

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION

Case number (if known) _____ Chapter 11 Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Florida Ear & Sinus Center, P.A.</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	<u>DBA Premier Facial Plastic Surgery Center</u> <u>DBA Silverstein Institute</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>59-1590885</u>	
4. Debtor's address	Principal place of business <u>1901 Floyd St., Suite A</u> <u>Sarasota, FL 34239</u> <small>Number, Street, City, State & ZIP Code</small> <u>Sarasota</u> <small>County</small>	Mailing address, if different from principal place of business <hr/> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <hr/> <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	<u>earsinus.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **Florida Ear & Sinus Center, P.A.**
Name

Case number *(if known)* _____

7. Describe debtor's business

A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. *Check all that apply:*

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor Florida Ear & Sinus Center, P.A.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

- It needs to be physically secured or protected from the weather.

- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

- No
- Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Florida Ear & Sinus Center, P.A.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

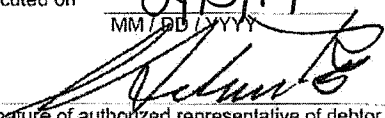
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

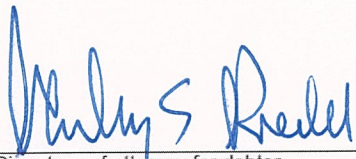
Executed on 2/13/17
MM/DD/YYYY

X 
Signature of authorized representative of debtor

Herbert Silverstein
Printed name

Title President

18. Signature of attorney

X 
Signature of attorney for debtor

Date 2/13/17
MM / DD / YYYY

Harley E. Riedel
Printed name

Stichter, Riedel, Blain & Postler, P.A.
Firm name

110 E. Madison St., Suite 200
Tampa, FL 33602
Number, Street, City, State & ZIP Code

Contact phone **813-229-0144**

Email address _____

183628 - Florida
Bar number and State

400 S. Tamiami Trail Associates
471 Burke Rd.
Venice, FL 34293

Advanced Bionics, LLC
P.O. Box 5131
Carol Stream, IL 60197-5131

Aroma Coffee
2168 Andrea Lane
Fort Myers, FL 33912

Capital Office Products
210 Fentress Blvd.
Daytona Beach, FL 32114

Cochlear Americas
P.O. Box 910811
Denver, CO 80256-0001

Cove Cleaners
2198 Princeton St.
Sarasota, FL 34237

Electrode Store
P.O. BOX 188
Enumclaw, WA 98022

Floyd Street Properties, LLC
1901 Floyd St.
Sarasota, FL 34239

Helix Hearing Care (Florida), Inc.
1101 Brickell Ave., Suite N401
Miami, FL 33131

Herbert Silverstein
1901 Floyd St., Suite A
Sarasota, FL 34239

Integra Lifesciences Sales, LLC
311 Enterprise Dr.
Plainsboro, NJ 08536

JPMorgan Chase Bank, N.A.
4919 Memorial Hwy., #100
Tampa, FL 33634

JPMorgan Chase Bank, N.A.
KY1-2514, P.O. Box 33035
Louisville, KY 40232

JPMorgan Chase Bank, N.A.
Collateral Management, Small Business
P.O. Box 330
Louisville, KY 40232-9891

JPMorgan Chase Bank, N.A.
P.O. Box 9001022
Louisville, KY 40290-1022

JS Paluch Co., Inc.
P.O. Box 2703
Schiller Park, IL 60176

Lori M. Dorman, Esq.
Lori M. Dorman, P.A.
515 9th St. E., #100
Bradenton, FL 34208

Martin Garcia, Esq.
Matthews Eastmoore
1626 Ringling Blvd., #300
Sarasota, FL 34236

Martin Garcia, Esquire
Mathews Eastmoore
1626 Ringling Blvd., #300
Sarasota, FL 34236

Sir Speedy
3939 S. Tamiami Tr.
Sarasota, FL 34231

Smith & Nephew
150 Minuteman Rd.
Andover, MA 01810

Staples
DEPT ATL
P.O. BOX 405386
Atlanta, GA 30384-5386

Sumeet Bhanot, M.D.
2038 Bee Ridge Rd.
Sarasota, FL 34239

Sumeet Bhanot, M.D., P.A.
2038 Bee Ridge Rd.
Sarasota, FL 34239

SunTrust Bankcard
P.O. BOX 791250
Baltimore, MD 21279-1250

University Professional Center, Inc.
Attn: Lemuel Sharp, III
3301 Whitfield Ave.
Sarasota, FL 34243

US Medsource, LLC
2280 Trailmate Dr., #102
Sarasota, FL 34243

West Interactive Services Corp.
Department # 1343
Denver, CO 80256-0001

FINANCIALS

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015 or tax year beginning _____, **and ending** _____

A S election effective date 12/31/1986	TYPE OR PRINT	Name FLORIDA EAR AND SINUS CENTER	D Employer identification number 59-1590885
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 1901 FLOYD STREET	E Date incorporated 05/23/1975
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34239	F Total assets (see instructions) \$ 355,535.
G Is the corporation electing to be an S corporation beginning with this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach Form 2553 if not already filed			
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination or revocation			
I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 4			

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a	Gross receipts or sales 6,594,413.	b	Return and allowances 71,570.		1c	6,522,843.
	2	Cost of goods sold (attach Form 1125-A)	2		2	235,479.	
	3	Gross profit. Subtract line 2 from line 1c	3		3	6,287,364.	
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		4		
	5	Other income (loss) (attach statement) STATEMENT 1 STATEMENT 2	5		5	101,586.	
	6	Total income (loss). Add lines 3 through 5	6		6	6,388,950.	
Deductions (See instructions for limitations)	7	Compensation of officers (see instrs. - attach Form 1125-E)	7		7	62,750.	
	8	Salaries and wages (less employment credits)	8		8	1,878,725.	
	9	Repairs and maintenance	9		9	156,362.	
	10	Bad debts	10		10		
	11	Rents	11		11	837,473.	
	12	Taxes and licenses STATEMENT 3	12		12	211,962.	
	13	Interest	13		13	15,226.	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		14	48,538.	
	15	Depletion (Do not deduct oil and gas depletion.)	15		15		
	16	Advertising	16		16	90,088.	
	17	Pension, profit-sharing, etc., plans	17		17	23,211.	
	18	Employee benefit programs	18		18		
	19	Other deductions (attach statement) STATEMENT 4	19		19	2,898,111.	
	20	Total deductions. Add lines 7 through 19	20		20	6,222,446.	
	21	Ordinary business income (loss). Subtract line 20 from line 6	21		21	166,504.	
Tax and Payments	22 a	Excess net passive income or LIFO recapture tax (see instructions)	22a		22c		
	b	Tax from Schedule D (Form 1120S)	22b				
	c	Add lines 22a and 22b					
	23 a	2015 estimated tax payments and 2014 overpayment credited to 2015	23a		23d		
	b	Tax deposited with Form 7004	23b				
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c				
	d	Add lines 23a through 23c					
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24		24		
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		25		
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		26		
27	Enter amount from line 26 Credited to 2016 estimated tax ▶ Refunded ▶	27		27			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	PRESIDENT Title
------------------	----------------------	------	--------------------

May the IRS discuss this return with the preparer shown below (see instr.?)
 Yes No

Print/Type preparer's name T. RAYMOND SUPLEE	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00456310
Firm's name ▶ SUPLEE SHEA CRAMER & ROCKLEIN, P.A.	Firm's EIN ▶ 59-2213319			
Firm's address ▶ 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236-7834	Phone no. 941-366-3600			

Schedule B Other Information (see instructions)	Yes	No																									
1 Check accounting method: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶ _____																											
2 See the instructions and enter the: (a) Business activity ▶ MEDICAL PRACTICE (b) Product or service ▶ MEDICAL SERVICE																											
3 At any time during the tax year, was any shareholder in the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X																									
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">(i) Name of Corporation</th> <th style="width: 15%;">(ii) Employer Identification Number (if any)</th> <th style="width: 20%;">(iii) Country of incorporation</th> <th style="width: 10%;">(iv) Percentage of Stock Owned</th> <th style="width: 20%;">(v) If Percentage in (iv) is 100%. Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%. Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made																						
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b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	X																										
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MEDICAL HEARING SYSTEMS LLC	27-4464454	PARTNERSHIP		30.00%																							
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?		X																									
If "yes" complete lines (i) and (ii) below (i) Total shares of restricted stock ▶ _____ (ii) Total shares of non-restricted stock ▶ _____																											
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?		X																									
If "yes" complete lines (i) and (ii) below (i) Total shares of stock outstanding at the end of the tax year ▶ _____ (ii) Total shares of stock outstanding if all instruments were executed ▶ _____																											
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide info. on any reportable transaction?		X																									
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.																											
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ \$ _____																											
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year ▶ \$ _____																											
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000		X																									
If "Yes," the corporation is not required to complete Schedules L and M-1																											
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X																									
If "Yes," enter the amount of principal reduction ▶ \$ _____																											
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X																									
13a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?	X																										
b If "Yes," did the corporation file or will it file all required Forms 1099?	X																										

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	166,504.
	2 Net rental real estate income (loss) (attach Form 8825)	2	66,308.
	3a Other gross rental income (loss)	3a	
	3b Expenses from other rental activities (attach statement)	3b	
	3c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	1,815.
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	39,127.
	12a Charitable contributions	12a	750.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶	12c(2)	
	(2) Amount ▶	12d	
d Other deductions (see instructions) Type ▶			
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	20,003.
	d Distributions (attach statement if required)	16d	
	e Repayment of loans from shareholders	16e	

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	1,815.
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	194,750.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,384.		79,946.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 9	62,756.		75,378.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)	STATEMENT 10	0.		34,790.
10a	Buildings and other depreciable assets	2,210,056.		2,249,183.	
b	Less accumulated depreciation	2,014,897.	195,159.	2,102,562.	146,621.
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	12,000.		12,000.	
b	Less accumulated amortization	12,000.	0.	12,000.	0.
14	Other assets (att. stmt.)	STATEMENT 11	18,800.		18,800.
15	Total assets		279,099.		355,535.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		50,000.		50,000.
18	Other current liabilities (att. stmt.)	STATEMENT 12	85,204.		85,940.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		430,379.		331,332.
21	Other liabilities (att. stmt.)				
22	Capital stock		500.		500.
23	Additional paid-in capital		667,664.		667,664.
24	Retained earnings	STATEMENT 13	-954,648.		-779,901.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		279,099.		355,535.

JWA

Form 1120S (2015)

Schedule M-1

Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	174,747.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ 13,448.		7 Add lines 5 and 6	
STMT 14 6,555.	20,003.	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	194,750.
4 Add lines 1 through 3	194,750.		

Schedule M-2

Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-60,107.		
2 Ordinary income from page 1, line 21	166,504.		
3 Other additions STATEMENT 15	68,123.		
4 Loss from page 1, line 21	()		
5 Other reductions STATEMENT 16	(59,880.)	()	
6 Combine lines 1 through 5	114,640.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	114,640.		

JWA

Form 1120S (2015)

FL. EAR AND SINUS CENTER, P.A

Balance Sheet

November 30, 2016

ASSETS

Current Assets

Petty cash - Administration	\$	200.00
Petty Cash-Venice Office		100.00
Over & short		(296.33)
Chase Bank Checking		84,531.16
Chase Savings Acct		1,784.58
Due Outreach/Rental Income		511.48
Due from Pawlus for CT Scanner		<u>33,204.49</u>

Total Current Assets		120,035.38
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Property and Equipment

Deposits-Furn,Fixt & Equip		226,388.52
Furniture & Fixtures -Clinic S		21,623.38
Furniture & Fixtures -LWR		2,938.62
Furniture & Fixtures-SI		325,896.46
Furniture & Fixtures-Clinic Ve		27,087.10
Customer Sign Corporate S		31,163.12
Customer Sign Administrative		2,171.37
Medical Equip-Lakewood Ranch		9,770.00
Medical Equipment-Clinic Saras		(210,379.32)
Medical Equipment - SI		632,684.43
Medical Equipment-Clinic Venic		115,403.60
Leasehold Improvements		781,363.60
Renovations		56,855.62
Nextech - EMR		124,356.30
Computer Equipment-Lakewood Ra		10,791.53
Computer Equipment-Clinic Sara		(48,514.13)
Computer Equipment - SI		142,493.38
Computer Equipment-Clinic Veni		12,397.24
Accumulated Depreciation		<u>(2,102,562.42)</u>

Total Property and Equipment		161,928.40
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Other Assets

Covenant Not to Compete		6,000.00
Customer List		18,800.00
Patient Files		6,000.00
Accumulated Amortization		(12,000.08)
Medical Hearing Systems, LLC I		<u>34,790.00</u>

Total Other Assets		<u>53,589.92</u>
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Total Assets	\$	<u><u>335,553.70</u></u>
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FL. EAR AND SINUS CENTER, P.A

Balance Sheet

November 30, 2016

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	38,162.38
Credit Card Purchases		34,233.18
Chase-CT Scanner loan		70,631.85
Chase Line of Credit		215,022.48
Health Insurance Payable		844.53
Dental/Visio Insurance Payable		(403.16)
Cafeteria Plan Payable		938.19
Chase-Gniady equip loan		56,388.19
Sales Tax - Liability		30.33
Fellow's Tail Coverage Contrib		<u>1,563.60</u>
Total Current Liabilities		417,411.57
Long-Term Liabilities		
Total Long-Term Liabilities		<u>0.00</u>
Total Liabilities		417,411.57
Capital		
Common Stock		500.00
Retained Earnings		(779,900.93)
Additional Paid in Capital		667,664.00
Net Income		<u>29,879.06</u>
Total Capital		<u>(81,857.87)</u>
Total Liabilities & Capital	\$	<u><u>335,553.70</u></u>

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Revenues				
Interest Income-Money market	\$ 0.04	0.00	\$ 9.18	0.00
Interest Income-Due From HSMDP	0.00	0.00	0.00	0.00
Interest Income-Due From JWMDP	0.00	0.00	0.00	0.00
Interest Income-Due From Pawlu	94.26	0.02	1,227.56	0.02
Gain on Sale of Medical Hearin	0.00	0.00	0.00	0.00
MHS Quarterly Payouts	13,198.66	3.05	116,217.91	2.22
MHS Quarterly Payouts	0.00	0.00	0.00	0.00
Patients Collections-Other	0.00	0.00	0.00	0.00
Patients Collections-LWR Clini	10,024.11	2.32	167,411.39	3.20
Patients Collections-F.P. LWR	0.00	0.00	0.00	0.00
Patients Collections-Allergy L	505.43	0.12	5,997.17	0.11
Patients Collections-LWR Audio	1,110.99	0.26	18,023.01	0.34
Patients Collections-Vest Reha	86.82	0.02	2,554.11	0.05
Patients Collections-Hosp/Surg	3,677.19	0.85	62,070.22	1.19
Patients Collections-Hearing	0.00	0.00	0.00	0.00
Patients Collections-Clinical	136,522.77	31.55	1,256,250.60	23.99
Patients Collections-Facial Pl	0.00	0.00	34,896.59	0.67
Patients Collections-MRI	4,907.63	1.13	76,140.90	1.45
Patients Collections-Allergy	68,974.89	15.94	673,250.49	12.86
Patients Collections-Audiology	53,567.68	12.38	537,306.08	10.26
Patients Collections-Vest Reha	8,938.41	2.07	74,212.86	1.42
Patients Collections-FP Hosp/S	0.00	0.00	13,760.04	0.26
Patients Collections-NP Outrea	0.00	0.00	0.00	0.00
Patients Collections-Hosp/Surg	132,085.06	30.52	1,447,697.92	27.65
Patients Collections-Hearing	0.00	0.00	0.00	0.00
Patients Collections-Clinical	27,936.35	6.46	270,260.20	5.16
Patients Collections-Facial Pl	0.00	0.00	60.00	0.00
Patients Collections-Allergy	3,517.77	0.81	46,300.28	0.88
Patients Collections-Audiology	11,443.45	2.64	156,970.23	3.00
Patients Collections-Vest Reha	180.00	0.04	7,284.70	0.14
Patients Collections-Hosp/Surg	11,338.02	2.62	101,749.93	1.94
Deposits in Transit	(67,967.99)	(15.71)	10,990.60	0.21
Sales Tax Allowance	0.00	0.00	7.85	0.00
Sales Tax Allowance-Pharmacy	0.22	0.00	8.88	0.00
Medical hearing Systems Income	0.00	0.00	0.00	0.00
Sale of Hearing Aids-LWR	0.00	0.00	18,800.00	0.36
Sale of Hearing Aids	0.00	0.00	0.00	0.00
Sale of Hearing Aids	0.00	0.00	4,035.00	0.08
Sale of Hearing Aids	0.00	0.00	0.00	0.00
Sale of Hearing Aids-Venice	0.00	0.00	0.00	0.00
Sale of EarKare/Vitamins	95.00	0.02	3,422.00	0.07
Sale of EarKare/Vitamins	1,908.35	0.44	20,239.36	0.39
Sale of EarKare/Vitamins	80.00	0.02	3,182.30	0.06
Sale of Skin Care Products	0.00	0.00	0.00	0.00
Sale of Skin Care Products	183.40	0.04	2,840.29	0.05
Sale of Skin Care Products	0.00	0.00	0.00	0.00
Sale of Skin Care Products	0.00	0.00	42.06	0.00

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Hearing Aid Returns Sarasota	0.00	0.00	0.00	0.00
Hearing Aid Returns Sarasota	0.00	0.00	0.00	0.00
Hearing Aid Returns Sarasota	0.00	0.00	0.00	0.00
Hearing Aid Returns Venice	0.00	0.00	0.00	0.00
Hearing Aid Returns Sarasota	0.00	0.00	0.00	0.00
Return of EarKare/Vitamins-LWR	0.00	0.00	0.00	0.00
Return of EarKare/Vitamins	0.00	0.00	0.00	0.00
Return of EarKare/Vitamins	0.00	0.00	0.00	0.00
Return of Skin Care Products	0.00	0.00	0.00	0.00
Return of Skin Care Products	0.00	0.00	0.00	0.00
Fellow On Call- Income	7,000.00	1.62	77,000.00	1.47
Other Income-Hearing Ctr	0.00	0.00	0.00	0.00
Other Income-Clinical	0.00	0.00	16,035.11	0.31
Other Income-Facial Plastics	0.00	0.00	0.00	0.00
Other Income-Outreach	0.00	0.00	0.00	0.00
Other Income-Audio	0.00	0.00	0.00	0.00
Other Income-Hearing Ctr	0.00	0.00	0.00	0.00
Other Income-Clinical	0.00	0.00	0.00	0.00
Federal Telephone Tax Refund	0.00	0.00	0.00	0.00
Patient Refunds-Clinical-LWR	0.00	0.00	(1,678.31)	(0.03)
Patient Refunds-Facial Pla-LWR	0.00	0.00	0.00	0.00
Patient Refunds-Hearing Ctr	0.00	0.00	0.00	0.00
Patient Refunds-Clinical	(2,406.92)	(0.56)	(42,541.97)	(0.81)
Patient Refunds-Facial Plastic	0.00	0.00	(7,917.47)	(0.15)
Patient Refunds-Hearing Ctr	0.00	0.00	0.00	0.00
Patient Refunds-Clinical	0.00	0.00	(281.97)	(0.01)
Patient Refunds-Facial Plastic	0.00	0.00	(21.66)	(0.00)
Rental Income-FESC	4,871.75	1.13	53,021.65	1.01
Rental Income	875.43	0.20	9,527.77	0.18
Returned Checks	0.00	0.00	(115.00)	(0.00)
ERF Reimb-Neuromonics	0.00	0.00	0.00	0.00
Gain on Sale of MHS, LLC	0.00	0.00	0.00	0.00
Medical hearing Systems Expens	0.00	0.00	0.00	0.00
Total Revenues	<u>432,748.77</u>	100.00	<u>5,236,247.86</u>	100.00
Cost of Sales	<u>0.00</u>	0.00	<u>0.00</u>	0.00
Total Cost of Sales	<u>0.00</u>	0.00	<u>0.00</u>	0.00
Gross Profit	<u>432,748.77</u>	100.00	<u>5,236,247.86</u>	100.00
Expenses				
Recruitment/Payroll -Bus Off	1,660.58	0.38	11,468.29	0.22
Recruitment/Payroll Clinic	2,608.00	0.60	3,020.95	0.06
Recruitment/Payroll FP	0.00	0.00	0.00	0.00
Recruitment/Payroll -MRI	0.00	0.00	0.00	0.00

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Recruitment/Payroll -Allergy	0.00	0.00	629.97	0.01
Recruitment/Payroll -Audio	0.00	0.00	0.00	0.00
Recruitment/Payroll -Bus Off	0.00	0.00	424.00	0.01
Recruitment/Payroll -Audio	0.00	0.00	0.00	0.00
Salaries-Business Office-LWR	2,437.04	0.56	29,253.26	0.56
Salaries-LWR Clinic ENT	1,551.29	0.36	21,501.53	0.41
Salaries-Allergy-LWR	229.20	0.05	3,334.69	0.06
Salaries-Audio-LWR	0.00	0.00	2,250.00	0.04
Salaries-Business Office	47,361.20	10.94	573,033.13	10.94
Salaries-Hearing Center	0.00	0.00	0.00	0.00
Salaries-Clinic ENT	18,523.32	4.28	210,793.56	4.03
Salaries-Facial Plastics	0.00	0.00	8,755.49	0.17
Salaries-Clinical-Audio Outrea	0.00	0.00	0.00	0.00
Salaries-MRI	1,104.72	0.26	13,956.32	0.27
Salaries-Allergy	8,415.54	1.94	96,721.46	1.85
Salaries-Audiology	19,915.92	4.60	208,588.36	3.98
Salaries-Pharmacy	0.00	0.00	0.00	0.00
Salaries-Vest Rehab	921.60	0.21	13,542.00	0.26
Salaries-NP Tinnitus Clinic	2,769.22	0.64	33,234.53	0.63
Salaries-PA Clinic	6,461.52	1.49	77,552.82	1.48
Salaries-NP Outreach	0.00	0.00	0.00	0.00
Salaries-Hosp/Surgery	1,846.16	0.43	22,158.08	0.42
Salaries-Ear Research Foundati	9,207.02	2.13	105,929.66	2.02
Salaries-Business Office	3,147.66	0.73	43,901.11	0.84
Salaries-Hearing Center	0.00	0.00	0.00	0.00
Salaries-Clinic ENT	1,897.36	0.44	28,918.87	0.55
Salaries-Facial Plastics	0.00	0.00	483.77	0.01
Salaries-Allergy	726.35	0.17	9,064.46	0.17
Salaries-Audiology	7,036.29	1.63	75,280.50	1.44
Salaries-NP Tinnitus Clinic	923.08	0.21	11,078.26	0.21
Salaries-PA Clinic	923.08	0.21	11,079.04	0.21
Employee Benefits-Hearing Ctr.	0.00	0.00	0.00	0.00
Employee Benefits-Clinical	0.00	0.00	0.00	0.00
Employee Benefits-Facial Plast	0.00	0.00	0.00	0.00
Employee Benefits-Clinical-LWR	0.00	0.00	0.00	0.00
Employee Benefits- Clinical	0.00	0.00	0.00	0.00
Employee Benefits-Facial Plast	0.00	0.00	0.00	0.00
Payroll Taxes-Bus Off LWR	186.44	0.04	2,361.27	0.05
Payroll Taxes-LWR Clinic ENT	112.93	0.03	1,634.32	0.03
Payroll Taxes-Allergy-LWR	16.88	0.00	255.36	0.00
Payroll Taxes-Audio-LWR	0.00	0.00	207.74	0.00
Payroll Taxes-Business Office	3,498.59	0.81	43,165.46	0.82
Payroll Taxes-Hearing Center	0.00	0.00	0.00	0.00
Payroll Taxes-Clinic ENT	1,372.93	0.32	15,729.08	0.30
Payroll Taxes-Facial Plastics	0.00	0.00	800.75	0.02
Payroll Taxes-Audio Outreach	0.00	0.00	0.00	0.00
Payroll Taxes-MRI	84.50	0.02	1,177.56	0.02
Payroll Taxes-Allergy	616.12	0.14	7,537.77	0.14

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Payroll Taxes-Audiology	1,490.51	0.34	15,444.86	0.29
Payroll Taxes-Pharmacy	0.00	0.00	0.00	0.00
Payroll Taxes-Vest Rehab	70.50	0.02	1,152.91	0.02
Payroll Taxes-NP Tinnitus Clin	209.90	0.05	2,568.92	0.05
Payroll Taxes-PA Clinic	491.42	0.11	5,993.58	0.11
Payroll Taxes-NP Outreach	0.00	0.00	0.00	0.00
Payroll Taxes-Hospital/Surgery	140.44	0.03	2,339.88	0.04
Payroll Taxes-Ear Research Fou	696.44	0.16	8,281.70	0.16
Payroll Taxes-Business Office	230.62	0.05	3,660.28	0.07
Payroll Taxes-Hearing Center	0.00	0.00	0.00	0.00
Payroll Taxes-Clinic ENT	137.80	0.03	2,202.84	0.04
Payroll Taxes-Facial Plastics	0.00	0.00	44.02	0.00
Payroll Taxes-Allergy	52.39	0.01	721.68	0.01
Payroll Taxes-Audiology	527.23	0.12	5,928.31	0.11
Payroll Taxes-NP Tinnitus Clin	69.98	0.02	856.42	0.02
Payroll Taxes-PA Clinic	70.22	0.02	856.46	0.02
Retirement 401-K-Bus LWR	50.00	0.01	691.78	0.01
Retirement 401-K-Bus Office	397.22	0.09	7,159.91	0.14
Retirement 401-K-Hearing Ctr.	0.00	0.00	0.00	0.00
Retirement 401-K-Clinic ENT	418.58	0.10	6,123.70	0.12
Retirement 401-K-Facial Plasti	0.00	0.00	86.00	0.00
Retirement 401-K-Allergy	0.00	0.00	237.46	0.00
Retirement 401-K-Audio	345.38	0.08	2,739.24	0.05
Retirement 401-K-NP Clinic	0.00	0.00	0.00	0.00
Retirement 401-K-PA Clinic	276.92	0.06	3,415.45	0.07
Retirement 401-K-Ear Research	126.16	0.03	1,603.04	0.03
Retirement 401-K-Bus Office	0.00	0.00	163.98	0.00
Retirement 401-K- Hearing Ctr.	0.00	0.00	0.00	0.00
Retirement 401-K-Clinic ENT	0.00	0.00	0.00	0.00
Retirement 401-K-Facial Plasti	0.00	0.00	0.00	0.00
Retirement 401-K-Allergy	0.00	0.00	0.00	0.00
Retirement 401-K-Audio	120.00	0.03	1,679.00	0.03
Education - Staff-Clinical-LWR	0.00	0.00	0.00	0.00
Education - Business Office	0.00	0.00	566.00	0.01
Education - Staff-Clinical	0.00	0.00	48.00	0.00
Education - Staff-Facial Plast	0.00	0.00	0.00	0.00
Education - Staff-MRI/CT	0.00	0.00	0.00	0.00
Education - Staff-Allergy	0.00	0.00	0.00	0.00
Education - Staff-Audio	0.00	0.00	495.00	0.01
Education - Staff-Vest Rehab	0.00	0.00	0.00	0.00
Education - Staff-NP	0.00	0.00	0.00	0.00
Education - Staff-PA	0.00	0.00	65.74	0.00
Education - Ear Research Found	0.00	0.00	0.00	0.00
Education - Staff-Bus Office	0.00	0.00	0.00	0.00
Education - Staff-Clinical	0.00	0.00	0.00	0.00
Education - Staff-Facial Plast	0.00	0.00	0.00	0.00
Education - Staff-Allergy	0.00	0.00	0.00	0.00
Education - Staff-Audio	0.00	0.00	0.00	0.00

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Insurance-Health Cafe-Bus LWR	1.85	0.00	214.58	0.00
Insurance-Health Cafe-Clin LWR	161.86	0.04	1,866.16	0.04
Insurance-Health Cafe-Alle LWR	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Bus Offi	4,028.80	0.93	53,753.76	1.03
Insurance-Health Cafe-Hearing	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Clinical	1,322.15	0.31	16,112.73	0.31
Insurance-Health Cafe-F.P.	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Audio Ou	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Allergy	364.41	0.08	2,075.50	0.04
Insurance-Health Cafe-Audio	1,039.59	0.24	11,423.75	0.22
Insurance-Health Cafe-Pharmacy	0.00	0.00	0.00	0.00
Insurance-Health Cafe-NP Tinn	112.84	0.03	1,234.73	0.02
Insurance-Health Cafe-PA Clini	1.85	0.00	506.43	0.01
Insurance-Health Cafe-NP Outre	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Hosp/Sur	0.00	0.00	513.55	0.01
Insurance-Health Cafe-ERF	371.81	0.09	4,068.19	0.08
Insurance-Health Cafe-Bus Offi	325.57	0.08	3,532.13	0.07
Insurance-Health Cafe-Hearing	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Clinical	145.67	0.03	2,172.67	0.04
Insurance-Health Cafe-F.P.	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Allergy	0.00	0.00	0.00	0.00
Insurance-Health Cafe-Audio	260.82	0.06	2,819.54	0.05
Insurance-Health Cafe-NP Tinn	37.00	0.01	404.83	0.01
Insurance-Health Cafe-PA Clini	0.00	0.00	256.83	0.00
Insurance-Cafe Dental-Clinical	0.00	0.00	0.00	0.00
Insurance-Cafe Dental-F.P.	0.00	0.00	0.00	0.00
Insurance-Cafe Dental-Hearing	0.00	0.00	0.00	0.00
Insurance-Cafe Dental-Clinical	0.00	0.00	0.00	0.00
Insurance-Cafe Dental-F.P.	0.00	0.00	0.00	0.00
Clerical Supplies-Bus Off-LWR	0.00	0.00	352.09	0.01
Clerical Supplies-Bus Office	1,788.35	0.41	8,281.60	0.16
Clerical Supplies-Hearing	0.00	0.00	0.00	0.00
Clerical Supplies-Clinical	0.00	0.00	786.30	0.02
Clerical Supplies-Facial Plast	0.00	0.00	0.00	0.00
Clerical Supplies-Allergy	0.00	0.00	128.65	0.00
Clerical Supplies-Audio	74.02	0.02	1,502.07	0.03
Clerical Supplies-Pharmacy	0.00	0.00	0.00	0.00
Clerical Supplies-Bus Office	0.00	0.00	1,696.39	0.03
Clerical Supplies-Hearing	0.00	0.00	0.00	0.00
Clerical Supplies-Clinical	0.00	0.00	353.04	0.01
Clerical Supplies-Facial Plast	0.00	0.00	0.00	0.00
Clerical Supplies-Allergy	0.00	0.00	0.00	0.00
Clerical Supplies-Audio	0.00	0.00	0.00	0.00
Postage - Bus Office-LWR	0.00	0.00	19.20	0.00
Postage - Bus Office	1,035.42	0.24	4,035.42	0.08
Postage - Hearing	0.00	0.00	0.00	0.00
Postage - Clinical	67.64	0.02	445.07	0.01
Postage - Facial Plastics	0.00	0.00	0.00	0.00

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Postage - Allergy	75.40	0.02	197.60	0.00
Postage -Audio	0.00	0.00	0.43	0.00
Postage - Bus Office	0.00	0.00	300.00	0.01
Postage - Hearing	0.00	0.00	0.00	0.00
Postage - Clinical	0.00	0.00	0.00	0.00
Postage - Facial Plastics	0.00	0.00	0.00	0.00
Forms & Printing - LWR	0.00	0.00	18.84	0.00
Forms & Printing - Bus Office	0.00	0.00	6,700.75	0.13
Forms & Printing - Hearing	0.00	0.00	0.00	0.00
Forms & Printing - Clincial	0.00	0.00	1,771.23	0.03
Forms & Printing -Facial Plast	0.00	0.00	0.00	0.00
Forms & Printing - Outreach	0.00	0.00	0.00	0.00
Forms & Printing - Allegy	106.18	0.02	1,268.91	0.02
Forms & Printing - Audio	0.00	0.00	204.16	0.00
Forms & Printing -Vest. Rehab	0.00	0.00	0.00	0.00
Forms & Printing - Bus Office	0.00	0.00	643.72	0.01
Forms & Printing - Hearing	0.00	0.00	0.00	0.00
Forms & Printing - Clinical	0.00	0.00	0.00	0.00
Forms & Printing -Facial Plast	0.00	0.00	0.00	0.00
Consulting Services	0.00	0.00	0.00	0.00
Consulting Services	0.00	0.00	0.00	0.00
Computer Supplies - Clinical	0.00	0.00	187.65	0.00
Computer Supplies - Bus Office	304.97	0.07	1,746.90	0.03
Computer Supplies - Hearing	0.00	0.00	0.00	0.00
Computer Supplies - Clinical	190.97	0.04	571.10	0.01
Computer Supplies -Facial Plas	0.00	0.00	0.00	0.00
Computer Supplies - Audiology	0.00	0.00	0.00	0.00
Computer Supplies - Vest Rehab	0.00	0.00	0.00	0.00
Computer Supplies - Clinical	0.00	0.00	0.00	0.00
Computer Supplies -Facial Plas	0.00	0.00	0.00	0.00
Computer Equipment - Clincial	169.53	0.04	5,038.79	0.10
Computer Equipment -Facial Pla	0.00	0.00	0.00	0.00
Computer Equipment - Allergy	0.00	0.00	0.00	0.00
Computer Equipment - Audio	0.00	0.00	0.00	0.00
Computer Equipment - Vest Reha	0.00	0.00	0.00	0.00
Computer Equipment - Clincial	0.00	0.00	450.00	0.01
Computer Equipment -Facial Pla	0.00	0.00	0.00	0.00
Clinical Supplies -LWR clinica	0.00	0.00	530.17	0.01
Clinical Supplies - Bus Office	0.00	0.00	0.00	0.00
Clinical Supplies - Hearing	0.00	0.00	0.00	0.00
Clinical Supplies - Clinical	4,241.19	0.98	42,586.49	0.81
Clinical Supplies - Facial Pla	0.00	0.00	1,764.78	0.03
Clinical Supplies - MRI	0.00	0.00	0.00	0.00
Clinical Supplies - Audio	34.55	0.01	14,617.19	0.28
Clinical Supplies - Pharmacy	0.00	0.00	0.00	0.00
Clinical Supplies - Vest Rehab	0.00	0.00	0.00	0.00
Clinical Supplies - Clinical	68.69	0.02	2,138.56	0.04
Clinical Supplies - Facial Pla	0.00	0.00	0.00	0.00

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Clinical Supplies - Audio	0.00	0.00	2,214.11	0.04
Clinical Supplies - Vest Rehab	0.00	0.00	0.00	0.00
Cochlear Implant Supplies-Audi	10,971.02	2.54	27,431.51	0.52
Cochlear Implant Supplies-Audi	0.00	0.00	0.00	0.00
Allergy Supplies - Allergy-LWR	0.00	0.00	0.00	0.00
Allergy Supplies - Clinical	0.00	0.00	0.00	0.00
Allergy Supplies - Allergy	5,093.68	1.18	53,349.91	1.02
Allergy Supplies - Allergy	0.00	0.00	0.00	0.00
Hearing Aid Supplies	0.00	0.00	0.00	0.00
Hearing Aid Supplies - H. C.	0.00	0.00	0.00	0.00
Hearing Aid Supplies	45.00	0.01	11,964.72	0.23
Hearing Aid Supplies - H. C.	0.00	0.00	0.00	0.00
Hearing Aid Supplies	951.40	0.22	1,046.40	0.02
EarKare/Vitamins	6,962.00	1.61	14,590.00	0.28
Skin Care Products-Facial Plas	0.00	0.00	0.00	0.00
Skin Care Products	1,724.00	0.40	6,115.41	0.12
Skin Care Products-Facial Plas	0.00	0.00	0.00	0.00
Rent - Clinical-Admin	611.04	0.14	6,721.44	0.13
Rent - Clinical-LWR	1,312.57	0.30	14,438.27	0.28
Rent - Clinical-Allergy	158.41	0.04	1,742.51	0.03
Rent - Clinical-Audio	181.04	0.04	1,991.44	0.04
Rent - Clinical - Admin	14,299.74	3.30	182,158.64	3.48
Rent - Hearing Ctr.	0.00	0.00	0.00	0.00
Rent - Clinical	28,599.47	6.61	351,469.19	6.71
Rent - Facial Plastics	0.00	0.00	12,848.03	0.25
Rent - Outreach	0.00	0.00	0.00	0.00
Rent - Clinical-MRI	0.00	0.00	0.00	0.00
Rent - Allergy	953.32	0.22	12,143.92	0.23
Rent - Audio	2,859.95	0.66	36,431.75	0.70
Rent - Vest Rehab	953.32	0.22	12,143.92	0.23
Rent - Admin	546.87	0.13	5,538.25	0.11
Rent - Hearing Ctr.	0.00	0.00	0.00	0.00
Rent - Clinical	2,442.71	0.56	24,427.10	0.47
Rent - Facial Plastics	0.00	0.00	0.00	0.00
Rent - Allergy	291.67	0.07	2,916.70	0.06
Rent - Audio	364.58	0.08	3,687.33	0.07
Insurance Build & Content-LWR	0.00	0.00	0.00	0.00
Insurance Build & Content	1,927.00	0.45	11,014.00	0.21
Insurance Build & Content	0.00	0.00	0.00	0.00
Insurance Build & Content	300.00	0.07	3,951.00	0.08
Taxes & Licenses - Clinic-LWR	0.00	0.00	0.00	0.00
Taxes & Licenses - Bus Office	60.39	0.01	93.39	0.00
Taxes & Licenses - Hearing Ctr	0.00	0.00	0.00	0.00
Taxes & Licenses - Clinical	9,621.89	2.22	10,320.68	0.20
Taxes & Licenses - Facial Plas	0.00	0.00	0.00	0.00
Taxes & Licenses - MRI	0.00	0.00	145.00	0.00
Taxes & Licenses - Audio	0.00	0.00	305.00	0.01
Taxes & Licenses - Pharmacy	0.00	0.00	0.00	0.00

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Taxes & Licenses - PA	0.00	0.00	430.00	0.01
Taxes & Licenses - Hearing Ctr	0.00	0.00	0.00	0.00
Taxes & Licenses - Clinical	176.08	0.04	426.08	0.01
Taxes & Licenses - Facial Plas	0.00	0.00	0.00	0.00
Taxes & Licenses - Audio	0.00	0.00	80.00	0.00
State Sales Tax -Lakewood Ranc	147.10	0.03	1,618.10	0.03
State Sales Tax -Sarasota	3,384.68	0.78	43,032.48	0.82
State Sales Tax -Facial Plasti	0.00	0.00	0.00	0.00
State Sales Tax -MRI	0.00	0.00	0.00	0.00
State Sales Tax -Venice	255.21	0.06	2,552.10	0.05
State Sales Tax -Facial Plasti	0.00	0.00	0.00	0.00
Utilities - LWR Office	95.68	0.02	706.39	0.01
Utilities - LWR -Clinic	205.52	0.05	1,517.26	0.03
Utilities - LWR -Allergy	24.81	0.01	183.16	0.00
Utilities - LWR -Audio	28.35	0.01	209.31	0.00
Utilities - Business Office	846.92	0.20	8,643.92	0.17
Utilities - Hearing Ctr.	0.00	0.00	0.00	0.00
Utilities - Clinical	1,261.58	0.29	12,344.07	0.24
Utilities - Facial Plastics	0.00	0.00	460.56	0.01
Utilities - Allergy	56.46	0.01	615.14	0.01
Utilities - Audio	169.39	0.04	1,783.99	0.03
Utilities - Vest Rehab	56.46	0.01	548.32	0.01
Utilities - Bus Off	101.82	0.02	897.52	0.02
Utilities - Hearing Ctr.	0.00	0.00	0.00	0.00
Utilities - Clinical	327.56	0.08	3,837.97	0.07
Utilities - Facial Plastics	0.00	0.00	0.00	0.00
Utilities - Allergy	54.30	0.01	515.73	0.01
Utilities - Audio	67.88	0.02	603.44	0.01
Repairs & Maintenance- LWR cli	0.00	0.00	1,383.42	0.03
Repairs & Maint- LWR Audio	0.00	0.00	0.00	0.00
Repairs & Maintenance-Admin	0.00	0.00	0.00	0.00
Repairs & Maintenance- Hearing	0.00	0.00	0.00	0.00
Repairs & Maintenance-Clinical	680.00	0.16	13,286.98	0.25
Repairs & Maintenance-F.P.	0.00	0.00	0.00	0.00
Repairs & Maintenance- MRI	0.00	0.00	573.00	0.01
Repairs & Maintenance-Allergy	0.00	0.00	144.96	0.00
Repairs & Maintenance- Audio	189.00	0.04	2,910.04	0.06
Repairs & Maintenance-Admin	0.00	0.00	0.00	0.00
Repairs & Maintenance-Hearing	0.00	0.00	0.00	0.00
Repairs & Maintenance-Clinical	16.04	0.00	2,041.86	0.04
Repairs & Maintenance-F.P.	0.00	0.00	0.00	0.00
Repairs & Maintenance-Allergy	0.00	0.00	0.00	0.00
Repairs & Maintenance- Audio	0.00	0.00	1,110.00	0.02
Janitorial Services-LWR-Bus Off	86.67	0.02	887.77	0.02
Janitorial Services-LWR-Clinic	263.40	0.06	2,717.91	0.05
Janitorial Services-LWR-Allerg	22.47	0.01	252.63	0.00
Janitorial Services-LWR-Audio	25.68	0.01	288.72	0.01
Janitorial Services-Bus Off	642.00	0.15	7,797.87	0.15

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Janitorial Services- Clinic	1,797.33	0.42	21,336.40	0.41
Janitorial Services- FP	0.00	0.00	624.00	0.01
Janitorial Services- Allergy	42.80	0.01	509.86	0.01
Janitorial Services- Audio	128.40	0.03	1,529.58	0.03
Janitorial Services- Vest Reha	42.80	0.01	509.86	0.01
Janitorial Services - Bus Off	88.28	0.02	1,120.22	0.02
Janitorial Services - Clinic	625.96	0.14	7,598.86	0.15
Janitorial Services - F.P.	0.00	0.00	54.05	0.00
Janitorial Services -Allergy	47.07	0.01	597.37	0.01
Janitorial Services -Audio	58.85	0.01	746.80	0.01
Storage - Clinical	1,171.38	0.27	12,885.18	0.25
Storage - Clinical	0.00	0.00	0.00	0.00
Equipment Rental-LWR	156.22	0.04	545.59	0.01
Equipment Rental-Admin	468.66	0.11	5,247.13	0.10
Equipment Rental-Hearing Ctr.	0.00	0.00	0.00	0.00
Equipment Rental-Clinical	0.00	0.00	2,617.26	0.05
Equipment Rental-Facial Plasti	0.00	0.00	0.00	0.00
Equipment Rental-MRI-Sarasota	0.00	0.00	0.00	0.00
Equipment Rental-ERF	312.44	0.07	2,647.08	0.05
Equipment Rental-Admin	156.22	0.04	902.05	0.02
Equipment Rental-Clinical	89.72	0.02	1,956.66	0.04
Equipment Rental-Facial Plasti	0.00	0.00	0.00	0.00
Equipment Maintenance-Clinical	0.00	0.00	0.00	0.00
Equipment Maintenance-Clinical	0.00	0.00	0.00	0.00
Equipment Maintenance-Facial P	0.00	0.00	0.00	0.00
Equipment Maintenance-Clinical	0.00	0.00	0.00	0.00
Equipment Maintenance-Facial P	0.00	0.00	0.00	0.00
Depreciation	0.00	0.00	0.00	0.00
Depreciation	0.00	0.00	0.00	0.00
Computer Maintenance-LWR-Bus	41.84	0.01	460.24	0.01
Computer Maintenance-LWR-Clini	167.36	0.04	1,840.96	0.04
Computer Maintenance-Bus Off	4,548.40	1.05	9,949.90	0.19
Computer Maintenance-Hearing	0.00	0.00	0.00	0.00
Computer Maintenance-Clinical	(1,784.93)	(0.41)	72,118.26	1.38
Computer Maintenance-F.P.	146.44	0.03	1,610.84	0.03
Computer Maintenance-Alergy	62.76	0.01	690.36	0.01
Computer Maintenance-Audio	313.80	0.07	4,264.41	0.08
Computer Maintenance-VR	62.76	0.01	690.36	0.01
Computer Maintenance-ERF	146.44	0.03	1,610.84	0.03
Computer Maintenance-Bus Off	62.76	0.01	690.36	0.01
Computer Maintenance-Hearing	0.00	0.00	0.00	0.00
Computer Maintenance-Clinical	167.36	0.04	1,917.47	0.04
Computer Maintenance-F.P.	0.00	0.00	0.00	0.00
Computer Maintenance-Allergy	41.84	0.01	460.24	0.01
Computer Maintenance-Audio	62.76	0.01	690.36	0.01
Advertising - LWR Bus Office	0.00	0.00	4,444.64	0.08
Advertising - Facial Plast-LWR	0.00	0.00	0.00	0.00
Advertising - Bus Office	0.00	0.00	14,954.95	0.29

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Advertising - Hearing	0.00	0.00	0.00	0.00
Advertising - Clinical	2,975.17	0.69	42,581.66	0.81
Advertising -Facial Plastics	0.00	0.00	0.00	0.00
Advertising-Outreach	0.00	0.00	0.00	0.00
Advertising - Allergy	0.00	0.00	0.00	0.00
Advertising-Audio	0.00	0.00	4,095.62	0.08
Advertising - Hearing	0.00	0.00	0.00	0.00
Advertising - Clinical	0.00	0.00	0.00	0.00
Advertising -Facial Plastics	0.00	0.00	0.00	0.00
Public Relations - Bus Office	0.00	0.00	156.58	0.00
Public Relations - Hearing	0.00	0.00	0.00	0.00
Public Relations - Clinical	0.00	0.00	1,314.95	0.03
Public Relations -Facial Plast	0.00	0.00	0.00	0.00
Public Relations - Outreach	0.00	0.00	0.00	0.00
Public Relations-Hosp/Surg ENT	0.00	0.00	0.00	0.00
Public Relations - Hearing	0.00	0.00	0.00	0.00
Public Relations - Clinical	0.00	0.00	0.00	0.00
Public Relations -Facial Plast	0.00	0.00	0.00	0.00
Donations	0.00	0.00	0.00	0.00
Donations	0.00	0.00	0.00	0.00
Accounting - Business Office	976.00	0.23	10,399.25	0.20
Accounting - Sarasota	0.00	0.00	0.00	0.00
Billing Services-Bus Office	0.00	0.00	0.00	0.00
Billing Services-Clinical	11,309.48	2.61	185,384.15	3.54
Billing Services-Clinical	0.00	0.00	0.00	0.00
Amortization - Sarasota	0.00	0.00	0.00	0.00
Amortization - Venice	0.00	0.00	0.00	0.00
Closing Cost - Business Office	0.00	0.00	0.00	0.00
Legal Fees - Business Office	8,713.50	2.01	42,763.17	0.82
Legal Fees - Hearing Center	0.00	0.00	0.00	0.00
Legal Fees - Sarasota	0.00	0.00	0.00	0.00
Bad Debt - OutReach	0.00	0.00	0.00	0.00
Bank/Merchant Fees - LWR	37.00	0.01	820.39	0.02
Bank/Merchant Fees - Hearing	0.00	0.00	0.00	0.00
Bank/Merchant Fees - Sarasota	1,599.38	0.37	19,171.99	0.37
Bank/Merchant Fees -MRI	0.00	0.00	0.00	0.00
Bank/Merchant Fees - Allergy	0.00	0.00	0.00	0.00
Bank/Merchant Fees - Audio	0.00	0.00	0.00	0.00
Bank/Merchant Fees - Vest Reha	0.00	0.00	0.00	0.00
Bank/Merchant Fees - Hearing	0.00	0.00	0.00	0.00
Bank/Merchant Fees - Venice	37.00	0.01	1,264.88	0.02
Collection Fees - Clinical	0.00	0.00	0.00	0.00
Dues & Sub-Bus Offic-LWR	0.00	0.00	285.00	0.01
Dues & Subscriptions-Bus Offic	0.00	0.00	1,015.25	0.02
Dues & Subscriptions-Hearing	0.00	0.00	0.00	0.00
Dues & Subscriptions-Clinical	96.00	0.02	4,097.10	0.08
Dues & Subscriptions-F.P.	0.00	0.00	0.00	0.00
Dues & Subscriptions-Allergy	550.00	0.13	725.00	0.01

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Dues & Subscriptions-Audio	0.00	0.00	1,051.00	0.02
Dues & Subscriptions-N.P.	0.00	0.00	350.00	0.01
Dues & Subscriptions-P.A.	185.00	0.04	665.00	0.01
Dues & Subscriptions-Hearing	0.00	0.00	0.00	0.00
Dues & Subscriptions-Clinical	0.00	0.00	1,086.87	0.02
Dues & Subscriptions-F.P.	0.00	0.00	0.00	0.00
Dues & Subscriptions-Audio	0.00	0.00	570.00	0.01
Emp Trav/Miles-Bus Office-LWR	0.00	0.00	0.00	0.00
Emp Trav/Miles-Bus Office	34.00	0.01	964.10	0.02
Emp Trav/Miles-Hearing	0.00	0.00	0.00	0.00
Empl Trav/Miles-Clinic ENT	981.19	0.23	6,361.17	0.12
Empl Trav/Miles-Facial Plastic	0.00	0.00	286.00	0.01
Empl Trav/Miles-Audio Outreach	0.00	0.00	0.00	0.00
Emp Trav/Miles-Allergy	201.00	0.05	3,709.14	0.07
Emp Trav/Miles-Audiology	0.00	0.00	719.95	0.01
Emp Trav/Miles-NP	0.00	0.00	1,969.00	0.04
Emp Trav/Miles-PA	0.00	0.00	0.00	0.00
Emp Trav/Miles-Bus Office	0.00	0.00	0.00	0.00
Empl Trav/Miles/-Hearing	0.00	0.00	0.00	0.00
Empl Trav/Miles/-Clinic ENT	0.00	0.00	0.00	0.00
Empl Trav/Miles-Facial Plastic	0.00	0.00	0.00	0.00
Emp Trav/Miles-Allergy	0.00	0.00	0.00	0.00
Emp Trav/Miles-Audio Venice	0.00	0.00	0.00	0.00
Meals & Entertainment-Clinic-L	0.00	0.00	305.32	0.01
Meals & Entertainment-Bus Offi	2,830.46	0.65	12,771.79	0.24
Meals & Entertainment-HC	0.00	0.00	0.00	0.00
Meals & Entertainment-Clinic-S	242.55	0.06	6,728.67	0.13
Meals & Entertainment-F.P.	0.00	0.00	0.00	0.00
Meals & Entertainment-Outreach	0.00	0.00	0.00	0.00
Meals & Entertainment-Allergy	0.00	0.00	102.62	0.00
Meals & Entertainment-Audio	193.12	0.04	984.88	0.02
Meals & Entertainment-HC-V	0.00	0.00	0.00	0.00
Meals & Entertainment-Clinic-V	12.82	0.00	1,093.45	0.02
Meals & Entertainment-F.P.	0.00	0.00	0.00	0.00
Meals & Entertainment-Audio	0.00	0.00	17.80	0.00
Insurance-Worker's Comp-Bus	3,922.00	0.91	7,357.00	0.14
Insurance-Worker's Comp-Admin	0.00	0.00	0.00	0.00
Insurance-Worker's Comp-Admin	0.00	0.00	0.00	0.00
Insurance - Malpractice-Clinic	4,355.00	1.01	18,215.00	0.35
Insurance - Malpractice-PA	744.00	0.17	2,827.00	0.05
Insurance - Malpractice-Clinic	0.00	0.00	0.00	0.00
Laundry & Linen - Patient Care	86.57	0.02	836.99	0.02
Laundry & Linen - Patient Care	0.00	0.00	0.00	0.00
Laundry & Linen - Patient Care	0.00	0.00	0.00	0.00
Laundry & Linen - Patient Care	0.00	0.00	0.00	0.00
Uniform Allowance-Bus Off	0.00	0.00	114.51	0.00
Uniform Allowance-Bus Off	135.85	0.03	671.89	0.01
Uniform Allowance-HC	0.00	0.00	0.00	0.00

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Uniform Allowance-Clinical	0.00	0.00	623.20	0.01
Uniform Allowance-Facial Plast	0.00	0.00	0.00	0.00
Uniform Allowance-Allergy	178.01	0.04	253.01	0.00
Uniform Allowance-Audio	0.00	0.00	109.97	0.00
Uniform Allowance-Clinic	0.00	0.00	114.51	0.00
Uniform Allowance-Facial Plast	0.00	0.00	0.00	0.00
Telephone - LWR	168.26	0.04	1,678.91	0.03
Telephone - Bus Office	783.20	0.18	11,118.38	0.21
Telephone - Hearing Ctr.	0.00	0.00	0.00	0.00
Telephone - Clinical	137.86	0.03	8,236.69	0.16
Telephone - Facial Plastics	0.00	0.00	86.77	0.00
Telephone - Allergy	0.00	0.00	149.24	0.00
Telephone - Audio	0.00	0.00	85.91	0.00
Telephone - Vest Rehab	0.00	0.00	58.79	0.00
Telephone - PA Clinic	0.00	0.00	0.00	0.00
Telephone - Bus Office	431.05	0.10	4,278.94	0.08
Telephone - Hearing	0.00	0.00	0.00	0.00
Telephone - Clinical	0.00	0.00	0.00	0.00
Telephone - Allergy	0.00	0.00	0.00	0.00
Telephone - Audio	0.00	0.00	0.00	0.00
Ans Serv. & Pagers -Bus Office	564.08	0.13	7,685.75	0.15
Ans Serv. & Pagers -Sarasota	0.00	0.00	0.00	0.00
Ans Serv. & Pagers -Bus Office	0.00	0.00	0.00	0.00
Transcription Fees - Sarasota	0.00	0.00	0.00	0.00
Transcription Fees - Venice	0.00	0.00	0.00	0.00
Interest - Sarasota	1,435.98	0.33	10,998.08	0.21
Interest - Venice	0.00	0.00	0.00	0.00
Outside Services - LWR	0.00	0.00	243.00	0.00
Outside Services - Bus Office	0.00	0.00	3,252.50	0.06
Outside Services - Clinical	2,125.06	0.49	73,581.14	1.41
Outside Services -Facial Plast	0.00	0.00	0.00	0.00
Outside Services-MRI	0.00	0.00	0.00	0.00
Outside Services - Allergy	0.00	0.00	0.00	0.00
Outside Services - Audio	0.00	0.00	(43.65)	(0.00)
Outside Services -Vest Rehab	0.00	0.00	22,325.00	0.43
Outside Services - PA	0.00	0.00	0.00	0.00
Outside Services - Ear Researc	(21,271.68)	(4.92)	(91,195.35)	(1.74)
Outside Services- Bus Office	0.00	0.00	241.90	0.00
Outside Services- Clinical	75.00	0.02	878.44	0.02
Outside Services -Facial Plast	0.00	0.00	0.00	0.00
Outside Services - Allergy	0.00	0.00	66.08	0.00
Outside Services - Audio	0.00	0.00	82.60	0.00
Outside Services-Vest Rehab	0.00	0.00	0.00	0.00
Retirement-401k-Gniady	576.92	0.13	7,016.39	0.13
Physician's Salaries-Fellow Cl	4,415.38	1.02	31,599.93	0.60
Physician's Salaries-Fell Hosp	1,892.32	0.44	12,553.90	0.24
Phy's Sal/Ins - Silverstein	0.00	0.00	0.00	0.00
Physician's Salaries-Gniady	33,668.76	7.78	252,178.30	4.82

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Phy's Sal/Ins - Wazen	0.00	0.00	11,784.44	0.23
Physician's Salaries-Abdo	0.00	0.00	0.00	0.00
Phy's Sal/Ins - Bhanot	0.00	0.00	1,317.98	0.03
Phy's Sal/Ins - Rosenberg	0.00	0.00	13,877.73	0.27
Payroll Taxes-Fellow Clinic	337.78	0.08	2,638.06	0.05
Payroll Taxes-Fellow Hospital	144.72	0.03	978.66	0.02
Payroll Taxes-Gniady	483.89	0.11	11,147.95	0.21
Payroll Taxes-Abdo	0.00	0.00	0.00	0.00
Physician Bonus - Fellow	0.00	0.00	0.00	0.00
Physician Contract Services-Si	0.00	0.00	168,555.00	3.22
Physician Contract Services-Wa	15,400.00	3.56	453,977.00	8.67
Physician Contract Services-Bh	0.00	0.00	59,630.21	1.14
Physician Contract Services-Ro	15,400.00	3.56	457,987.00	8.75
Insurance-Health Cafe - Fellow	462.45	0.11	3,163.79	0.06
Insurance-Health Cafe - Fell H	0.00	0.00	971.18	0.02
Insurance-Health Cafe - Silver	0.00	0.00	0.00	0.00
Insurance-Health Cafe -Gniady	1,054.38	0.24	11,536.27	0.22
Insurance-Health Cafe - Wazen	1,317.98	0.30	2,635.96	0.05
Insurance-Health Cafe -Abdo	0.00	0.00	0.00	0.00
Insurance-Health Cafe - Bhanot	0.00	0.00	0.00	0.00
Insurance-Health Cafe - Rosenb	1,541.97	0.36	3,083.94	0.06
Ins Dental/Vis/Life-Fellow	7.23	0.00	21.69	0.00
Ins-Dental/Vis/Life-Silv	1.85	0.00	20.35	0.00
Ins-Dental/Vis/Life-Gniady	1.85	0.00	20.35	0.00
Ins Dental/Vis/Life-Wazen	92.43	0.02	1,016.73	0.02
Insurance-Life-Jackson	0.00	0.00	0.00	0.00
Ins-Dental/Vis/Life-Abdo	0.00	0.00	0.00	0.00
Ins Dental/Vision/Life-Bhanot	0.00	0.00	0.00	0.00
Ins Dental/VisionLife-Rosenber	314.71	0.07	3,461.81	0.07
Insurance - Malpractice-Fellow	(4,065.36)	(0.94)	8,032.64	0.15
Insurance - Malpractice-Silver	3,493.00	0.81	12,984.00	0.25
Insurance - Malpractice-Gniady	5,286.00	1.22	17,037.00	0.33
Insurance - Malpractice-Wazen	4,351.00	1.01	16,017.00	0.31
Insurance - Malpractice-Abdo	0.00	0.00	0.00	0.00
Insurance - Malpractice-Dedio	0.00	0.00	0.00	0.00
Insurance - Malpractice-Bhanot	0.00	0.00	0.00	0.00
Insurance - Malpractice-Rosenb	3,111.00	0.72	12,443.00	0.24
MHS Disbursement-Silverstein	4,399.56	1.02	38,739.31	0.74
MHS Disbursement-Wazen	4,399.55	1.02	38,739.30	0.74
MHS Disbursement-Bhanot	0.00	0.00	0.00	0.00
MHS Disbursement-Rosenberg	4,399.55	1.02	38,739.30	0.74
Dues & Subscriptions-Fellow	335.00	0.08	2,497.61	0.05
Dues & Subscriptions-Silverste	0.00	0.00	0.00	0.00
Dues & Subscriptions-Gniady	730.00	0.17	1,740.00	0.03
Dues & Subscriptions-Abdo	0.00	0.00	0.00	0.00
Dues & Subscriptions-DeDIO	0.00	0.00	0.00	0.00
Dues & Subscriptions-Bhanot	0.00	0.00	0.00	0.00
Dues & Subscriptions-Rosenberg	0.00	0.00	0.00	0.00

FL. EAR AND SINUS CENTER, P.A
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
Continuing Education-Fellow	0.00	0.00	0.00	0.00
Continuing Education-Silverste	0.00	0.00	0.00	0.00
Continuing Education-Jackson	0.00	0.00	0.00	0.00
Conv & Seminars-Fellow	0.00	0.00	0.00	0.00
Conv & Seminars-Rosenberg	0.00	0.00	0.00	0.00
Meals & Entertainment-Fellow	0.00	0.00	0.00	0.00
Miscellaneous- Fellow	0.00	0.00	0.00	0.00
Auto/Gas Expense - Fellow	0.00	0.00	0.00	0.00
Auto/Gas Expense - Silverstein	0.00	0.00	0.00	0.00
Telephone-Fellow	0.00	0.00	0.00	0.00
Telephone-Bhanot	0.00	0.00	0.00	0.00
Travel - Fellow	0.00	0.00	0.00	0.00
Travel - Dr. Pazos	0.00	0.00	0.00	0.00
Travel - Silverstein	0.00	0.00	0.00	0.00
Travel - Gniady	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00
Taxes & Licenses-Fellow	0.00	0.00	2,530.75	0.05
Taxes & Licenses-Silverstein	0.00	0.00	0.00	0.00
Taxes & Licenses-Gniady	0.00	0.00	285.80	0.01
Taxes & Licenses-Abdo	0.00	0.00	0.00	0.00
Insurance - Life-Physicians	0.00	0.00	0.00	0.00
PURCHASE DISCOUNT	0.00	0.00	0.00	0.00
HEARING CENTER	0.00	0.00	0.00	0.00
Total Expenses	<u>405,847.06</u>	93.78	<u>5,206,368.80</u>	99.43
Net Income	<u>\$ 26,901.71</u>	6.22	<u>\$ 29,879.06</u>	0.57

FL. EAR AND SINUS CENTER, P.A
STATEMENT OF OPERATIONS - ALL DEPARTMENTS
SARASOTA VENICE - OWNERS BROKEN OUT
For the One Month and Eleven Months Ending November 30, 2016

	Current Month Actual	Current Month Budget	Variance	Year to Date Actual	Year to Date Budget	Y-T-D Variance
INCOME						
Patient Collections	474,816.57	417,125.01	57,691.56	4,952,196.72	4,352,195.71	600,001.01
Patient Collections-Other	0.00	0.00	0.00	0.00	0.00	0.00
Deposits in Transit	(67,967.99)	0.00	(67,967.99)	10,990.60	0.00	10,990.60
Sale of Hearing Aids	0.00	0.00	0.00	22,835.00	0.00	22,835.00
Return of Hearing Aids	0.00	0.00	0.00	0.00	0.00	0.00
Sale of Skin Care Products	183.40	224.00	(40.60)	2,882.35	2,464.00	418.35
Return of Skin Care Products	0.00	0.00	0.00	0.00	0.00	0.00
Sale of EarKare/ Vitamins	2,083.35	2,050.00	33.35	26,843.66	21,168.76	5,674.90
Return of EarKare/ Vitamins	0.00	0.00	0.00	0.00	0.00	0.00
Sales Tax Allowance	0.22	3.00	(2.78)	16.73	33.00	(16.27)
Other Income	0.00	0.00	0.00	16,035.11	0.00	16,035.11
Fellow " On Call" Income	7,000.00	7,000.00	0.00	77,000.00	77,000.00	0.00
Refunds	(2,406.92)	(5,642.00)	3,235.08	(52,441.38)	(62,062.00)	9,620.62
Returned Cks	0.00	0.00	0.00	(115.00)	(164.90)	49.90
Rental Income	5,747.18	5,579.79	167.39	62,549.42	60,728.61	1,820.81
MHS Qtrly Payouts	13,198.66	0.00	13,198.66	116,217.91	66,000.00	50,217.91
Interest Income-Money Market	0.04	0.00	0.04	9.18	7.15	2.03
Interest Income Due from Pawl	94.26	90.76	3.50	1,227.56	1,189.45	38.11
Interest Income Due from JWMDP	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INCOME	432,748.77	426,430.56	6,318.21	5,236,247.86	4,518,559.78	717,688.08
EXPENSES						
NON-PHYSICIAN STAFF EXPENSES						
Salaries	135,397.57	136,626.92	(1,229.35)	1,600,410.90	1,596,389.77	4,021.13
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00
Payroll Taxes	10,075.84	10,699.52	(623.68)	122,921.17	125,520.78	(2,599.61)
Retirement	1,734.26	1,678.42	55.84	23,899.56	22,991.40	908.16
Payroll administration	4,268.58	739.59	3,528.99	15,543.21	8,759.66	6,783.55
Education	0.00	175.00	(175.00)	1,174.74	1,898.33	(723.59)
Group Insurance	8,174.22	11,473.55	(3,299.33)	100,955.38	118,663.10	(17,707.72)
TOTAL NON-PHYSICIAN STAFF EXPENSES	159,650.47	161,393.00	(1,742.53)	1,864,904.96	1,874,223.04	(9,318.08)
SUPPLIES EXPENSE						
Clerical Supplies	1,862.37	1,340.00	522.37	13,100.14	14,700.00	(1,599.86)
Postage	1,178.46	1,078.33	100.13	4,997.72	6,161.63	(1,163.91)
Forms & Printing	106.18	1,654.78	(1,548.60)	10,607.61	16,843.96	(6,236.35)
Computer expenses	665.47	917.00	(251.53)	7,994.44	10,254.00	(2,259.56)
Hearing Aid Supplies	996.40	0.00	996.40	13,011.12	0.00	13,011.12
Clinical Supplies	4,344.43	6,583.00	(2,238.57)	63,851.30	72,413.00	(8,561.70)
Allergy Supplies	5,093.68	4,000.00	1,093.68	53,349.91	44,000.00	9,349.91
Skin Care Supplies	1,724.00	700.00	1,024.00	6,115.41	7,700.00	(1,584.59)
Cochlear Implant Supplies	10,971.02	0.00	10,971.02	27,431.51	5,672.25	21,759.26
EarKare/ Vitamins	6,962.00	2,808.00	4,154.00	14,590.00	12,524.26	2,065.74
TOTAL SUPPLIES EXPENSE	33,904.01	19,081.11	14,822.90	215,049.16	190,269.10	24,780.06

FL. EAR AND SINUS CENTER, P.A
STATEMENT OF OPERATIONS - ALL DEPARTMENTS
SARASOTA VENICE - OWNERS BROKEN OUT
For the One Month and Eleven Months Ending November 30, 2016

	Current Month Actual	Current Month Budget	Variance	Year to Date Actual	Year to Date Budget	Y-T-D Variance
OCCUPANCY COSTS						
Rent	53,574.69	53,574.69	0.00	668,658.49	668,658.49	0.00
Insurance-Building	2,227.00	3,523.00	(1,296.00)	14,965.00	13,856.00	1,109.00
Taxes & Licenses	13,645.35	5,001.28	8,644.07	59,002.83	60,497.18	(1,494.35)
Utilities	3,296.73	2,701.09	595.64	32,866.78	29,556.99	3,309.79
Repairs & Maintenance	885.04	3,243.00	(2,357.96)	21,450.26	37,432.00	(15,981.74)
Janitorial Services	3,871.71	4,192.68	(320.97)	46,571.90	45,860.48	711.42
Storage	1,171.38	1,171.38	0.00	12,885.18	12,885.18	0.00
TOTAL OCCUPANCY COSTS	78,671.90	73,407.12	5,264.78	856,400.44	868,746.32	(12,345.88)
EQUIPMENT EXPENSE						
Equipment Rental	1,183.26	1,247.41	(64.15)	13,915.77	14,505.87	(590.10)
Equipment Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	0.00	0.00	0.00	0.00	0.00	0.00
Computer Maintenance	4,039.59	2,074.48	1,965.11	96,994.60	44,416.28	52,578.32
TOTAL EQUIPMENT EXPENSE	5,222.85	3,321.89	1,900.96	110,910.37	58,922.15	51,988.22
OTHER OPERATING EXPENSES						
Accounting	976.00	0.00	976.00	10,399.25	7,738.00	2,661.25
Advertising	2,975.17	5,350.00	(2,374.83)	66,076.87	60,664.00	5,412.87
Public Relations	0.00	100.00	(100.00)	1,471.53	1,257.00	214.53
Donations	0.00	0.00	0.00	0.00	750.00	(750.00)
Amortization	0.00	0.00	0.00	0.00	0.00	0.00
Closing Costs	0.00	0.00	0.00	0.00	0.00	0.00
Legal	8,713.50	432.50	8,281.00	42,763.17	4,757.50	38,005.67
Billing Services	11,309.48	12,645.00	(1,335.52)	185,384.15	139,095.00	46,289.15
Bank Charges	1,673.38	2,195.00	(521.62)	21,257.26	22,249.00	(991.74)
Dues & Subscriptions	831.00	1,326.00	(495.00)	9,845.22	9,740.95	104.27
Employee Travel	1,216.19	641.00	575.19	14,009.36	8,752.55	5,256.81
Meals & Entertainment	3,278.95	1,837.41	1,441.54	22,004.53	22,011.79	(7.26)
Insurance-W.C.- Malpractice	9,021.00	5,923.00	3,098.00	28,399.00	27,956.00	443.00
Laundry, Linen & Uniforms	400.43	173.75	226.68	2,724.08	2,230.31	493.77
Telephone	2,084.45	3,155.00	(1,070.55)	33,379.38	34,999.54	(1,620.16)
Interest	1,435.98	915.00	520.98	10,998.08	10,065.00	933.08
Outside Services	(19,071.62)	2,642.58	(21,714.20)	9,431.66	29,068.38	(19,636.72)
Retirement-401k - Gniady	576.92	0.00	576.92	7,016.39	5,000.00	2,016.39
Physicians' Salaries - Fellow	6,307.70	3,076.92	3,230.78	44,153.83	36,923.04	7,230.79
Physicians' Sal/Ins - Silverst	0.00	0.00	0.00	0.00	0.00	0.00
Physicians' Salaries- Gniady	33,668.76	19,230.76	14,438.00	252,178.30	237,688.12	14,490.18
Physicians' Sal/Ins - Wazen	0.00	0.00	0.00	11,784.44	11,707.06	77.38
Physicians' Sal/Ins - Bhanot	0.00	0.00	0.00	1,317.98	1,317.98	0.00
Physicians' Sal/Ins - Rosenber	0.00	0.00	0.00	13,877.73	14,024.31	(146.58)
Payroll Taxes - Fellow	482.50	235.41	247.09	3,616.72	2,953.74	662.98
Payroll Taxes - Gniady	483.89	1,448.46	(964.57)	11,147.95	18,636.13	(7,488.18)
Bonuses - Fellow	0.00	0.00	0.00	0.00	0.00	0.00
Insurance-Hlth-Fellow	462.45	462.46	(0.01)	4,134.97	5,087.06	(952.09)

FL. EAR AND SINUS CENTER, P.A
STATEMENT OF OPERATIONS - ALL DEPARTMENTS
SARASOTA VENICE - OWNERS BROKEN OUT
For the One Month and Eleven Months Ending November 30, 2016

	Current Month Actual	Current Month Budget	Variance	Year to Date Actual	Year to Date Budget	Y-T-D Variance
Insurance-Hlth-Gniady	1,054.38	1,054.38	0.00	11,536.27	11,598.18	(61.91)
Insurance-Hlth-Wazen	1,317.98	0.00	1,317.98	2,635.96	0.00	2,635.96
Insurance-Hlth-Bhanot	0.00	0.00	0.00	0.00	1,317.98	(1,317.98)
Insurance-Hlth-Silverstein	0.00	0.00	0.00	0.00	0.00	0.00
Insurance-Hlth-Rosenberg	1,541.97	0.00	1,541.97	3,083.94	0.00	3,083.94
Insurance-Life-Fellow	7.23	24.15	(16.92)	21.69	265.65	(243.96)
Insurance-Life-Silverstein	1.85	27.68	(25.83)	20.35	304.48	(284.13)
Insurance-Life-Gniady	1.85	1.85	0.00	20.35	20.35	0.00
Insurance-Life-Wazen	92.43	27.68	64.75	1,016.73	304.48	712.25
Insurance-Life-Bhanot	0.00	0.00	0.00	0.00	0.00	0.00
Insurance-Life-Rosenberg	314.71	249.96	64.75	3,461.81	2,749.56	712.25
Malpractice-Fellow	(4,065.36)	645.50	(4,710.86)	8,032.64	7,100.50	932.14
Malpractice-Gniady	5,286.00	3,917.00	1,369.00	17,037.00	15,668.00	1,369.00
Malpractice-Wazen	4,351.00	3,889.00	462.00	16,017.00	15,555.00	462.00
Malpractice-Bhanot	0.00	0.00	0.00	0.00	0.00	0.00
Malpractice-Silverstein	3,493.00	3,164.00	329.00	12,984.00	12,656.00	328.00
Malpractice-Rosenberg	3,111.00	3,111.00	0.00	12,443.00	12,445.00	(2.00)
Dues & Subscriptions-Fellow	335.00	290.00	45.00	2,497.61	1,115.00	1,382.61
Dues & Subscriptions-Gniady	730.00	1,180.00	(450.00)	1,740.00	2,585.00	(845.00)
Continuing Education-Fellow	0.00	0.00	0.00	0.00	0.00	0.00
Conventions & Seminars-Fellow	0.00	0.00	0.00	0.00	0.00	0.00
Meals & Entertainment-Fellow	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous-Fellow	0.00	0.00	0.00	0.00	0.00	0.00
Telephone-Fellow	0.00	0.00	0.00	0.00	0.00	0.00
Travel - Fellow	0.00	0.00	0.00	0.00	620.75	(620.75)
Travel - Gniady	0.00	0.00	0.00	0.00	0.00	0.00
Taxes & Licenses-Fellow	0.00	0.00	0.00	2,530.75	731.00	1,799.75
Taxes & Licenses-Gniady	0.00	0.00	0.00	285.80	731.00	(445.20)
TOTAL OTHER OPERATING EXPENSES	84,399.17	79,372.45	5,026.72	902,736.75	800,440.39	102,296.36
TOTAL EXPENSES MINUS PHYSICIANS	361,848.40	336,575.57	25,272.83	3,950,001.68	3,792,601.00	157,400.68
NET INCOME BEFORE PHYSICIAN COMP.	70,900.37	89,854.99	(18,954.62)	1,286,246.18	725,958.78	560,287.40

PHYSICIAN COMPENSATION

Physician Contract Serv.-Silve	0.00	13,062.00	(13,062.00)	168,555.00	156,744.00	11,811.00
Physician Contract Serv.-Rosen	15,400.00	45,077.00	(29,677.00)	457,987.00	540,923.00	(82,936.00)
Physician Contract Services-Bh	0.00	0.00	0.00	59,630.21	59,630.00	0.21
Physician Contract Serv-Wazen	15,400.00	39,263.00	(23,863.00)	453,977.00	471,155.00	(17,178.00)
MHS Disbursements-Silverstein	4,399.56	0.00	4,399.56	38,739.31	16,309.00	22,430.31
MHS Disbursements-Rosenberg	4,399.55	0.00	4,399.55	38,739.30	16,309.00	22,430.30
MHS Disbursements-Bhanot	0.00	0.00	0.00	0.00	0.00	0.00
MHS Disbursements-Wazen	4,399.55	0.00	4,399.55	38,739.30	16,309.00	22,430.30

FL. EAR AND SINUS CENTER, P.A
STATEMENT OF OPERATIONS - ALL DEPARTMENTS
SARASOTA VENICE - OWNERS BROKEN OUT
For the One Month and Eleven Months Ending November 30, 2016

	Current Month Actual	Current Month Budget	Variance	Year to Date Actual	Year to Date Budget	Y-T-D Variance
TOTAL PHYSICIAN COMPENSATION	43,998.66	97,402.00	(53,403.34)	1,256,367.12	1,277,379.00	(21,011.88)
Gain of Sale of MHS,LLC	0.00	0.00	0.00	0.00	0.00	0.00
NET INCOME	26,901.71	(7,547.01)	34,448.72	29,879.06	(551,420.22)	581,299.28