Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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 multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1993

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)
ORLANDO HEALTH

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

2b Employer Identification Number (EIN)
92-3479126

2c Plan Sponsor's telephone number
813-780-8774

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JOE DELATORRE
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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 OHI WEST MEDICAL GROUP II LLC

c Plan Name FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

4b EIN 92-3479126

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	2650
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	**6a(1)**	1866
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	874
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	880
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f	Total. Add lines **6d** and **6e**.	**6f**	886
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2500
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	886
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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 Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached 0
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ORLANDO HEALTH

D Employer Identification Number (EIN)
92-3479126

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

STRATEGIC ADVISERS LLC

04-2654524

(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	ADVISOR	83322	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	58971	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPFINANCIAL PARTNERS, LLC.

26-0058143

(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	INVESTMENT ADVISOR	55000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

RIVERO, GORDIMER, & COMPANY PA

59-3040705

(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?
10	ACCOUNTANT/AUDITOR	45455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
C&S INST REALTY SHS - SS&C GIDS, I 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IMAN FUND RETAIL SHARES 721 ENTERPRISE DR OAKBROOK, IL 60523	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEMICONDUCTOR ULTRA SECTOR PRO FD	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ORLANDO HEALTH

D Employer Identification Number (EIN)
92-3479126

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

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2060 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-1088316-001	C	3247047

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4139822-616	C	2458516

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2040 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941729-001	C	16061846

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2065 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-1763138-001	C	1113943

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	12978223

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2010 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6199795-001	C	261537

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2015 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941654-001	C	396795

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2020 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7594871-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3982999

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2050 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12070690

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2055 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6697101

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2045 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9293104

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE BAL K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7011316-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1363366

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2025 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 37-6495447-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8144223

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2030 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7010946-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10052645

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2035 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15354147

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ORLANDO HEALTH

D Employer Identification Number (EIN)
92-3479126

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11015264	0
(2) Participant contributions	1b(2)	242594	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10817964	16361740
(2) U.S. Government securities	1c(2)	91912	103676
(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)	2095867	3300535
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1458524	460388
(9) Value of interest in common/collective trusts	1c(9)	14721315	103476182
(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)	273524537	176869734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	34616	18579

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	314002593	300590834
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	314002593	300590834

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	588178	
(B) U.S. Government securities	2b(1)(B)	4093	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	84788	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		677059
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	7645	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11634759	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11642404
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	14665598	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14346150	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		319448
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	123124	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		123124

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7244311
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		24018591
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		44024937
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56619499	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		56619499
f Corrective distributions (see instructions)	2f		6057
g Certain deemed distributions of participant loans (see instructions)	2g		570380
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	56983	
(4) IQPA audit fees	2i(4)	45455	
(5) Investment advisory and investment management fees	2i(5)	83322	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	55000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		240760
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		57436696
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-13411759
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: RIVERO GORDIMER & COMPANY PA **(2)** EIN: 59-3040705

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**	X		3208
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FLORIDA MEDICAL CLINIC, LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ORLANDO HEALTH

D Employer Identification Number (EIN)
92-3479126

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** |

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): 04-6568107

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 Q702438A .

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

FLORIDA MEDICAL CLINIC, LLC
401(k) PLAN AND TRUST

December 31, 2025

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RIVERO, GORDIMER & COMPANY, P.A.

CPAS AND ADVISORS

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Herman V. Lazzara
Sam A. Lazzara
Kevin R. Bass
Jonathan E. Stein
Stephen G. Douglas
Brooke B. Dawson
Marc D. Sasser, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)
Michael E. Helton
James K. O'Connor
David M. Bohnsack
Julie A. Davis
Karl N. Swan
Dennis A. Paleveda

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees and Participants of Florida Medical Clinic, LLC
401(k) Plan and Trust

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

We have performed audits of the accompanying financial statements of Florida Medical Clinic, LLC 401(k) Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

One Tampa City Center • 201 N. Franklin St., Suite 2200 • Tampa, Florida 33602 • 813-875-7774 fax 813-874-6785 • www.rgcocpa.com

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal controls. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter —Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year), as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedule that agreed

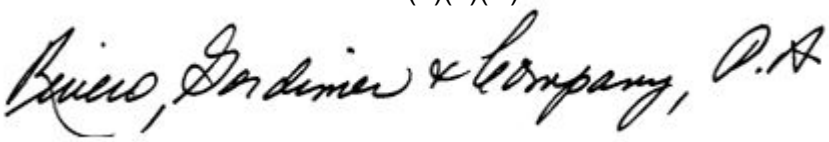
to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Tampa, Florida
October 13, 2026

Florida Medical Clinic, LLC
401(k) Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments, at fair value	$ 300,130,446	$ 301,286,211
Receivables		
Employer contributions	-	11,015,264
Participant contributions	-	242,594
Notes receivable from participants	460,388	1,458,524
	460,388	12,716,382
Total assets	300,590,834	314,002,593
LIABILITIES		
Benefit claims payable	-	-
Total liabilities	-	-
Net assets available for benefits at fair value	$ 300,590,834	$ 314,002,593

The accompanying notes are an integral part of these statements.

Florida Medical Clinic, LLC
401(k) Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2025

Additions to net assets attributed to	
Investment income	
Net appreciation and other gains/losses in value of investments	$ 31,705,474
Dividends	11,642,404
Interest income	592,271
Total investment income	43,940,149
Interest income on notes receivable from participants	84,788
Total additions	44,024,937
Deductions from net assets attributed to	
Benefits paid directly to participants or beneficiaries	56,619,499
Deemed distributions	570,380
Corrective distributions	6,057
Investment advisory and management fees	83,322
Administrative and other fees	157,438
Total deductions	57,436,696
Net decrease	(13,411,759)
Net assets available for benefits at beginning of year	314,002,593
Net assets available for benefits at end of year	$ 300,590,834

The accompanying notes are an integral part of this statement.

Florida Medical Clinic, LLC
401(k) Plan and Trust

NOTES TO FINANCIAL STATEMENTS

December 31, 2025

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Florida Medical Clinic, LLC 401(k) 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.

1. General

The Plan is a defined contribution plan covering all full-time employees of Florida Medical Clinic, LLC (the "Company") who have completed two months of service and are age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The plan sponsor Florida Medical Clinic, LLC was acquired by the OHI West Medical Group II, LLC during 2023. Accordingly, the Plan was amended to reflect a change in the plan sponsor, and OHI West Medical Group II, LLC became the Plan sponsor on August 1, 2023.

The Plan was frozen effective January 1, 2025. Consequently, Plan participants cannot make contributions, initiate loans, and distributions have varying restrictions.

2. Contributions

Through 2024, employer contributions could be made to the profit sharing trust fund in amounts determined by the Company's Board of Directors. There is no obligation on the part of the employer to make a contribution for any year, beyond the 3% safe harbor provision.

Through 2024, all employees who became participants in the Plan were eligible to make salary reduction contributions up to the lesser of 60% of their compensation or the maximum amount allowed by the Internal Revenue Code. Employees could also designate a portion or all of the deferral contributions as Roth 401(k) contributions that are includable in the participant's gross income at the time deferred. The employer could make matching contributions equal to a discretionary percentage, to be determined by the employer, of the participants' contributions. The Plan also has a 3% safe harbor provision. Accordingly, all participants are fully vested in the first 3% of all employer discretionary contributions. See Note A4 for more information on vesting.

As of January 1, 2025, the Plan was frozen and employees were not permitted to make contributions to the plan.

1. Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's contribution, (2) plan earnings, and (3) forfeitures of terminated participants' non-vested accounts. Participants' accounts are kept separately from employer contribution and salary reduction contribution allocations.

NOTE A - DESCRIPTION OF THE PLAN - Continued

The Company's matching contributions, if any, are allocated in proportion to each participant's elective contribution.
The Company's non-elective contributions, if any, are allocated based on a participant's allocation group and the ratio of the participant's compensation to the compensation of other members of the participant's allocation group.

Plan earnings are allocated by the Plan trustee based on the investments contained in each participant's account.

2. Vesting

Participants were immediately 100% vested in their salary reduction contributions and 100% vested in employer safe harbor contributions. The vested portion of any participant's Discretionary Employer Contributions Account and Matching Employer Contributions Account is determined according to a graduated scale based on years of continuous service as follows:

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

Effective January 1, 2025, the Plan was frozen and the participants' vesting schedules were impacted based on years of service and other factors as described below:

Participants who terminated employment with the Company prior to the Plan freeze January 1, 2025, remain subject to the vesting schedule based on their years of service. Participants who became employees of OHI West Medical Group II, LLC, remained participants and became fully vested in their account balances.

3. Payment of Benefits

A participant who retires or becomes disabled will be paid the benefit, to which they are entitled, in one lump sum payment unless installment payments are elected. If the participant is deceased, their beneficiaries will be paid the entitled benefits in one lump sum payment unless installment payments are elected. Terminated participants will share in allocations of earnings/losses under the Plan until such time as a distribution is made. Benefits are recorded when paid.

NOTE A - DESCRIPTION OF THE PLAN - Continued

4. Forfeitures

As of December 31, 2025 and 2024, forfeited non-vested accounts approximated $191,000 and $106,000, respectively. These accounts will be utilized once the plan is unfrozen or used to pay administrative costs.

5. Plan Termination

Effective January 1, 2025, the Plan was frozen and no further contributions were permitted. The Company has the right to terminate the Plan at any time subject to the provisions of ERISA. As of the auditor's report date, no termination date has been determined by the Plan Sponsor.

6. Participants' Benefits

Some Plan participants have terminated employment with the Company but had vested balances in the Plan at December 31, 2025 and 2024. These unpaid benefits approximated $54,786,863 and $49,759,516 at December 31, 2025 and 2024, respectively. There were no participants who requested benefit payments who were not yet paid at December 31, 2025 and 2024, respectively.

Participants who became employees of OHI West Medical Group II, LLC on January 1, 2025, generally may not receive distributions from the Plan until attainment of age 59½ or termination of employment with OHI West Medical Group II, LLC.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value in accordance with ASC 820. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end. The investment in the common/collective trust fund ("CCT") is stated at fair value, as determined by the issuer of the CCT based on the fair value of the underlying investments using net asset value as a practical expedient. CCTs with underlying investments in investment contracts are valued daily at value of the underlying investments.

In accordance with Financial Accounting Standards Board (FASB), fully benefit-responsive investment contracts are presented at contract value. However, when CCTs hold fully benefit-responsive investment contracts, the plan's investment in the CCT is not considered a fully benefit-responsive investment contract and are reported at fair value. As such, the Plan's investment in the CCT described in Note D is reported at fair value.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Purchases and sales of all plan securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net gains or losses on the disposal of investments and changes in the current value of investments are reported in the statement of changes in net assets available for benefits as a net appreciation or depreciation in fair value of investments.

2. Notes Receivable from Participants

Notes receivable from participants are recorded at amortized cost based on unpaid principal balance, plus any accrued interest. This valuation method is considered a good faith approximation of fair value. Generally, participants may take a loan at the lesser amount of (a) $50,000 or (b) up to one-half of their vested balance. Interest is charged on amounts outstanding with fixed interest rates ranging between 4.25% and 9.50%.

A note receivable from participants is considered in default if there is an outstanding principal balance existing after the last scheduled re-payment date. At December 31, 2025, there were no notes receivable in default that were not yet deemed distributions. There is no allowance for credit losses deemed necessary at December 31, 2025 or 2024.

No new participant loans were issued during 2025 due to the frozen status of the Plan. Existing loan balances remain outstanding and are administered by Fidelity, with repayments made directly by participants or, where applicable, satisfied through participant distribution activity.

3. Plan Expenses

The Plan and the employer share the administrative expenses related to the Plan.

4. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosure. Actual results could differ from those estimates and such differences could be material.

5. Concentration of Credit Risk

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 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.

NOTE C - INVESTMENTS

The Plan adheres to the provisions of Financial Accounting Standards Board, Accounting Standards Codification 820 ("FASB ASC 820"). FASB ASC 820 establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement), a middle priority to quoted prices for similar assets or liabilities (Level 2 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024:

Mutual funds: Valued at the net asset value of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer. (Level 1)

Common/collective trust: Valued by the issuer of the common/collective trust fund based on the net asset value per share of the underlying investments. Common/collective trust funds with underlying investments in investment contracts are valued at net asset value of the underlying investments using the practical expedient method and are not leveled in the fair value hierarchy.

Government securities: Valued at the quoted market price of the issuer (Level 1).

Interest bearing cash: Valued at amortized cost which approximates fair value (Level 1).

Common stock: Valued at quoted market prices of the issuer (Level 1).

Equity option contracts: Valued at quoted market prices of the issuer (Level 1).

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

NOTE C - INVESTMENTS - Continued

The following tables present financial assets measured at fair value on a recurring basis as of:

December 31, 2025	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common/collective trust	$ 103,476,182	$ -	$ -	$ -
Interest-bearing cash	16,361,740	16,361,740	-	-
Mutual funds	176,869,734	176,869,734	-	-
Government securities	103,676	103,676	-	-
Common stock	3,300,535	3,300,535	-	-
Equity option contracts	18,579	18,579	-	-
Total investments	$ 300,130,446	$ 196,654,264	$ -	$ -

December 31, 2024	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Common/collective trust	$ 14,721,315	$ -	$ -	$ -
Interest-bearing cash	10,817,964	10,817,964	-	-
Mutual funds	273,524,537	273,524,537	-	-
Government securities	91,912	91,912	-	-
Common stock	2,095,867	2,095,867	-	-
Equity option contracts	34,616	34,616	-	-
Total investments	$ 301,286,211	$ 286,564,896	$ -	$ -

NOTE C - INVESTMENTS - Continued

The Company follows ASU 2015-07 - Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) which does not require the Plan to place certain investments in the fair value hierarchy that are valued using a net asset value model.

The following tables present financial assets measured using the net asset value of shares using the practical expedient method, as of:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	$ 103,476,182	$ -	Daily	-
Total	$ 103,476,182	$ -		

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	$ 14,721,315	$ -	Daily	-
Total	$ 14,721,315	$ -		

The Plan's investments appreciated in value during the year ended December 31, 2025 as follows:

Mutual funds	$ 24,018,591
Gain on sale of assets	319,448
Common/collective trust	7,244,311
Common stock	123,124
Net appreciation	$ 31,705,474

The gain on sale of assets is comprised of proceeds of $14,665,598 and cost/carrying amount of $14,343,150.

NOTE D - COMMON/COLLECTIVE TRUST

The Fidelity Managed Income Portfolio Class I (the "Fund") is a common/collective trust sponsored by Fidelity. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant NAV of $1 per unit.

NOTE D - COMMON/COLLECTIVE TRUST - Continued

Distributions to the Fund's unit holders are declared daily from the net investment and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of $1 per unit, although there is no guarantee that the Fund will be able to maintain this value.

The Fund invests in fully benefit-responsive investment contracts issued by insurance companies and other financial institutions ("Contracts"), fixed income securities, and money market funds. Under the terms of the Contracts, the assets of the Fund are invested in shares of money market funds and in fixed income securities (which may include, but are not limited to, U.S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and collective investment vehicles and shares of investment companies that invest primarily in fixed income securities). The Fund may also invest in futures contracts, option contracts, and swap agreements.

Fidelity Management Trust Company, as investment manager and trustee of the Fidelity Group Trust for Employee Benefit Plans, has claimed an exemption from registration under the Commodity Exchange Act and is not subject to registration or regulation under the Act. At the time of purchase, all Contracts and securities purchased for the fund must satisfy the credit quality standards specified in the Declaration of Separate Fund.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that affect its ability to transact at contract value, as described in the following paragraphs. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable.

Limitations on the Ability of the Fund to Transact at Contract Value:

Restrictions on the Plan - Participant-initiated transactions are those transactions allowed by the Plan, including withdrawals for benefits, loans, or transfers to noncompeting funds within a plan, but excluding withdrawals that are deemed to be caused by the actions of the Plan Sponsor. The following employer-initiated events may limit the ability of the Fund to transact at contract value:

- A failure of the Plan or its trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA

NOTE D - COMMON/COLLECTIVE TRUST - Continued

- Any communication given to Plan participants designed to influence a participant not to invest in the Fund or to transfer assets out of the Fund

- Any transfer of assets from the Fund directly into a competing investment option

- The establishment of a defined contribution plan that competes with the Plan for employee contributions

- Complete or partial termination of the Plan or its merger with another plan

Circumstances that Impact the Fund - The Fund invests in assets, typically fixed income securities or bond funds, and enters into "wrap" contracts issued by third parties. A wrap contract is an agreement by another party, such as a bank or insurance company to make payments to the Fund in certain circumstances. Wrap contracts are designed to allow the Fund to maintain a constant NAV and protect the Fund in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay the Fund the difference between the contract value and the market value of the underlying assets once the market value has been totally exhausted.

The wrap contracts generally contain provisions that limit the ability of the Fund to transact at contract value upon the occurrence of certain events. These events include:

- Any substantive modification of the Fund or the administration of the Fund that is not consented to by the wrap issuer

- Any change in law, regulation, or administrative ruling applicable to a Plan that could have a material adverse effect on the Fund's cash flow

- Employer-initiated transactions by participating plans as described above

In the event that wrap contracts fail to perform as intended, the Fund's NAV may decline if the market value of its assets decline. The Fund's ability to receive amounts due pursuant to these wrap contracts is dependent on the third-party issuer's ability to meet their financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain wrap contracts covering all of its underlying assets. This could result from the Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. Wrap contracts are not transferable and have no trading market. There are a limited number of wrap issuers. The Fund may lose the benefit of wrap contracts on any position of its assets in default in excess of a certain percentage of portfolio assets.

NOTE E - TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated June 30, 1999, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

During 2025, the Plan failed to distribute required minimum distributions of $3,208 to participants when due. The plan administrator has corrected the missed distributions in accordance with applicable Internal Revenue Service correction procedures.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE F - TRUSTEE CERTIFICATION (UNAUDITED)

Fidelity Management Trust Company ("Fidelity") has certified the investment balances, including the related income and allocations as being complete and accurate under CFR 2520.103-8 of the Employee Retirement Income Security Act of 1974 for the balances presented as of December 31, 2025 and 2024 and for the year ended December 31, 2025. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to be complete and accurate by the respective Trustee as of December 31,:

	2025	2024
Investment, at fair value		
Common / collective trust	$ 103,476,182	$ 14,721,315
Interest bearing-cash	$ 16,361,740	$ 10,817,964
Mutual funds	$ 176,869,734	$ 273,524,537
Government securities	$ 103,676	$ 91,912
Common stock	$ 3,300,535	$ 2,095,867
Equity option contracts	$ 18,579	$ 34,616
Investment Income		
Net appreciation in fair value of investments	$ 31,705,474	
Dividends	$ 11,642,404	
Interest	$ 592,271	

NOTE G - INVESTMENT OPTIONS

A participant could direct all contributions in several investment options. Effective January 1, 2025, the investment selections were frozen as a result the plan amendment. See pages 22 - 25.

NOTE H - ADMINISTRATION OF PLAN ASSETS/PARTIES-IN-INTEREST

Fidelity holds the Plan's assets. As Plan trustee, Fidelity provides recordkeeping services for the Plan and charges certain fees. Company contributions are managed by the trustee who invests cash received, interest and dividend income, and makes distributions to participants and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by plan participants for investment services are included as a reduction of the return earned. During the year ended December 31, 2025, the Plan paid investment service fees of $83,322. Advisory and management fees and independent audit fees are charged to the Plan and are included in total deductions from net assets. During the year ended December 31, 2025, the Plan paid recordkeeping fees of $56,983 and audit fees of $45,455.

NOTE H - ADMINISTRATION OF PLAN ASSETS/PARTIES-IN-INTEREST - Continued

The Plan also incurred fees relating to their investments of $55,000 during the year ended December 31, 2025.

Officers or employees of the Company also perform administrative functions. No officer or employee received compensation from the Plan.

NOTE I - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions occurring subsequent to December 31, 2025 as of October 13, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Florida Medical Clinic, LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 92-3479126
Plan Number 001

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Fidelity Government Money Market Fund	Money Market	-	$ 11,475,622
*	Fidelity Cash Reserves	Money Market	-	4,831,103
	Citizens Business BK Ont Calif CD	Certificate of Deposit	-	5,015
	American Express Natl BK Brok CD	Certificate of Deposit	-	50,000
*	Managed Income Portfolio - CL-1	Common/Collective Trust	-	12,978,223
	Mfs Mid Cap Value Ct	Common/Collective Trust	-	2,458,516
	T. Rowe Price Retire 2010 K	Common/Collective Trust	-	261,537
	T. Rowe Price Retire 2015 K	Common/Collective Trust	-	396,795
	T. Rowe Price Retire 2020 K	Common/Collective Trust	-	3,982,999
	T. Rowe Price Retire 2025 K	Common/Collective Trust	-	8,144,223
	T. Rowe Price Retire 2030 K	Common/Collective Trust	-	10,052,645
	T. Rowe Price Retire 2035 K	Common/Collective Trust	-	15,354,147
	T. Rowe Price Retire 2040 K	Common/Collective Trust	-	16,061,846
	T. Rowe Price Retire 2045 K	Common/Collective Trust	-	9,293,104
	T. Rowe Price Retire 2050 K	Common/Collective Trust	-	12,070,690
	T. Rowe Price Retire 2055 K	Common/Collective Trust	-	6,697,101
	T. Rowe Price Retire 2060 K	Common/Collective Trust	-	3,247,045
	T. Rowe Price Retire 2065 K	Common/Collective Trust	-	1,113,943
	T. Rowe Price Retire Bal K	Common/Collective Trust	-	1,363,366
	Alphabet Inc Cap Stk Cl	403 Shares of Common Stock	-	126,448
	Amazon.com Inc NFS LLC is a Market	333 Shares of Common Stock	-	76,863
	American WTR WKS Co Inc New Com	1 Share of Common Stock	-	131
	Apple Computer Inc NFS LLC	554 Shares of Common Stock	-	150,646
	Applovin Corp Com CL A	50 Shares of Common Stock	-	33,691
	Arista Networks Inc	557 Shares of Common Stock	-	72,970
	Astera Labs Inc	400 Shares of Common Stock	-	66,544
	Biogen IDEC Inc	1 Shares of Common Stock	-	176
	Bitmine Immersion Technologies Com New	250 Shares of Common Stock	-	6,788
	Boeing Co NFS	239 Shares of Common Stock	-	51,837
	Bridgebio Pharma Inc Com	700 Shares of Common Stock	-	53,543
	British American TOB SP ADR	1 Share of Common Stock	-	57
	Broadcom Inc	215 Shares of Common Stock	-	74,380
	Cisco Sys Inc NFS LLC is a Market	1 Share of Common Stock	-	78
	Coreweave inc Com CL A	200 Shares of Common Stock	-	14,322
	Cormedix Inc Com	4,000 Shares of Common Stock	-	46,520
	Crowdstrike Holdings Inc	100 Shares of Common Stock	-	46,876
	Defi Technologies Inc Com NPV	100,000 Shares of Common Stock	-	75,460
	D-Wave Quantum Inc	4,570 Shares of Common Stock	-	119,506
	Eaton Corp PLC Com	203 Shares of Common Stock	-	64,706
	Exxon Mobil Corp NFS Is a Specialist	1 Share of Common Stock	-	120
	Facebook Inc	161 Shares of Common Stock	-	106,383
	Gain Therapeutics Inc Com	70,000 Shares of Common Stock	-	225,400
	GE Vernova Inc	73 Shares of Common Stock	-	47,814
	Home depot Inc NFS	105 Shares of Common Stock	-	36,168
	International Seaways Inc Com NPV	1 Share of Common Stock	-	50

Florida Medical Clinic, LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 92-3479126
Plan Number 001

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Intuitive Surgical Inc	126 Shares of Common Stock	-	71,361
	Ionq Inc	600 Shares of Common Stock	-	26,922
	JP Morgan Chase & Co	189 Shares of Common Stock	-	60,900
	LAM Research Corp Com New	913 Shares of Common Stock	-	156,287
	Lucid Group	200 Shares of Common Stock	-	2,114
	McCormick & Co Inc. Non VTG	1,500 Shares of Common Stock	-	102,165
	Microsoft Corp NFS LLC	51 Shares of Common Stock	-	24,444
	Netflix Com Inc Com	268 Shares of Common Stock	-	25,135
	NU Holdings LTD	7,424 Shares of Common Stock	-	124,278
	Nvidia Corp NFS LLC	3,140 Shares of Common Stock	-	585,572
	Oracle Corporation NFS LLC	100 Shares of Common Stock	-	19,527
	Palantir Technologies Inc	2 Shares of Common Stock	-	356
	Precigen Inc Com	1,000 Shares of Common Stock	-	4,180
	Proshares TR Ultrashort Ether	44 Shares of Common Stock	-	2,179
	Quantum Computing Inc Com	1,250 Shares of Common Stock	-	12,825
	Reddit Inc CL A	170 Shares of Common Stock	-	39,078
	Rigetti computing Inc	2,500 Shares of Common Stock	-	55,375
	Rocket Lab USA Inc	1,200 Shares of Common Stock	-	83,712
	Seagate Technology Hldgs Pub LTD Co	328 Shares of Common Stock	-	90,223
	Shopify Inc	500 Shares of Common Stock	-	80,485
	Sofi Technnologies Inc Com	2,276 Shares of Common Stock	-	59,586
	Super Micro Computer Inc	2,500 Shares of Common Stock	-	73,175
	Tempus AI Inc CL A	150 Shares of Common Stock	-	8,858
	Terawulf Inc Com	1 Share of Common Stock	-	11
	Tesla Motors Inc Com	1 Share of Common Stock	-	525
	Transocean LTD ZUG Namen - AKT	2,000 Shares of Common Stock	-	8,260
	Travere Therapeutics Inc	1,500 Shares of Common Stock	-	57,315
	US Bancorp Del	225 Shares of Common Stock	-	12,010
	Vistra Energy Corp Com	100 Shares of Common Stock	-	16,174
	Amana Mutual Fund Trust Growth	Mutual Fund	-	36,078
	Amana Mutual Fund Trust Income	Mutual Fund	-	6,930
	Ark 21Shares Bitcoin Etf Shs Ben Int	Mutual Fund	-	114,284
	Ark Etf Tr Innovation Etf	Mutual Fund	-	38,460
	Ark Etf Tr Web X.0 Etf	Mutual Fund	-	30,008
	Direxion Shs Etf Tr Daily Finl Bull 3X	Mutual Fund	-	33,742
	Direxion Shs Etf Tr Daily Semiconductor	Mutual Fund	-	4,203
	Direxion Shs Etf Tr Daly Hom B&S Bul	Mutual Fund	-	9,924
	Dodge & Cox Income Fund – Class X	Mutual Fund	-	12,716,795
*	Fidelity Adv Blue Chip Growth Cl Z	Mutual Fund	-	36,609
*	Fidelity 500 Index Fund	Mutual Fund	-	40,210,437
*	Fidelity 500 Index Institutional Prem	Mutual Fund	-	123,216
*	Fidelity Aggressive Growth	Mutual Fund	-	382,868
*	Fidelity Balanced	Mutual Fund	-	162,782
*	Fidelity Blue Chip Growth	Mutual Fund	-	652,203
*	Fidelity Contrafund	Mutual Fund	-	1,358,471
*	Fidelity Diversified International	Mutual Fund	-	69,363

Florida Medical Clinic, LLC
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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*	Fidelity Emerging Markets	Mutual Fund	-	26,734
*	Fidelity Equity Income	Mutual Fund	-	127,641
*	Fidelity Global Equity Income Fund	Mutual Fund	-	94,093
*	Fidelity Growth & Income Ii	Mutual Fund	-	167,972
*	Fidelity Inter Bond	Mutual Fund	-	283,618
*	Fidelity Intl Small Cap Opp Fund	Mutual Fund	-	23,701
*	Fidelity Int'L Value	Mutual Fund	-	55,723
*	Fidelity Mid Cap Growth Index Fund	Mutual Fund	-	2,857,593
*	Fidelity Mid Cap Index Fund	Mutual Fund	-	9,722,451
*	Fidelity Select Computers	Mutual Fund	-	73,165
*	Fidelity Select Defense & Aerospace	Mutual Fund	-	120,468
*	Fidelity Select Electronics	Mutual Fund	-	171,059
*	Fidelity Select Energy	Mutual Fund	-	64,740
*	Fidelity Select Medical Delivery	Mutual Fund	-	35,264
*	Fidelity Select Technology	Mutual Fund	-	69,717
*	Fidelity Small Cap Growth Index Fund	Mutual Fund	-	1,383,273
*	Fidelity Small Cap Value Index Fund	Mutual Fund	-	4,559,034
*	Fidelity Strategic Income Fund	Mutual Fund	-	72,294
*	Fidelity Total Bond	Mutual Fund	-	117,832
*	Fidelity Total International Index Fund	Mutual Fund	-	10,714,500
*	Fidelity Total Int'L Equity Fund	Mutual Fund	-	54,741
*	Fidelity U.S. Bond Index Fund	Mutual Fund	-	7,166,341
*	Fidelity U.S. Bond Index Instl Premium	Mutual Fund	-	1
*	Fidelity Worldwide	Mutual Fund	-	53,398
*	Fidelity Zero International Index	Mutual Fund	-	8,669
	Global X Funds Future Analytics	Mutual Fund	-	51
	Iman Fund Retail Shares	Mutual Fund	-	4,824
	Invesco Actively Managd Etf Tr Var	Mutual Fund	-	80
	Ishares Bitcoin Tr Shs	Mutual Fund	-	4,766
	Ishares Tr 20+ Treas Index Fd	Mutual Fund	-	258
	Ishares Tr Msci Acwi Index Fd	Mutual Fund	-	541
	Ishares Tr S&P 500 Index Fd	Mutual Fund	-	8,651
	Jpmorgan Large Cap Growth Fund – Class R6	Mutual Fund	-	65,383,831
	Listed Fd Tr Wahed Dow Jones	Mutual Fund	-	48,319
	Listed Fd Tr Wahed Ftse Etf	Mutual Fund	-	75,935
	Mfs International Growth Fund – Class R6	Mutual Fund	-	4,250,837
	Morgan Stanley Emerging Mkts	Mutual Fund	-	17
	Proshares Tr Proshares Ultrapro	Mutual Fund	-	195,382
	Proshares Tr Ultrapro Qqq	Mutual Fund	-	52,803
	Schwab Strategic Tr Us Dividend Equity	Mutual Fund	-	5,734
	Semiconductor Ultra Sector Pro Fd Invstr	Mutual Fund	-	831,932
	Spdr Ser Tr Sp500 High Div	Mutual Fund	-	4,964
	Tidal Etf Tr Sp Fds S&P 500	Mutual Fund	-	227,517
	Tidal Tr Ii Roundhill Gener	Mutual Fund	-	8,487
	Vanguard Bd Index Fd Inc Total Bd Market	Mutual Fund	-	760
	Vanguard Star Fd Vanguard Total Intl	Mutual Fund	-	273

Florida Medical Clinic, LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
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December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Vanguard Windsor Ii Fund – Admiral Shares	Mutual Fund	-	11,731,210
	Volatility Shs Trust 2X Bitcoin Strategy	Mutual Fund	-	22,192
	Federal Farm CR BKS Bond	Government Bond	-	9,890
	Federal Natl Mtg Assn Note	Government Bond	-	4,875
	United States Treas Ser AA - 2029	Government Bond	-	8,169
	United States Treas Ser AF - 2027	Government Bond	-	8,089
	United States Treas Ser AF - 2028	Government Bond	-	8,283
	United States Treas Ser AV - 2026	Government Bond	-	8,063
	United States Treas Ser B - 2034	Government Bond	-	7,975
	United States Treas Ser Bonds	Government Bond	-	7,959
	United States Treas Ser C - 2035	Government Bond	-	8,066
	United States Treas Ser E - 2033	Government Bond	-	7,933
	United States Treas Ser F - 2032	Government Bond	-	8,092
	United States Treas Ser M - 2031	Government Bond	-	8,181
	United States Treas Ser N - 2030	Government Bond	-	8,102
	Call (Akba) Akebia Therapeutics	Equity option contracts	-	30
	Call (Coin) Coinbase Global Inc	Equity option contracts	-	30
	Call (Crmd) Cormedix Inc Com	Equity option contracts	-	2,400
	Call (Deft) Defi Technologies	Equity option contracts	-	1,500
	Call (Gtlb) Gitlab Inc Class A	Equity option contracts	-	28
	Call (Hood) Robinhood Mkts Inc	Equity option contracts	-	1,205
	Call (Ibit) Ishares Bitcoin	Equity option contracts	-	16
	Call (Ionq) Ionq Inc Com	Equity option contracts	-	26
	Call (Iren) Iren Limited Com Npv	Equity option contracts	-	600
	Call (Meta) Meta Platforms Inc	Equity option contracts	-	3,920
	Call (Msft) Microsoft Corp	Equity option contracts	-	3,735
	Call (Nbis) Nebius Group N V Com	Equity option contracts	-	170
	Call (Nflx) Netflix Inc	Equity option contracts	-	60
	Call (Ntap) Netapp Inc	Equity option contracts	-	20
	Call (Nvda) Nvidia Corporation	Equity option contracts	-	660
	Call (Nvda) Nvidia Corporation	Equity option contracts	-	(3,900)
	Call (Pgr) Progressive Corp Com	Equity option contracts	-	780
	Call (Pltr) Palantir	Equity option contracts	-	171
	Call (Tvtx) Travere Therapeutics	Equity option contracts	-	7,130
			-	300,130,446
*	Participant loans (notes receivable from participants)	4.25% - 9.50%	-	460,388
			$ -	$ 300,590,834

(a) *Party-in-interest to the Plan
(d) Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from historical cost entry on the Schedule of Assets (Held at End of Year)

Florida Medical Clinic, LLC
401(k) Plan and Trust

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Line I
Plan EIN 92-3479126
Plan Number 001

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Fidelity Government Money Market Fund	Money Market	-	$ 11,475,622
*	Fidelity Cash Reserves	Money Market	-	4,831,103
	Citizens Business BK Ont Calif CD	Certificate of Deposit	-	5,015
	American Express Natl BK Brok CD	Certificate of Deposit	-	50,000
*	Managed Income Portfolio - CL-1	Common/Collective Trust	-	12,978,223
	Mfs Mid Cap Value Ct	Common/Collective Trust	-	2,458,516
	T. Rowe Price Retire 2010 K	Common/Collective Trust	-	261,537
	T. Rowe Price Retire 2015 K	Common/Collective Trust	-	396,795
	T. Rowe Price Retire 2020 K	Common/Collective Trust	-	3,982,999
	T. Rowe Price Retire 2025 K	Common/Collective Trust	-	8,144,223
	T. Rowe Price Retire 2030 K	Common/Collective Trust	-	10,052,645
	T. Rowe Price Retire 2035 K	Common/Collective Trust	-	15,354,147
	T. Rowe Price Retire 2040 K	Common/Collective Trust	-	16,061,846
	T. Rowe Price Retire 2045 K	Common/Collective Trust	-	9,293,104
	T. Rowe Price Retire 2050 K	Common/Collective Trust	-	12,070,690
	T. Rowe Price Retire 2055 K	Common/Collective Trust	-	6,697,101
	T. Rowe Price Retire 2060 K	Common/Collective Trust	-	3,247,045
	T. Rowe Price Retire 2065 K	Common/Collective Trust	-	1,113,943
	T. Rowe Price Retire Bal K	Common/Collective Trust	-	1,363,366
	Alphabet Inc Cap Stk Cl	403 Shares of Common Stock	-	126,448
	Amazon.com Inc NFS LLC is a Market	333 Shares of Common Stock	-	76,863
	American WTR WKS Co Inc New Com	1 Share of Common Stock	-	131
	Apple Computer Inc NFS LLC	554 Shares of Common Stock	-	150,646
	Applovin Corp Com CL A	50 Shares of Common Stock	-	33,691
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Florida Medical Clinic, LLC
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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	Direxion Shs Etf Tr Daly Hom B&S Bul	Mutual Fund	-	9,924
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	Ishares Tr Msci Acwi Index Fd	Mutual Fund	-	541
	Ishares Tr S&P 500 Index Fd	Mutual Fund	-	8,651
	Jpmorgan Large Cap Growth Fund – Class R6	Mutual Fund	-	65,383,831
	Listed Fd Tr Wahed Dow Jones	Mutual Fund	-	48,319
	Listed Fd Tr Wahed Ftse Etf	Mutual Fund	-	75,935
	Mfs International Growth Fund – Class R6	Mutual Fund	-	4,250,837
	Morgan Stanley Emerging Mkts	Mutual Fund	-	17
	Proshares Tr Proshares Ultrapro	Mutual Fund	-	195,382
	Proshares Tr Ultrapro Qqq	Mutual Fund	-	52,803
	Schwab Strategic Tr Us Dividend Equity	Mutual Fund	-	5,734
	Semiconductor Ultra Sector Pro Fd Invstr	Mutual Fund	-	831,932
	Spdr Ser Tr Sp500 High Div	Mutual Fund	-	4,964
	Tidal Etf Tr Sp Fds S&P 500	Mutual Fund	-	227,517
	Tidal Tr Ii Roundhill Gener	Mutual Fund	-	8,487
	Vanguard Bd Index Fd Inc Total Bd Market	Mutual Fund	-	760
	Vanguard Star Fd Vanguard Total Intl	Mutual Fund	-	273

Florida Medical Clinic, LLC
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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	Volatility Shs Trust 2X Bitcoin Strategy	Mutual Fund	-	22,192
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	Federal Natl Mtg Assn Note	Government Bond	-	4,875
	United States Treas Ser AA - 2029	Government Bond	-	8,169
	United States Treas Ser AF - 2027	Government Bond	-	8,089
	United States Treas Ser AF - 2028	Government Bond	-	8,283
	United States Treas Ser AV - 2026	Government Bond	-	8,063
	United States Treas Ser B - 2034	Government Bond	-	7,975
	United States Treas Ser Bonds	Government Bond	-	7,959
	United States Treas Ser C - 2035	Government Bond	-	8,066
	United States Treas Ser E - 2033	Government Bond	-	7,933
	United States Treas Ser F - 2032	Government Bond	-	8,092
	United States Treas Ser M - 2031	Government Bond	-	8,181
	United States Treas Ser N - 2030	Government Bond	-	8,102
	Call (Akba) Akebia Therapeutics	Equity option contracts	-	30
	Call (Coin) Coinbase Global Inc	Equity option contracts	-	30
	Call (Crmd) Cormedix Inc Com	Equity option contracts	-	2,400
	Call (Deft) Defi Technologies	Equity option contracts	-	1,500
	Call (Gtlb) Gitlab Inc Class A	Equity option contracts	-	28
	Call (Hood) Robinhood Mkts Inc	Equity option contracts	-	1,205
	Call (Ibit) Ishares Bitcoin	Equity option contracts	-	16
	Call (Ionq) Ionq Inc Com	Equity option contracts	-	26
	Call (Iren) Iren Limited Com Npv	Equity option contracts	-	600
	Call (Meta) Meta Platforms Inc	Equity option contracts	-	3,920
	Call (Msft) Microsoft Corp	Equity option contracts	-	3,735
	Call (Nbis) Nebius Group N V Com	Equity option contracts	-	170
	Call (Nflx) Netflix Inc	Equity option contracts	-	60
	Call (Ntap) Netapp Inc	Equity option contracts	-	20
	Call (Nvda) Nvidia Corporation	Equity option contracts	-	660
	Call (Nvda) Nvidia Corporation	Equity option contracts	-	(3,900)
	Call (Pgr) Progressive Corp Com	Equity option contracts	-	780
	Call (Pltr) Palantir	Equity option contracts	-	171
	Call (Tvtx) Travere Therapeutics	Equity option contracts	-	7,130
			-	300,130,446
*	Participant loans (notes receivable from participants)	4.25% - 9.50%	-	460,388
			$ -	$ 300,590,834

(a) *Party-in-interest to the Plan
(d) Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from historical cost entry on the Schedule of Assets (Held at End of Year)