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
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2019

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)
GLOBAL PHYSICIAN NETWORK LLC

PO BOX 25127
SARASOTA, FL 34277

2b Employer Identification Number (EIN)
82-1895218

2c Plan Sponsor's telephone number
941-917-8507

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.	09/21/2026	KIM EMRICK
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	138
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	129
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	138
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)**	
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)**	
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:

1C 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [X]	Code section 412(e)(3) insurance contracts	**(2)** [X]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GLOBAL PHYSICIAN NETWORK LLC

D Employer Identification Number (EIN)
82-1895218

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	5000205-CB	1	01/01/2025	12/31/2025

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	839948

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GLOBAL PHYSICIAN NETWORK LLC

D Employer Identification Number (EIN)
82-1895218

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	3887571
b Actuarial value	**2b**	3887571

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	9	188224	188224
c For active participants	129	3452971	3495539
d Total	138	3641195	3683763

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.41 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	794689
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	794689

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

05/27/2026
Date

JUSTIN F.J. GREINDL, FSA, EA, MSEA
Type or print name of actuary

26-07528
Most recent enrollment number

FIDUS ACTUARIAL SOLUTIONS, LLC
Firm name

480-550-8820
Telephone number (including area code)

PO BOX 8606
MADEIRA BEACH, FL 33738
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.84 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		239215
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.46 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		239215
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.53 %
15	Adjusted funding target attainment percentage	15	105.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/17/2025	48333	0	08/20/2025	159834	0
02/24/2025	48334	0	09/15/2025	79916	0
03/14/2025	59084	0	10/15/2025	79917	0
04/25/2025	79917	0	11/14/2025	79917	0
05/19/2025	75833	0	12/17/2025	79916	0
06/17/2025	84000	0			
			Totals ► 18(b)	875001	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	850195

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	794689
b Excess assets, if applicable, but not greater than line 31a	**31b**	203808

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	590881

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	590881
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	850195
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	259314
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GLOBAL PHYSICIAN NETWORK LLC

D Employer Identification Number (EIN)
82-1895218

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

(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)

KB PENSION SERVICES, INC.

8374 MARKET STREET #502
LAKEWOOD RANCH, FL 34202

65-0721164

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	0	Yes [X] No [ ]	Yes [ ] No [X]	11440	Yes [ ] No [X]

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

WEALTHSPIRE RETIREMENT ADVISORY

1120 VANTIS STE 400
ALISO VIEJO CA, FL 92656-2689

(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	5553	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	3440	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
KB PENSION SERVICES INC	13	11440

(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.
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GLOBAL PHYSICIAN NETWORK LLC

D Employer Identification Number (EIN)
82-1895218

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: SMALL CAP GROWTH FUND II FEE CLASS

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

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)
38-4126288-592	C	209193

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND II CL I1

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

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)
38-4097325-488	C	197109

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM SHORT-TERM FUND (IS PLATFORM)

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE 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)
06-1050034-041	P	839948

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GLOBAL PHYSICIAN NETWORK LLC

D Employer Identification Number (EIN)
82-1895218

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	48333	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	74	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	406301
(10) Value of interest in pooled separate accounts	1c(10)	0	839948
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3839268	3178899
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3887675	4425148
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
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	3887675	4425148

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)	875001	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		875001
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		448172
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1323173
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	774999	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		774999
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	10701	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		10701
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		785700
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		537473
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CBIZ CPA'S P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		389000
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	
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			

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 573588.

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
SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GLOBAL PHYSICIAN NETWORK LLC

D Employer Identification Number (EIN)
82-1895218

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): _____ _____

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 | 0

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705311A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	82-1895218	PN	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	7			8		
25 to 29	7			7		
30 to 34	4			8		
35 to 39	1			20		
40 to 44	3			8		
45 to 49	1			8		
50 to 54				6		
55 to 59	1			2		
60 to 64				3		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34	1					
35 to 39	3					
40 to 44	10					
45 to 49	8					
50 to 54	6					
55 to 59	2					
60 to 64	4					
65 to 69	1					
70 & Up						

Name of Plan	SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	82-1895218	**PN**	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	82-1895218	**PN**	003

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

CBIZ CPAs

SARASOTA EMERGENCY ASSOCIATES, PA
CASH BALANCE PLAN

Financial Statements
and Supplemental Schedules

December 31, 2025 and 2024
(With Independent Auditors' Report Thereon)

SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

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CBIZ CPAs P.C.

140 Fountain Parkway North
Suite 410
St. Petersburg, FL 33716

P: 727.572.1400

Independent Auditors' Report

To the Plan Administrator of
Sarasota Emergency Associates, PA Cash Balance Plan

Opinion

We have audited the financial statements of Sarasota Emergency Associates, PA Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management

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.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule of Reportable Transaction for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

CBIZ CPAs P.C.

St. Petersburg, Florida
October 14, 2026

SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Non-interest bearing cash	$ -	$ 74
Investments, at fair value:		
Money market funds	-	73,279
Mutual funds	3,178,899	3,765,989
Variable annuity	839,948	-
Collective trust funds	406,301	-
Total investments, at fair value	4,425,148	3,839,268
Receivables:		
Employer contributions receivable	-	48,333
Total receivables	-	48,333
Net assets available for benefits	$ 4,425,148	$ 3,887,675

See accompanying independent auditors' report and notes to the financial statements.

SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

Additions to net assets attributed to:		
Net appreciation in fair value of investments	$	333,960
Interest and dividends		114,212
Employer contributions		875,001
Total additions		1,323,173
Deductions from net assets attributed to:		
Benefits paid to participants		774,999
Administrative expenses		10,701
Total deductions		785,700
Net increase		537,473
Net assets available for benefits:		
Beginning of year		3,887,675
End of year	$	4,425,148

See accompanying independent auditors' report and notes to the financial statements.

(1) Description of the Plan

The following description of Sarasota Emergency Associates, PA Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan was established on January 1, 2018, and is a noncontributory defined benefit plan sponsored by Global Physician Network, LLC (the "Company") for the benefit of its employees who have one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Plan assets were held in a brokerage account with Merrill Lynch through March 22, 2025, at which time the Plan's assets were transferred to Empower Trust Company, LLC, where they are currently held.

(b) Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement as well as ensure compliance with plan provisions. As of December 31, 2025 and 2024, the Plan recorded a receivable in accordance with Plan provisions of approximately $0 and $48,333, respectively, which, together with funds paid into the Plan during the year, exceeded annual ERISA minimum funding requirements during each year.

(c) Benefits

The Plan provides retirement benefits for participants who have either attained normal retirement age (defined as the later of age 65 or the fifth anniversary of the first day of the plan year in which the employee commenced participation in the Plan) or have become disabled as defined in the Plan. Payment for vested benefits of terminated participants is available under the Plan. The Plan follows minimum distribution requirements.

Retirement benefits are equal to the actuarial equivalent of the hypothetical account derived from annual pay credits and interest credits over the plan years participating in the plan once eligibility is met. Funding allocation is derived from minimum benefit calculations under Top Heavy rules using a 415 compensation definition and limits.

A participant who dies prior to their annuity starting date is entitled to the qualified pre-retirement survivor annuity ("QPSA"). Designated beneficiary(ies) eligible for QPSA have the option to select form of distribution, based on provisions of the Plan document.

(1) Description of the Plan - Continued

(d) Vesting

All participants become 100% vested after 3 years of service.

(e) Payment of Benefits

The Plan provides for the payment of vested benefits to participants upon retirement, death, disability, or termination. Benefits are recorded when paid. If the value of participant's vested account does not exceed $5,000, the entire amount shall be paid to the participant in a single lump sum. Vested account balances greater than $5,000 are distributed after Participant's consent as either a lump-sum amount equal to the vested value of the participant's account balance or in installment payments.

(f) Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided in the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements.

(g) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of plan termination, all benefits become fully vested.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency, if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. The PBGC does not guarantee all types of benefits under the Plan, and the benefit protection is subject to limitations.

Vested benefits are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory limit on an individual's monthly benefit that the PBGC guarantees, which is periodically adjusted.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

(2) Summary of Significant Accounting Policies - Continued

(b) 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 certain reported amounts in the accompanying financial statements. Actual results could differ from those estimates.

The most significant estimates underlying these financial statements and plan operations relate to calculation of the actuarial present value of accumulated plan benefits (see Note 2(d) and Note 5).

(c) Valuation of Investments and Income Recognition

Investments are reported at fair value based on quoted market prices in active markets.

Net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments that are attributable, under the Plan's provisions, to services rendered by participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are based on various plan benefit formulas, as defined in the plan document, depending upon the date of retirement, death or termination of employment. The accumulated plan benefits for active participants are based on current formulas as defined in the plan document. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participants service rendered to the valuation date.

Actuarial present value of accumulated plan benefits is determined by an independent actuary in accordance with their understanding of plan accounting and reporting requirements under ASC 960, *Plan Accounting - Defined Benefit Pension Plan*. The amount was determined based on actuarial assumptions that adjust accumulated plan benefits for factors such as time value of money (through discounts for interest) and probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

(2) Summary of Significant Accounting Policies - Continued

(e) Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these assumptions in the near term could materially affect the actuarial present value of accumulated plan benefits and future funding requirements. Actual results could differ from those estimates.

(3) Income Tax Status

The Plan has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service ("IRS") dated March 30, 2018, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

(4) Fair Value Measurements

The fair value of assets and liabilities is determined by using a fair value hierarchy that distinguishes between market participant assumptions developed based on market data obtained from sources independent of the reporting entity, and the reporting entity's own assumptions about market participant assumptions developed based on the best information available in the circumstances.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, essentially an exit price.

(4) Fair Value Measurements - Continued

The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs are quoted prices, unadjusted, in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2: Inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. A Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs are unobservable and reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

For the years ended December 31, 2025 and 2024, there were no changes among the fair value hierarchy levels.

Mutual Funds are valued at the daily closing price as reported by the fund or in an active market. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission.

Fixed Annuity is valued using observable market-based inputs derived from the underlying short-term fixed-income securities held by the fund. Fair value is determined utilizing pricing information obtained from independent pricing services, including quoted prices for similar securities, benchmark yield curves, credit spreads, recent market transactions, and other observable market data. Because the valuation is based on significant observable inputs other than quoted prices for identical assets in active markets, the investment is classified within Level 2 of the fair value hierarchy.

Collective Trust Funds are commingled investment funds that invests primarily in small-cap growth equity securities. The fair value of the investment is measured using the fund's net asset value (NAV) per share, or its equivalent, as a practical expedient. The NAV is determined by the fund manager based on the fair value of the underlying securities held by the fund. Participant transactions generally occur at NAV, and the investment is redeemable at NAV under the terms of the fund

(4) Fair Value Measurements - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

		Fair Value Measurements at Reporting Date Using		
Description	Assets Measured at Fair Value at December 31, 2025	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed annuity	$ 839,948	$ -	$ 839,948	$ -
Mutual funds	3,178,899	3,178,899	-	-
	4,018,847	3,178,899	839,948	-
Investments measured at NAV practical expedient (a)	406,301			
Total investments	$ 4,425,148			

		Fair Value Measurements at Reporting Date Using		
Description	Assets Measured at Fair Value at December 31, 2024	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 73,279	$ 73,279	$ -	$ -
Mutual funds	3,765,989	3,765,989	-	-
Total investments at fair value	$ 3,839,268	$ 3,839,268	$ -	$ -

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of the net assets available for benefits.

(5) Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary at December 31, 2025, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest equal to the expected investment return) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions underlying the valuations as of December 31, 2025 were as follows:

Life expectancy of participants	2025 mortality tables prescribed by the IRS under Section 417(e)(3)
Retirement age	Normal retirement age or age 65; and 5 years of participation
Effective interest rate	5.41%
Cash balance projected interest crediting rate	5.00% annual rate

(5) Actuarial Present Value of Accumulated Plan Benefits - Continued

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2025 is as follows:

Vested benefits:	
Active participants	$ 3,809,489
Terminated participants	382,515
Retired participants	-
Total vested benefits	4,192,004
Nonvested benefits	18,779
Total actuarial present value of accumulated plan benefits	$ 4,210,783

The changes in the actuarial present value of accumulated plan benefits from January 1 to December 31 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year (unaudited)	$ 3,911,395
Changes during the year attributable to:	
Service cost	865,050
Interest cost	219,447
Actuarial (gain)/loss	(10,110)
Benefits paid during year	(774,999)
Net increase	299,388
Actuarial present value of accumulated plan benefits at end of year	$ 4,210,783

The change in assumptions from January 1, 2025 to December 31, 2025 includes updates for 2025 mortality tables and segment rates, as prescribed by the Internal Revenue Code, for the present value of accumulated plan benefits under ASC Topic 960 for lump sum distributions, post-retirement only.

(6) Party-in-Interest Transactions

The Plan made direct payments to the investment advisor and custodian of approximately $11,000 for the year ended December 31, 2025. These transactions qualify as party-in-interest transactions and are exempt from applicable prohibited transaction rules.

(7) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 14, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

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

Employer Identification Number (EIN): 82-1895218
Plan Number: 003

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Maturity Date, Rate of Par or Maturity Value (If Applicable)	Number of Shares or Units	(d) Cost	(e) Current Value
	AMERICAN FUNDS BOND FUND OF AMER R6	Mutual fund	94,017	$ 1,048,503	$ 1,076,492
	FIDELITY TOTAL INTERNATIONAL INDEX	Mutual fund	29,527	411,679	511,408
	ISHARES S&P 500 INDEX K	Mutual fund	1,167	820,700	929,158
	PIMCO INCOME INSTL	Mutual fund	60,222	636,641	661,841
	PGIM SHORT-TERM FUND (IS PLATFORM)	Variable Annuity	42,889	809,421	839,948
	SMALL CAP GROWTH FUND II FEE CLASS I1	Collective Trust Funds	16,405	202,062	209,193
	SMALL CAP VALUE FUND II CL I1	Collective Trust Funds	11,073	204,624	197,108
				$ 4,133,630	$ 4,425,148

** Party-in-interest*

SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Employer Identification Number (EIN): 82-1895218
Plan Number: 003

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single Transactions								
Merrill Lynch	Vanguard Value ETF	-	$ 605,383	-	-	$ 523,909	-	$ 81,474
Merrill Lynch	Vanguard Growth ETF	-	$ 487,917	-	-	$ 301,486	-	$ 186,431
Merrill Lynch	iShares MBS ETF	-	$ 528,183	-	-	$ 535,215	-	$ (7,032)
Merrill Lynch	Vanguard Intermediate-Term Government Bond ETF	-	$ 245,913	-	-	$ 248,423	-	$ (2,510)
Merrill Lynch	Vanguard Short-Term Corporate Bond ETF	-	$ 240,402	-	-	$ 234,875	-	$ 5,527
Merrill Lynch	Vanguard Mortgage-Backed Securities ETF	-	$ 216,629	-	-	$ 214,017	-	$ 2,612
Merrill Lynch	Schwab Short-Term U.S. Treasury ETF	-	$ 230,585	-	-	$ 231,151	-	$ (566)
Merrill Lynch	iShares Core MSCI Emerging Markets ETF	-	$ 144,411	-	-	$ 141,065	-	$ 3,346
Merrill Lynch	iShares Core MSCI EAFE ETF	-	$ 221,361	-	-	$ 206,147	-	$ 15,214
Merrill Lynch	Vanguard Total International Bond ETF	-	$ 338,403	-	-	$ 374,786	-	$ (36,383)
Empower	American Funds Bond Fund Of Amer R6	$ 1,076,492	-	-	-	$ 1,076,492	-	$ -
Empower	Fidelity Total International Index	$ 511,408	-	-	-	$ 511,408	-	$ -
Empower	Ishares S&P 500 Index K	$ 929,157	-	-	-	$ 929,157	-	$ -
Empower	Pimco Income Instl	$ 661,841	-	-	-	$ 661,841	-	$ -
Empower	Pgim Short-Term Fund (Is Platform)	$ 839,948	-	-	-	$ 839,948	-	$ -
Empower	Small Cap Growth Fund Ii Fee Class I1	$ 209,193	-	-	-	$ 209,193	-	$ -
Empower	Small Cap Value Fund Ii Cl I1	$ 197,109	-	-	-	$ 197,109	-	$ -
	5% of beginning plan assets	$ 191,963						

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Global Physician Network, LLC Cash Balance Plan
82-1895218 / 003

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are not included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	5.00
Segment 2	6 - 20	5.27
Segment 3	> 20	5.40

Segment rates as of September 30, 2024 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.00
Segment 2	6 - 20	5.27
Segment 3	> 20	5.50

Pre-Retirement -
- Mortality Table - None
- Improvement Scale - None
- Early Retirement Table - None
- Turnover Table - None
- Disability Table - None
- Salary Scale - None
- Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%
- Expense Load - None
- Ancillary Ben Load - None

Post-Retirement -
- Mortality Table - 25C - 2025 Combined
- Improvement Scale - None
- Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5% CB Projection Rate - 5%

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Age 65 or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Global Physician Network, LLC Cash Balance Plan

82-1895218 / 003

For the plan year 01/01/2025 through 12/31/2025

401(a)(26) Testing:

Compensation - Use average compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Sarasota Emergency Associates, PA Cash Balance Plan

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2019

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)
Global Physician Network LLC

PO Box 25127

Sarasota FL 34277

2b Employer Identification Number (EIN) 82-1895218

2c Plan Sponsor's telephone number 941-917-8507

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	Kim Emrick	9/21/2026	Kim Emrick
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	138
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	129
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	138
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)**	
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)**	
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:
1C 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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_____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Sarasota Emergency Cash Balance Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
5H0043A	0.00	0.000000	0	0.00	0.000000	22	0.00	SERIES
1FTIHX	489,654.95	35,240.407280	18	(94,747.46)	(5,713.379212)	18	(77,838.71)	SERIES
1SMVCI1	242,049.36	13,085.584261	20	(37,018.91)	(2,012.320105)	14	(37,356.41)	SERIES
1SCGCI1	239,581.42	19,446.469504	20	(37,644.00)	(3,040.998538)	14	(37,450.56)	SERIES
1WFSPX	970,540.59	1,381.712280	30	(165,227.49)	(214.751583)	16	(149,565.73)	SERIES
1RBFGX	1,237,135.74	110,947.844588	32	(194,709.04)	(16,931.081721)	14	(188,289.43)	SERIES
1PIMIX	751,694.17	71,125.852278	29	(119,042.37)	(10,903.723538)	18	(114,847.76)	SERIES
1H0043A	956,031.66	50,662.992185	25	(150,365.19)	(7,774.187146)	12	(146,336.71)	SERIES
5% TRANSACTIONS								
1FTIHX	383,427.70	28,507.635688	2	0.00	0.000000	0	0.00	15-JAN-25
1SMVCI1	191,713.84	10,226.974431	2	0.00	0.000000	0	0.00	15-JAN-25
1SCGCI1	191,713.84	15,387.084451	2	0.00	0.000000	0	0.00	15-JAN-25
1WFSPX	766,855.36	1,101.123387	2	0.00	0.000000	0	0.00	15-JAN-25
1RBFGX	958,569.21	86,357.586486	2	0.00	0.000000	0	0.00	15-JAN-25
1PIMIX	575,141.52	54,723.265461	2	0.00	0.000000	0	0.00	15-JAN-25
1H0043A	766,855.36	40,804.319156	2	0.00	0.000000	0	0.00	15-JAN-25
1FTIHX	4,833.32	358.023704	1	(887.35)	(65.729630)	2	(884.10)	16-JAN-25
1SMVCI1	2,416.67	128.517565	1	(327.22)	(17.401431)	2	(326.22)	16-JAN-25
1SCGCI1	2,416.67	192.758409	1	(929.64)	(74.149937)	2	(923.94)	16-JAN-25
1WFSPX	12,350.40	17.771127	6	0.00	0.000000	0	0.00	16-JAN-25
1RBFGX	12,083.33	1,085.654088	1	(1,245.63)	(111.916442)	2	(1,242.31)	16-JAN-25
1PIMIX	7,250.00	688.509022	1	(287.40)	(27.293447)	2	(286.86)	16-JAN-25
1H0043A	10,660.18	567.166338	6	0.00	0.000000	0	0.00	16-JAN-25
1FTIHX	4,967.76	366.353982	2	0.00	0.000000	0	0.00	17-JAN-25
1SMVCI1	2,483.89	130.964031	2	0.00	0.000000	0	0.00	17-JAN-25
1SCGCI1	2,483.89	196.288218	2	0.00	0.000000	0	0.00	17-JAN-25
1WFSPX	9,935.54	14.154804	2	0.00	0.000000	0	0.00	17-JAN-25
1RBFGX	12,419.42	1,116.854317	2	0.00	0.000000	0	0.00	17-JAN-25
1PIMIX	7,451.65	707.659069	2	0.00	0.000000	0	0.00	17-JAN-25
1H0043A	9,935.54	528.545716	2	0.00	0.000000	0	0.00	17-JAN-25
1RBFGX	1,956.93	175.352151	1	0.00	0.000000	0	0.00	31-JAN-25
1PIMIX	1,728.13	163.185080	1	0.00	0.000000	0	0.00	31-JAN-25
1FTIHX	0.00	0.000000	0	(5,209.75)	(378.615552)	4	(5,093.13)	03-FEB-25
1SMVCI1	4,030.93	217.494267	3	0.00	0.000000	0	0.00	03-FEB-25
1SCGCI1	1,562.99	124.898315	3	0.00	0.000000	0	0.00	03-FEB-25
1WFSPX	0.00	0.000000	0	(3,039.36)	(4.330252)	4	(3,015.92)	03-FEB-25
1RBFGX	1,257.18	112.650538	3	0.00	0.000000	0	0.00	03-FEB-25
1PIMIX	0.00	0.000000	0	(1,566.42)	(147.915013)	4	(1,554.69)	03-FEB-25
1H0043A	2,964.43	157.372465	3	0.00	0.000000	0	0.00	03-FEB-25
1FTIHX	4,833.32	339.180351	1	0.00	0.000000	0	0.00	24-FEB-25
1SMVCI1	2,416.67	132.825665	1	0.00	0.000000	0	0.00	24-FEB-25
1SCGCI1	2,416.67	209.159440	1	0.00	0.000000	0	0.00	24-FEB-25
1WFSPX	9,666.67	13.785699	1	0.00	0.000000	0	0.00	24-FEB-25
1RBFGX	12,083.33	1,073.119893	1	0.00	0.000000	0	0.00	24-FEB-25
1PIMIX	7,250.00	678.838951	1	0.00	0.000000	0	0.00	24-FEB-25
1H0043A	9,666.67	511.844790	1	0.00	0.000000	0	0.00	24-FEB-25
1RBFGX	3,594.53	316.419894	1	0.00	0.000000	0	0.00	28-FEB-25
1PIMIX	3,094.20	288.369059	1	0.00	0.000000	0	0.00	28-FEB-25
1FTIHX	4.07	0.287429	1	0.00	0.000000	0	0.00	03-MAR-25
1SMVCI1	2.04	0.114690	1	0.00	0.000000	0	0.00	03-MAR-25
1SCGCI1	2.04	0.183231	1	0.00	0.000000	0	0.00	03-MAR-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Sarasota Emergency Cash Balance Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1WFSPX	8.15	0.011885	1	0.00	0.000000	0	0.00	03-MAR-25
1RBFGX	10.18	0.893766	1	0.00	0.000000	0	0.00	03-MAR-25
1PIMIX	6.11	0.568901	1	0.00	0.000000	0	0.00	03-MAR-25
1H0043A	8.15	0.431183	1	0.00	0.000000	0	0.00	03-MAR-25
1FTIHX	5,908.48	402.485014	1	0.00	0.000000	0	0.00	19-MAR-25
1SMVCI1	2,954.23	168.648349	1	0.00	0.000000	0	0.00	19-MAR-25
1SCGCI1	2,954.23	269.667096	1	0.00	0.000000	0	0.00	19-MAR-25
1WFSPX	11,816.93	17.746336	1	0.00	0.000000	0	0.00	19-MAR-25
1RBFGX	14,771.16	1,303.721094	1	0.00	0.000000	0	0.00	19-MAR-25
1PIMIX	8,862.70	825.973905	1	0.00	0.000000	0	0.00	19-MAR-25
1H0043A	11,816.93	623.993569	1	0.00	0.000000	0	0.00	19-MAR-25
1WFSPX	2,306.98	3.513203	1	0.00	0.000000	0	0.00	31-MAR-25
1RBFGX	3,959.20	349.443954	1	0.00	0.000000	0	0.00	31-MAR-25
1PIMIX	3,157.93	295.133645	1	0.00	0.000000	0	0.00	31-MAR-25
1FTIHX	0.00	0.000000	0	(256.14)	(19.186517)	1	(258.59)	10-APR-25
1SMVCI1	0.00	0.000000	0	(108.06)	(7.139554)	1	(133.65)	10-APR-25
1SCGCI1	0.00	0.000000	0	(102.39)	(10.594772)	1	(131.66)	10-APR-25
1WFSPX	0.00	0.000000	0	(466.37)	(0.756149)	1	(526.24)	10-APR-25
1RBFGX	0.00	0.000000	0	(664.90)	(59.632287)	1	(662.38)	10-APR-25
1PIMIX	0.00	0.000000	0	(396.65)	(37.812202)	1	(397.70)	10-APR-25
1H0043A	0.00	0.000000	0	(532.87)	(28.064582)	1	(527.53)	10-APR-25
1FTIHX	7,991.68	559.249825	1	0.00	0.000000	0	0.00	23-APR-25
1SMVCI1	3,995.83	250.005005	1	0.00	0.000000	0	0.00	23-APR-25
1SCGCI1	3,995.83	395.975662	1	0.00	0.000000	0	0.00	23-APR-25
1WFSPX	15,983.33	25.386080	1	0.00	0.000000	0	0.00	23-APR-25
1RBFGX	19,979.16	1,785.447721	1	0.00	0.000000	0	0.00	23-APR-25
1PIMIX	11,987.50	1,136.255924	1	0.00	0.000000	0	0.00	23-APR-25
1H0043A	15,983.33	840.480531	1	0.00	0.000000	0	0.00	23-APR-25
1RBFGX	3,934.48	346.955908	1	0.00	0.000000	0	0.00	30-APR-25
1PIMIX	3,213.99	301.217432	1	0.00	0.000000	0	0.00	30-APR-25
1FTIHX	7,583.32	496.615586	1	0.00	0.000000	0	0.00	19-MAY-25
1SMVCI1	3,791.67	220.273042	1	0.00	0.000000	0	0.00	19-MAY-25
1SCGCI1	3,791.67	331.947472	1	0.00	0.000000	0	0.00	19-MAY-25
1WFSPX	15,166.67	21.693634	1	0.00	0.000000	0	0.00	19-MAY-25
1RBFGX	18,958.33	1,695.736136	1	0.00	0.000000	0	0.00	19-MAY-25
1PIMIX	11,375.00	1,076.158940	1	0.00	0.000000	0	0.00	19-MAY-25
1H0043A	15,166.67	795.023642	1	0.00	0.000000	0	0.00	19-MAY-25
1RBFGX	4,118.73	367.415700	1	0.00	0.000000	0	0.00	30-MAY-25
1PIMIX	3,301.82	310.905838	1	0.00	0.000000	0	0.00	30-MAY-25
1FTIHX	8,399.99	541.934839	1	0.00	0.000000	0	0.00	17-JUN-25
1SMVCI1	4,200.00	253.190502	1	0.00	0.000000	0	0.00	17-JUN-25
1SCGCI1	4,200.00	368.172375	1	0.00	0.000000	0	0.00	17-JUN-25
1WFSPX	16,800.00	23.924467	1	0.00	0.000000	0	0.00	17-JUN-25
1RBFGX	21,000.00	1,868.327402	1	0.00	0.000000	0	0.00	17-JUN-25
1PIMIX	12,600.00	1,181.988743	1	0.00	0.000000	0	0.00	17-JUN-25
1H0043A	16,800.00	877.506973	1	0.00	0.000000	0	0.00	17-JUN-25
1WFSPX	3,278.84	4.517055	3	0.00	0.000000	0	0.00	30-JUN-25
1RBFGX	4,120.66	362.734155	1	0.00	0.000000	0	0.00	30-JUN-25
1PIMIX	3,383.21	314.132776	1	0.00	0.000000	0	0.00	30-JUN-25
1FTIHX	0.00	0.000000	0	(347.69)	(21.676434)	1	(293.85)	10-JUL-25
1SMVCI1	0.00	0.000000	0	(147.85)	(8.155756)	1	(151.59)	10-JUL-25
1SCGCI1	0.00	0.000000	0	(145.97)	(12.117715)	1	(149.44)	10-JUL-25
1WFSPX	0.00	0.000000	0	(634.31)	(0.862995)	1	(599.67)	10-JUL-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Sarasota Emergency Cash Balance Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1RBFGX	0.00	0.000000	0	(772.09)	(68.387068)	1	(760.13)	10-JUL-25
1PIMIX	0.00	0.000000	0	(466.69)	(43.534515)	1	(458.18)	10-JUL-25
1H0043A	0.00	0.000000	0	(611.05)	(31.828074)	1	(598.77)	10-JUL-25
1FTIHX	0.00	0.000000	0	(236.49)	(14.845574)	1	(201.25)	11-JUL-25
1SMVCI1	0.00	0.000000	0	(100.09)	(5.585411)	1	(103.81)	11-JUL-25
1SCGCI1	0.00	0.000000	0	(99.01)	(8.299872)	1	(102.36)	11-JUL-25
1WFSPX	0.00	0.000000	0	(432.99)	(0.591056)	1	(410.71)	11-JUL-25
1RBFGX	0.00	0.000000	0	(526.46)	(46.838078)	1	(520.61)	11-JUL-25
1PIMIX	0.00	0.000000	0	(318.74)	(29.816651)	1	(313.81)	11-JUL-25
1H0043A	0.00	0.000000	0	(418.55)	(21.798602)	1	(410.09)	11-JUL-25
1FTIHX	0.00	0.000000	0	(1,013.82)	(63.522556)	1	(861.13)	18-JUL-25
1SMVCI1	0.00	0.000000	0	(420.97)	(23.900417)	1	(444.23)	18-JUL-25
1SCGCI1	0.00	0.000000	0	(426.70)	(35.512759)	1	(437.97)	18-JUL-25
1WFSPX	0.00	0.000000	0	(1,864.01)	(2.529083)	1	(1,757.39)	18-JUL-25
1RBFGX	0.00	0.000000	0	(2,250.65)	(200.414069)	1	(2,227.62)	18-JUL-25
1PIMIX	0.00	0.000000	0	(1,363.84)	(127.580917)	1	(1,342.73)	18-JUL-25
1H0043A	0.00	0.000000	0	(1,792.46)	(93.274782)	1	(1,754.73)	18-JUL-25
1RBFGX	4,298.41	381.064716	1	0.00	0.000000	0	0.00	31-JUL-25
1PIMIX	3,431.29	319.784716	1	0.00	0.000000	0	0.00	31-JUL-25
1FTIHX	0.00	0.000000	0	(660.05)	(41.434400)	4	(561.70)	04-AUG-25
1SMVCI1	0.00	0.000000	0	(268.94)	(15.589730)	4	(289.77)	04-AUG-25
1SCGCI1	0.00	0.000000	0	(278.26)	(23.164782)	4	(285.68)	04-AUG-25
1WFSPX	0.00	0.000000	0	(1,222.58)	(1.649683)	4	(1,146.31)	04-AUG-25
1RBFGX	0.00	0.000000	0	(1,493.47)	(131.236379)	4	(1,458.78)	04-AUG-25
1PIMIX	0.00	0.000000	0	(905.06)	(83.646951)	4	(880.43)	04-AUG-25
1H0043A	0.00	0.000000	0	(1,171.70)	(60.841335)	4	(1,144.57)	04-AUG-25
1FTIHX	15,983.33	971.040705	1	0.00	0.000000	0	0.00	20-AUG-25
1SMVCI1	7,991.67	442.908843	1	0.00	0.000000	0	0.00	20-AUG-25
1SCGCI1	7,991.67	674.744174	1	0.00	0.000000	0	0.00	20-AUG-25
1WFSPX	31,966.66	42.658615	1	0.00	0.000000	0	0.00	20-AUG-25
1RBFGX	39,958.33	3,523.662257	1	0.00	0.000000	0	0.00	20-AUG-25
1PIMIX	23,975.00	2,219.907407	1	0.00	0.000000	0	0.00	20-AUG-25
1H0043A	31,966.66	1,656.848327	1	0.00	0.000000	0	0.00	20-AUG-25
1RBFGX	4,289.53	376.604917	1	0.00	0.000000	0	0.00	29-AUG-25
1PIMIX	3,484.65	321.165899	1	0.00	0.000000	0	0.00	29-AUG-25
1FTIHX	137.22	8.291239	1	0.00	0.000000	0	0.00	05-SEP-25
1SMVCI1	68.60	3.681126	1	0.00	0.000000	0	0.00	05-SEP-25
1SCGCI1	68.60	5.538735	1	0.00	0.000000	0	0.00	05-SEP-25
1WFSPX	274.42	0.361069	1	0.00	0.000000	0	0.00	05-SEP-25
1RBFGX	343.02	29.879791	1	0.00	0.000000	0	0.00	05-SEP-25
1PIMIX	205.81	18.864345	1	0.00	0.000000	0	0.00	05-SEP-25
1H0043A	274.42	14.197020	1	0.00	0.000000	0	0.00	05-SEP-25
1FTIHX	0.00	0.000000	0	(85,753.86)	(5,086.231317)	3	(69,381.70)	12-SEP-25
1SMVCI1	0.00	0.000000	0	(35,495.70)	(1,926.130721)	3	(35,750.98)	12-SEP-25
1SCGCI1	0.00	0.000000	0	(35,503.92)	(2,864.651681)	3	(35,265.43)	12-SEP-25
1WFSPX	0.00	0.000000	0	(156,866.01)	(203.144317)	3	(141,489.28)	12-SEP-25
1RBFGX	0.00	0.000000	0	(186,939.56)	(16,241.490877)	3	(180,625.57)	12-SEP-25
1PIMIX	0.00	0.000000	0	(113,242.13)	(10,360.670631)	3	(109,134.17)	12-SEP-25
1H0043A	0.00	0.000000	0	(145,202.61)	(7,505.605454)	3	(141,283.72)	12-SEP-25
1FTIHX	7,991.68	469.546416	1	0.00	0.000000	0	0.00	22-SEP-25
1SMVCI1	3,995.83	219.861563	1	0.00	0.000000	0	0.00	22-SEP-25
1SCGCI1	3,995.83	312.878195	1	0.00	0.000000	0	0.00	22-SEP-25
1WFSPX	15,983.33	20.352374	1	0.00	0.000000	0	0.00	22-SEP-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Sarasota Emergency Cash Balance Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1RBFGX	19,979.16	1,743.382199	1	0.00	0.000000	0	0.00	22-SEP-25
1PIMIX	11,987.50	1,099.770642	1	0.00	0.000000	0	0.00	22-SEP-25
1H0043A	15,983.33	825.216054	1	0.00	0.000000	0	0.00	22-SEP-25
1WFSPX	2,507.25	3.204071	1	0.00	0.000000	0	0.00	30-SEP-25
1RBFGX	3,955.88	345.491703	1	0.00	0.000000	0	0.00	30-SEP-25
1PIMIX	3,281.16	301.577206	1	0.00	0.000000	0	0.00	30-SEP-25
1FTIHX	0.00	0.000000	0	(382.31)	(22.137232)	1	(303.26)	08-OCT-25
1SMVCI1	0.00	0.000000	0	(150.08)	(8.417085)	1	(156.16)	08-OCT-25
1SCGCI1	0.00	0.000000	0	(158.11)	(12.507020)	1	(154.08)	08-OCT-25
1WFSPX	0.00	0.000000	0	(701.86)	(0.888048)	1	(620.21)	08-OCT-25
1RBFGX	0.00	0.000000	0	(816.28)	(71.166521)	1	(792.03)	08-OCT-25
1PIMIX	0.00	0.000000	0	(495.44)	(45.453211)	1	(479.19)	08-OCT-25
1H0043A	0.00	0.000000	0	(635.95)	(32.774317)	1	(617.30)	08-OCT-25
1FTIHX	7,991.68	466.803738	1	0.00	0.000000	0	0.00	15-OCT-25
1SMVCI1	3,995.83	227.375567	1	0.00	0.000000	0	0.00	15-OCT-25
1SCGCI1	3,995.83	316.118288	1	0.00	0.000000	0	0.00	15-OCT-25
1WFSPX	15,983.33	20.469667	1	0.00	0.000000	0	0.00	15-OCT-25
1RBFGX	19,979.16	1,734.302083	1	0.00	0.000000	0	0.00	15-OCT-25
1PIMIX	11,987.50	1,095.749543	1	0.00	0.000000	0	0.00	15-OCT-25
1H0043A	15,983.33	823.051877	1	0.00	0.000000	0	0.00	15-OCT-25
1RBFGX	3,819.90	332.743902	1	0.00	0.000000	0	0.00	31-OCT-25
1PIMIX	3,117.30	284.165907	1	0.00	0.000000	0	0.00	31-OCT-25
1FTIHX	7,991.68	479.117506	1	0.00	0.000000	0	0.00	20-NOV-25
1SMVCI1	3,995.83	242.001381	1	0.00	0.000000	0	0.00	20-NOV-25
1SCGCI1	3,995.83	342.916112	1	0.00	0.000000	0	0.00	20-NOV-25
1WFSPX	15,983.33	20.863242	1	0.00	0.000000	0	0.00	20-NOV-25
1RBFGX	19,979.16	1,743.382199	1	0.00	0.000000	0	0.00	20-NOV-25
1PIMIX	11,987.50	1,094.748858	1	0.00	0.000000	0	0.00	20-NOV-25
1H0043A	15,983.33	819.744800	1	0.00	0.000000	0	0.00	20-NOV-25
1RBFGX	3,761.52	326.804518	1	0.00	0.000000	0	0.00	28-NOV-25
1PIMIX	3,181.22	289.201818	1	0.00	0.000000	0	0.00	28-NOV-25
1FTIHX	13,618.04	800.119859	1	0.00	0.000000	0	0.00	12-DEC-25
1WFSPX	7,690.07	9.725279	3	0.00	0.000000	0	0.00	16-DEC-25
1FTIHX	7,991.68	473.721399	1	0.00	0.000000	0	0.00	17-DEC-25
1SMVCI1	3,995.83	220.748234	1	0.00	0.000000	0	0.00	17-DEC-25
1SCGCI1	3,995.83	318.139331	1	0.00	0.000000	0	0.00	17-DEC-25
1WFSPX	15,983.33	20.450286	1	0.00	0.000000	0	0.00	17-DEC-25
1RBFGX	19,979.16	1,744.904803	1	0.00	0.000000	0	0.00	17-DEC-25
1PIMIX	11,987.50	1,091.757741	1	0.00	0.000000	0	0.00	17-DEC-25
1H0043A	15,983.33	817.249744	1	0.00	0.000000	0	0.00	17-DEC-25
1RBFGX	3,976.68	347.308297	1	0.00	0.000000	0	0.00	31-DEC-25
1PIMIX	3,263.98	296.995450	1	0.00	0.000000	0	0.00	31-DEC-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Sarasota Emergency Cash Balance Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

5H0043A	PLAN EXPENSE ACCOUNT	1FTIHX	Fidelity Total International Index
1SMVCI1	Small Cap Value Fund II CL I1	1SCGCI1	Small Cap Growth Fund II Fee Class I1
1WFSPX	iShares S&P 500 Index K	1RBFGX	American Funds Bond Fund of Amer R6
1PIMIX	PIMCO Income Instl	1H0043A	PGIM Short-Term Fund (IS Platform)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Sarasota Emergency Associates, PA Cash Balance Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Global Physician Network, LLC

D Employer Identification Number (EIN)
82-1895218

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	3,887,571
b Actuarial value	**2b**	3,887,571

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	9	188,224	188,224
c For active participants	129	3,452,971	3,495,539
d Total	138	3,641,195	3,683,763

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.41%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	794,689
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	794,689

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — 05/27/2026 Date

Justin F.J. Greindl, FSA, EA, MSEA
Type or print name of actuary

2607528
Most recent enrollment number

Fidus Actuarial Solutions, LLC
Firm name

480-550-8820
Telephone number (including area code)

PO Box 8606

Madeira Beach FL 33738
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.84 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		239,215
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.46 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		239,215
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.53 %
15	Adjusted funding target attainment percentage	15	105.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/17/2025	48,333	0			
02/24/2025	48,334	0			
03/14/2025	59,084	0			
04/25/2025	79,917	0			
05/19/2025	75,833	0			
06/17/2025	84,000	0			
08/20/2025	159,834	0			
09/15/2025	79,916	0			
10/15/2025	79,917	0			
11/14/2025	79,917	0			
12/17/2025	79,916	0			
			Totals ► 18(b)	875,001	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	850,195

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	794,689
b Excess assets, if applicable, but not greater than line 31a	**31b**	203,808

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	590,881

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	590,881
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	850,195
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	259,314
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, line 19 -

Discounted Employer Contributions

Global Physician Network, LLC Cash Balance Plan

82-1895218 / 003

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	**01/17/2025**	**$48,333**					
Applied to MRC	01/01/2025	48,333	48,221	0	0	5.41	0.00
Deposited Contribution	**02/24/2025**	**$48,334**					
Applied to MRC	01/01/2025	48,334	47,959	0	0	5.41	0.00
Deposited Contribution	**03/14/2025**	**$59,084**					
Applied to MRC	01/01/2025	59,084	58,473	0	0	5.41	0.00
Deposited Contribution	**04/25/2025**	**$79,917**					
Applied to MRC	01/01/2025	79,917	78,613	0	0	5.41	0.00
Deposited Contribution	**05/19/2025**	**$75,833**					
Applied to MRC	01/01/2025	75,833	74,337	0	0	5.41	0.00
Deposited Contribution	**06/17/2025**	**$84,000**					
Applied to MRC	01/01/2025	84,000	81,999	0	0	5.41	0.00
Deposited Contribution	**08/20/2025**	**$159,834**					
Applied to MRC	01/01/2025	159,834	154,592	0	0	5.41	0.00
Deposited Contribution	**09/15/2025**	**$79,916**					
Applied to Additional Contribution	01/01/2025	31,464	30,318	0	0	5.41	0.00
Applied to MRC	01/01/2025	48,452	46,687	0	0	5.41	0.00
Deposited Contribution	**10/15/2025**	**$79,917**					
Applied to Additional Contribution	01/01/2025	79,917	76,674	0	0	5.41	0.00
Deposited Contribution	**11/14/2025**	**$79,917**					
Applied to Additional Contribution	01/01/2025	79,917	76,343	0	0	5.41	0.00
Deposited Contribution	**12/17/2025**	**$79,916**					
Applied to Additional Contribution	01/01/2025	79,916	75,979	0	0	5.41	0.00
Totals for Deposited Contribution		$875,001	$850,195	$0	$0		

Schedule SB, line 22 -
Description of Weighted Average Retirement Age

Global Physician Network, LLC Cash Balance Plan

82-1895218 / 003

For the plan year 01/01/2025 through 12/31/2025

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V
Summary of Plan Provisions

Global Physician Network, LLC Cash Balance Plan
82-1895218 / 003

For the plan year 01/01/2025 through 12/31/2025

Employer: Global Physician Network, LLC

Type of Entity - Limited Liability Company (LLC) taxed as S Corp

EIN: 82-1895218 TIN: Plan #: 003 Plan Type: Cash Balance

Dates: Effective - 01/01/2019 Valuation - 01/01/2025

Top Heavy Years - 2020, 2021, 2022, 2023, 2024, 2025

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits -

Classification	Pay Credit Formula
A	$150,000 - Marshall Frank and Alexander J Williams
B	$100,000 - Ryan S Snitowsky
C	$75,000 - William A Downes and Joel L Gerber
D	$50,000 - Bryan Berry, Rose Goncalves, Mark Johnson, Talor M
E	$25,000 - Kevin Casebolt, Joseph Lesnick and Tara Wendt
F	- Julio M Arrieta
H	/Key/ - Key Employees not in Groups 1-7
I	/NHCE/ - All Other HCEs
J	2.5% of compensation /NHCE/ - All Others

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: $280,000

Maximum 401(a)(17) compensation - $350,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

Schedule SB, Part V
Summary of Plan Provisions

Global Physician Network, LLC Cash Balance Plan
82-1895218 / 003

For the plan year 01/01/2025 through 12/31/2025

Optional Forms:
Lump Sum
Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years
Annuity Guaranteed for 0 Years
Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit

Vesting Schedule:
100% vested in 3 years.
Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)

SARASOTA EMERGENCY ASSOCIATES, PA CASH BALANCE PLAN

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

Employer Identification Number (EIN): 82-1895218
Plan Number: 003

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Maturity Date, Rate of Par or Maturity Value (If Applicable)	Number of Shares or Units	(d) Cost	(e) Current Value
	AMERICAN FUNDS BOND FUND OF AMER R6	Mutual fund	94,017	$ 1,048,503	$ 1,076,492
	FIDELITY TOTAL INTERNATIONAL INDEX	Mutual fund	29,527	411,679	511,408
	ISHARES S&P 500 INDEX K	Mutual fund	1,167	820,700	929,158
	PIMCO INCOME INSTL	Mutual fund	60,222	636,641	661,841
	PGIM SHORT-TERM FUND (IS PLATFORM)	Variable Annuity	42,889	809,421	839,948
	SMALL CAP GROWTH FUND II FEE CLASS I1	Collective Trust Funds	16,405	202,062	209,193
	SMALL CAP VALUE FUND II CL I1	Collective Trust Funds	11,073	204,624	197,108
				$ 4,133,630	$ 4,425,148

** Party-in-interest*

Plan Name:	**Global Physician Network, LLC Cash Balance Plan**
Employer ID Number:	**82-1895218**
Plan Number:	**003**
Attachment:	**Schedule SB, line 25 - Change in Method**

For the 2025 Plan Year, the valuation date has been updated to the Beginning of the Plan year as required due to no longer meeting the small plan exemption under IRC § 1.430(g)-1(b)(2).