If "Yes" is checked, enter the MRA coordination number from the PBGC premium filing for this plan year: _____ (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	227,910	316,563
b Less plan expenses	7b	0	
c Net plan assets (adjusted (line 7a from line 7a))	7c	227,910	316,563
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employer	8a(1)	16,102	
(2) Participants	8a(2)	33,453	
(3) Loans (insurance premiums)	8a(3)		
b Other income (loss)	8b	45,667	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		95,222
d Investment gain (loss) (including interest income and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative expenses (including salaries, fees, compensation)	8f	6,569	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6,569
i Net income (loss) (subtract line 8h from line 8c)	8i		88,653
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 25 26 27 28 29
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Were there any failures to transmit to the plan any participant contributions within the time period described in 26 CFR 5500-102-10? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Correction Program.)	10a	X	
b Were there any nonexempt transactions with any cash-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fiduciary bond?	10c	X	31,650
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or compensation paid to any brokers, agents, or other persons by an investment carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	46
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 26 CFR 5500-101-3.)	10h	X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice specified under 26 CFR 5500-101-3.	10i		

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every aspect of their operations, from procurement to sales, to ensure that all data is captured and stored securely.

2. The second part of the document addresses the challenges of data management in a rapidly changing environment. It highlights the need for flexible and scalable solutions that can adapt to new technologies and evolving business requirements. The author argues that organizations must invest in training and development to ensure that their staff are equipped with the skills necessary to manage complex data sets effectively.

3. The third part of the document focuses on the importance of data security and privacy. It discusses the various risks associated with data breaches and the potential consequences for an organization's reputation and financial stability. The text provides a comprehensive overview of best practices for data protection, including the use of encryption, access controls, and regular security audits.

4. The fourth part of the document explores the role of data in decision-making and strategic planning. It argues that data-driven insights are crucial for identifying trends, opportunities, and risks. The author suggests that organizations should leverage advanced analytics tools to extract meaningful information from their data, enabling them to make more informed decisions and develop more effective strategies.

5. The fifth part of the document discusses the importance of data governance and compliance. It outlines the key principles of data governance, such as transparency, accountability, and fairness, and provides a detailed overview of the regulatory requirements that organizations must adhere to. The text emphasizes that a strong data governance framework is essential for ensuring that data is used responsibly and in compliance with applicable laws and regulations.

Part VI Plan Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (only only use lines 11a and 11b). If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.) ☐ Yes ☒ No
- a** Enter the unpaid minimum required contributions for all years from Schedule SB Form 5500 (line 4b) 11a
- b** PRIC self-insured contribution requirements. If the plan is covered by PRIC and the amount reported on line 11a is greater than \$0, has PRIC been notified as required by ERISA sections 4043(d)(5) and/or 303(n)(4)? Check the applicable box:
- ☐ Yes.
- ☐ No. Rerolling 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 notice referred to in 29 CFR 4043.25(c)(2) has not yet expired, 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: _____

- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete lines 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave this line blank and complete line 11 above. ☐ Yes ☒ No
- a** 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 letter ruling granting the waiver: _____ Month _____ Day _____ Year _____
- b** Enter the minimum required contribution for this plan year: 12b
- c** Enter the amount contributed by the employer to the plan for this plan year: 12c
- d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount): 12d
- e** Was the minimum funding amount reported on line 12c at least by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

- 13a** Has a decision to terminate the plan been adopted in any plan year? ☐ Yes ☒ No
- a** If "Yes," enter the amount of any plan assets that reverted to the employer this year: 13a
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PROCP? ☐ Yes ☒ No
- c** 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):
- | 13c(1) Name of plan(s) | 13c(2) EIN(s) | 13c(3) P/N(s) |
|------------------------|---------------|---------------|
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Part VIII IRS Compliance Questions

- 14a** Does the plan satisfy the requirements of nondiscrimination tests of Code sections 401(b) and 408(a)(2) by establishing this plan with any other plans under the same employer? ☐ Yes ☒ No
- 14b** If this is a Code section 408(a)(2) 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(a)(3) and 408(a)(2):
- ☒ Design-based safe harbor method.
- ☐ "Prior year" ADP test.
- ☐ "Current year" ADP test.
- ☐ N/A.
- 15** If the plan sponsor is an employer or a pre-approved plan that received a favorable IRS Letter Ruling, enter the date of the Letter Ruling: 5/6/20/2020 (MM/DD/YYYY) and the Opinion Letter serial number: 0703912.A.

