

Fill in this information to identify the case:

United States Bankruptcy Court for the:
District of Maryland, Baltimore Division
Case number (if known): Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

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 the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Landmark Medical Group, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 52-2199681

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

615 Macphail Rd., STE 206
Number Street

Po Box 667
Number Street

Bel Air, MD 21014-0667
City State ZIP Code

P.O. Box
Bel Air, MD 21014-0667
City State ZIP Code

Harford
County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor
Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
Partnership (excluding LLP)
Other. Specify:

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.naics.com/search/>.

6 2 1 1

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 \$2,490,925 (amount subject to adjustment on 4/01/16 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. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

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

No

Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

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

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 for distribution 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"/> 5,001-10,000 | <input type="checkbox"/> 50,000-100,000 |
| <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 type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$500,000
- \$500,001-\$1 million
- \$1,000,001-\$10 million
- \$10,000,001-\$50 million
- \$50,000,001-\$100 million
- \$100,000,001-\$500 million
- \$500,000,001-\$1 billion
- \$1,000,000,001-\$10 billion
- \$10,000,000,001-\$50 billion
- More than \$50 billion

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 08/22/2017
MM/ DD/ YYYY

X /s/ Clarence Smith
Signature of authorized representative of debtor

Clarence Smith
Printed name

Title Partner

18. Signature of attorney

X /s/ Morgan W. Fisher
Signature of attorney for debtor

Date 08/22/2017
MM/ DD/ YYYY

Morgan W. Fisher
Printed name

Law Offices of Morgan Fisher, LLC
Firm name

Number _____ Street _____

Annapolis _____ MD _____ 21401 _____
City State ZIP Code

(410) 626-6111 _____ bk@morganfisherlaw.com _____
Contact phone Email address

28711 _____ Maryland _____
Bar number State

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND

In re:

LANDMARK FINANCIAL GROUP,
LLC

Debtor

Case No 17-_____-__
Chapter 11

CERTIFICATE OF AUTHORIZATION

I, Clarence Smith, of Landmark Medical Group, LLC (“LMG”) do hereby certify that the following authorizations were unanimously adopted and consented to, and the same are now in full force and effect:

AUTHORIZED, that it is desirable and in the best interest of LMG, its creditors, and other interested persons, that a voluntary petition under the provisions of Chapter 11 of the United States Bankruptcy Code be filed in the United States Bankruptcy Court for the District of Maryland;

AUTHORIZED FURTHER, that the form of petition under said Chapter 11 and the form on file with the records of LMG be, and the same is approved and adopted in all respects, and the Managing Member Partner be, and he is hereby authorized and directed on behalf of and in the name of LMG to execute and verify a petition substantially in said form and to cause the same to be filed with the United States Bankruptcy Court for the District of Maryland;

AUTHORIZED FURTHER, that Clarence Smith is authorized and directed to execute and file all petitions, schedules, lists and other papers in, and to take any and all actions which he may deem necessary and proper in connection with such Chapter 11 case and in that connection, retain and employ all assistance by legal counsel or otherwise which he may deem necessary and proper with a view to the successful completion of such case;

AUTHORIZED FURTHER, that LMG is, authorized and directed to employ Law Offices of Morgan Fisher as general bankruptcy counsel to represent and assist LMG in carrying out its duties under the Bankruptcy Code and to take any and all actions to advance LMG rights and obligations, including filing any pleadings and, with power of delegation, is hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed an appropriate application for authority to retain the services of Law Offices of Morgan Fisher LLC.

LANDMARK MEDICAL GROUP, LLC

By: 
Clarence Smith

Dated: 8/21/17

Baylinson Kudysh Greenberg
& Helt LLC
Peter Helt, Esq.
303 S Main St
Mount Airy, MD 21771-5394

Comptroller of Maryland
Revenue Administration
110 Carroll Street
Annapolis, MD 21411

Henry, George
12343 Siltan Peace Dr
Riverview, FL 33579-3935

HR Bel Air LLC
9101 Franklin Square Dr # 300a
Rosedale, MD 21237-3936

Internal Revenue Service
Po Box 7346
Philadelphia, PA 19101-7346

Nair, Karmachandra
11 Deer Woods Ct
Glen Arm, MD 21057-9111

Smith, Clarence
816 Bridle Path
Bel Air, MD 21014-2367

STI Computer Services, Inc.
Valley Forge Computer Center
2700 Van Buren Ave
Norristown, PA 19403-2341

United Biologics LLC
100 Ne Loop 410
San Antonio, TX 78216-4700

University of Maryland Upper
Ches. Health
520 Upper Chesapeake Dr Ste 405
Bel Air, MD 21014-4381

Wells Fargo
Wells Fargo Bank
PO Box 5185
Sioux Falls, SD 57117

White, Lawrence
203 Sudbury Ct
Luthvle Timon, MD 21093-2650

Windstream
1720 Galleria Blvd
Charlotte, NC 28270-2408

Woodward, Gordon
750 9th St Nw Ste 550
Washington, DC 20001-4534

IN RE: **Landmark Medical Group, LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 08/22/2017

Signature /s/ Landmark Medical Group, LLC

Date _____

Signature _____

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is

2. The following financial data is the latest available information and refers to the debtor's condition on

a. Total assets	\$505,015.00
b. Total debts (including debts listed in 2.c., below)	\$313,872.57
c. Debt securities held by more than 500 holders	

Approximate
number of
holders:

secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>
d. Number of shares of preferred stock		
e. Number of shares common stock		

Comments, if any:

3. Brief description of debtor's business Medical practice with offices in Bel Air, & Havre de Grace Maryland

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

See attached list.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND

In re:

LANDMARK MEDICAL GROUP,
LLC

Debtor

Case No 17-_____ - ____
Chapter 11

LIST OF EQUITY SECURITY HOLDERS PURSUANT TO RULE 1007(a)(3) OF
THE FEDERAL RULES OF BANKRUPTCY PROCEDURE

In a chapter 11 reorganization case, the following information is required pursuant to
FED. R. BANKR. P. 1007(a)(3):

NAMES AND ADDRESSES OF EQUITY INTEREST HOLDERS	KIND/CLASS OF INTEREST	APPROXIMATE % OF INTERESTS HELD
Clarence Smith 816 Bridle Path Bel Air, MD 21014	Partner	25%
George Henry 12343 Silton Peace Dr. Riverview, FL 33579	Partner	25%
Karmachandra Nair 11 Deerwoods Ct. Glen Arm, MD 21057	Partner	25%
Lawrence White 203 Sudbury Ct Lutherville Timonium MD 21093	Partner	25%

Fill in this information to identify the case:

Debtor name Landmark Medical Group, LLC

United States Bankruptcy Court for the:
District of Maryland, Baltimore Division

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	HR Bel Air LLC 9101 Franklin Square Dr # 300a Rosedale, MD 21237-3936	HR Bel Air LLC	Back Rent				\$121,000.00
2	STI Computer Services, Inc. Valley Forge Computer Center 2700 Van Buren Ave Norristown, PA 19403-2341	STI Computer Services, Inc.	Billing	Disputed			\$3,085.28
3	United Biologics LLC 100 Ne Loop 410 San Antonio, TX 78216-4700	United Biologics LLC	Default Judgment	Disputed			\$79,078.73
4	University of Maryland Upper Ches. Health 520 Upper Chesapeake Dr Bel Air, MD 21014-4381	University of Maryland Upper Ches. Health	Back Rent				\$71,011.00
5	University of Maryland Upper Ches. Health 520 Upper Chesapeake Dr Bel Air, MD 21014-4381	University of Maryland Upper Ches. Health	Line of Credit				\$38,800.00
6	Windstream 1720 Galleria Blvd Charlotte, NC 28270-2408	Windstream	Phone Services				\$897.56
7							
8							

Debtor Landmark Medical Group, LLC
Name _____

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name Landmark Medical Group, LLC

United States Bankruptcy Court for the: District of Maryland, Baltimore Division

Case number (if known): _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206A-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration Equity Holders

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

Executed on 08/22/2017
MM/ DD/ YYYY

X _____ /s/ Clarence Smith
Signature of individual signing on behalf of debtor

Clarence Smith
Printed name

Partner
Position or relationship to debtor

1065		U.S. Return of Partnership Income		OMB No. 1545-0123
Form Department of the Treasury Internal Revenue Service		For calendar year 2015, or tax year beginning		2015
		EXTENSION GRANTED TO 09/15/16		
A Principal business activity MEDICAL SERVICES		Name of partnership LANDMARK MEDICAL GROUP, LLC		D Employer identification number 52-2199681
B Principal product or service PHYSICIAN'S OFFICES	Type or Print	Number, street, and room or suite no. If a P.O. box, see the instructions. 615 MACPHAIL ROAD; SUITE 206		E Date business started 01/01/2000
C Business code number 621111		City or town, state or province, country, and ZIP or foreign postal code BEL AIR MD 21014		F Total assets \$ 479,042.
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)				
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶				
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 4				
J Check if Schedules C and M-3 are attached <input type="checkbox"/>				

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	1,145,253.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		1,145,253.
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		1,145,253.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		1,145,253.	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		270,958.
	10 Guaranteed payments to partners	10		386,824.
	11 Repairs and maintenance	11		3,287.
	12 Bad debts	12		
	13 Rent	13		230,004.
	14 Taxes and licenses	14	SEE STATEMENT 1	28,695.
	15 Interest	15		1,449.
	16 a Depreciation (if required, attach Form 4562)	16a	582.	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		582.
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		25,639.
	20 Other deductions (attach statement)	20	SEE STATEMENT 2	183,877.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		1,131,315.
22 Ordinary business income (loss). Subtract line 21 from line 8	22		13,938.	

Sign Here	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 general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instr.?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RYAN LETKE, CPA	RYAN LETKE, CPA	09/15/16		P00625705
	Firm's name	Firm's EIN			
WEBER MESSICK	38-3944695				
Firm's address	Phone no.				
8140 CORPORATE DRIVE #215 BALTIMORE, MD 21236	410-933-8811				

LHA For Paperwork Reduction Act Notice, see separate instructions. Form **1065** (2015)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
<input type="checkbox"/> a Domestic general partnership	<input type="checkbox"/> b Domestic limited partnership				
<input checked="" type="checkbox"/> c Domestic limited liability company	<input type="checkbox"/> d Domestic limited liability partnership				
<input type="checkbox"/> e Foreign partnership	<input type="checkbox"/> f Other ▶				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?					X
3 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
4 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
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
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details					X
6 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
10 At any time during calendar year 2015, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country.					X

Form 1065 (2015) **LANDMARK MEDICAL GROUP, LLC**

52-2199681 Page 3

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions <input type="checkbox"/>		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. <input type="checkbox"/>		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. <input type="checkbox"/>		
18a Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. <input type="checkbox"/>		
20 Enter the number of partners that are foreign governments under section 892. <input type="checkbox"/>		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP <input type="checkbox"/>	LAWRENCE D WHITE	Identifying number of TMP <input type="checkbox"/>	220-70-7577
If the TMP is an entity, name of TMP representative <input type="checkbox"/>		Phone number of TMP <input type="checkbox"/>	410 893 3340
Address of designated TMP <input type="checkbox"/>	203 SUDBURY CT LUTHERVILLE TIMONIUM, MD 21093		

Form 1065 (2015)

Form 1065 (2015) **LANDMARK MEDICAL GROUP, LLC**

52-2199681 Page 4

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	13,938.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	386,824.
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶ SEE STATEMENT 3	13d	50,282.	
Self-Employment	14 a Net earnings (loss) from self-employment	14a	400,762.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	1,145,253.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
20 a Investment income	20a		
	b Investment expenses	20b	
	c Other items and amounts (attach statement) STMT 4		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16f						1	350,480.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		350,480.					

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		441.		5,300.
2a Trade notes and accounts receivable	526,803.		719,083.	
b Less allowance for bad debts	237,917.	288,886.	279,955.	439,128.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 5	14,388.		22,301.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	53,846.		53,846.	
b Less accumulated depreciation	52,973.	873.	53,555.	291.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)	41,750.		41,750.	
b Less accumulated amortization	37,706.	4,044.	40,440.	1,310.
13 Other assets (attach statement)	STATEMENT 6	10,712.		10,712.
14 Total assets		319,344.		479,042.
Liabilities and Capital				
15 Accounts payable		23,095.		21,405.
16 Mortgages, notes, bonds payable in less than 1 year		12,000.		12,000.
17 Other current liabilities (attach statement)	STATEMENT 7	22,457.		16,558.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		69,468.		58,985.
20 Other liabilities (attach statement)				
21 Partners' capital accounts		192,324.		370,094.
22 Total liabilities and capital		319,344.		479,042.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	177,770.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	336,542.	STMT 9	163,832.
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16f (itemize):		7 Deductions included on Schedule K, lines 1 through 13d, and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		8 Add lines 6 and 7	163,832.
5 Add lines 1 through 4	514,312.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	350,480.

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	192,324.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	177,770.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	370,094.
5 Add lines 1 through 4	370,094.		

2015 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	COMPUTER BUY OUT -											
2	UPPER CHESAP	090201	200DB	5.00	17	2,000.			2,000.	2,000.		0.
	NEW SERVER FOR											
3	MEDICAL MANAGER	082604	200DB	5.00	17	29,922.		14,961.	14,961.	14,961.		0.
	ROUTER											
4	ROUTER	110104	200DB	5.00	17	1,640.		820.	820.	820.		0.
	NEW COMPUTER FOR											
5	NANCY THOMAS	112204	200DB	5.00	17	1,407.		704.	703.	703.		0.
	NERVE CONDUCTION											
6	STAT II SYSTEM	010109	200DB	7.00	17	7,827.		3,914.	3,913.	3,040.		582.
	GOODWILL (MPPI)											
7	LOAN ORIGINATION	062501		180M	43	41,000.			41,000.	36,956.		2,733.
	FEEES											
8	FEEES	042602		60M	43	750.			750.	750.		0.
	* OTHER TOTAL OTHER					84,546.		20,399.	64,147.	59,230.		3,315.
	FURNITURE &											
	FIXTURES											
	MISC FURN &											
1	FIXTURES	010100	200DB	5.00	17	11,050.			11,050.	11,050.		0.
	* OTHER TOTAL					11,050.			11,050.	11,050.		0.
	FURNITURE & FIXTURE											
	* GRAND TOTAL OTHER					95,596.		20,399.	75,197.	70,280.		3,315.
	DEPR & AMORT											

528102
04-01-16

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

BOOK Depreciation and Amortization
 (Including Information on Listed Property) **OTHER** 1

OMB No. 1545-0172
2015
 Attachment
 Sequence No. 179

▶ Attach to your tax return.
 ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return LANDMARK MEDICAL GROUP, LLC	Business or activity to which this form relates	Identifying number 52-2199681
---------------------------------------------------------------	-------------------------------------------------	-----------------------------------------

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	582.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	582.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2015)

LANDMARK MEDICAL GROUP, LLC

52-2199681 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	-------------------------------	--------------------------------------------------	-------------------------------	--------------------------------------------------------------------	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	------------------------------------------	-----------------------------------

42 Amortization of costs that begins during your 2015 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2015 tax year 43 2,733.

44 Total. Add amounts in column (f). See the instructions for where to report 44 2,733.

2015 DEPRECIATION AND AMORTIZATION REPORT

BOOK

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	COMPUTER BUY OUT -											
2	UPPER CHESAP	090201	200DB	5.00	17	2,000.			2,000.	2,000.		0.
	NEW SERVER FOR											
3	MEDICAL MANAGER	082604	200DB	5.00	17	29,922.			29,922.	29,922.		0.
4	ROUTER	110104	200DB	5.00	17	1,640.			1,640.	1,640.		0.
	NEW COMPUTER FOR											
5	NANCY THOMAS	112204	200DB	5.00	17	1,407.			1,407.	1,407.		0.
	NERVE CONDUCTION											
6	STAT II SYSTEM	010109	200DB	7.00	17	7,827.			7,827.	6,954.		582.
7	GOODWILL (MPPI)	062501		180M	43	41,000.			41,000.	36,956.		2,733.
	LOAN ORIGINATION											
8	FEES	042602		60M	43	750.			750.	750.		0.
	* OTHER TOTAL OTHER					84,546.		0.	84,546.	79,629.	0.	3,315.
	FURNITURE &											
	FIXTURES											
	MISC FURN &											
1	FIXTURES	010100	200DB	5.00	17	11,050.			11,050.	11,050.		0.
	* OTHER TOTAL					11,050.		0.	11,050.	11,050.	0.	0.
	FURNITURE & FIXTURE											
	* GRAND TOTAL OTHER					95,596.		0.	95,596.	90,679.	0.	3,315.
	DEPR & AMORT											

528192
04-01-15

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Worksheet for Figuring Net Earnings (Loss) From Self-Employment

Name of partnership		Employer identification number	
LANDMARK MEDICAL GROUP, LLC		52-2199681	
1 a Ordinary income (loss) (Schedule K, line 1)	1a	13,938.	
b Net income (loss) from CERTAIN rental real estate activities	1b		
c Net income (loss) from other rental activities (Schedule K, line 3c)	1c		
d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d		
e Other additions	1e		
f Combine lines 1a through 1e	1f	13,938.	
2 a Net gain from Form 4797, Part II, line 17, included on line 1a above	2a		
b Other subtractions	2b		
c Add lines 2a and 2b	2c		
3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	3a	13,938.	
b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b		
c Subtract line 3b from line 3a	3c		13,938.
4 a Guaranteed payments to partners (Schedule K, line 4) derived from a trade or business as defined in section 1402(c)	4a	386,824.	
b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b		
c Subtract line 4b from line 4a	4c		386,824.
5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	5		400,762.

LANDMARK MEDICAL GROUP, LLC

52-2199681

FORM 1065	TAX EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
LICENSES & PERMITS	642.
PAYROLL TAX	27,958.
TAXES - OTHER	95.
TOTAL TO FORM 1065, LINE 14	28,695.

FORM 1065	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
ADVERTISING	32.
AMORTIZATION EXPENSE	2,733.
AUTOMOBILE	524.
BANK AND CREDIT CARD FEES	3,867.
BILLING SERVICE	74,259.
INSURANCE	42,758.
LEGAL AND PROFESSIONAL	7,853.
MEDICAL SUPPLIES AND SERVICES	14,435.
OFFICE EXPENSE	9,696.
POSTAGE	782.
PRINTING	3,347.
STORAGE	2,149.
TELEPHONE	21,442.
TOTAL TO FORM 1065, LINE 20	183,877.

SCHEDULE K	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
HEALTH INSURANCE PREMIUMS	50,282.
TOTAL INCLUDED IN SCHEDULE K, LINE 13D	50,282.

LANDMARK MEDICAL GROUP, LLC

52-2199681

SCHEDULE K	OTHER ITEMS	STATEMENT	4
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DESCRIPTION	AMOUNT
HSA CONTRIBUTION MADE ON BEHALF OF MEMBER	1,500.
HSA CONTRIBUTION MADE ON BEHALF OF MEMBER	1,500.
HSA CONTRIBUTION MADE ON BEHALF OF MEMBER	1,500.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	5
------------	----------------------	-----------	---

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	14,388.	22,301.
TOTAL TO SCHEDULE L, LINE 6	14,388.	22,301.

SCHEDULE L	OTHER ASSETS	STATEMENT	6
------------	--------------	-----------	---

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSIT	10,712.	10,712.
TOTAL TO SCHEDULE L, LINE 13	10,712.	10,712.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	7
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES	22,457.	16,558.
TOTAL TO SCHEDULE L, LINE 17	22,457.	16,558.

LANDMARK MEDICAL GROUP, LLC

52-2199681

FORM 1065		PARTNERS' CAPITAL ACCOUNT SUMMARY			STATEMENT	8
PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL	
2	48,082.		44,443.		92,525.	
3	48,079.		44,442.		92,521.	
4	48,081.		44,443.		92,524.	
5	48,082.		44,442.		92,524.	
TOTAL	192,324.		177,770.		370,094.	

LANDMARK MEDICAL GROUP, LLC

52-2199681

SCHEDULE M-1 INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN STATEMENT 9

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACCRUAL BASIS INCOME	163,832.
TOTAL TO SCHEDULE M-1, LINE 6	163,832.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
2	COMPUTER BUY OUT - UPPER CHESAP NEW SERVER FOR MEDICAL	090201	150DB	5.00	2,000.	2,000.	0.	0.	0.
3	MANAGER	082604	200DB	5.00	29,922.	14,961.	0.	0.	0.
4	ROUTER	110104	200DB	5.00	1,640.	820.	0.	0.	0.
5	NEW COMPUTER FOR NANCY THOMAS NERVE CONDUCTION STAT II	112204	200DB	5.00	1,407.	703.	0.	0.	0.
6	SYSTEM	010109	200DB	7.00	7,827.	3,040.	582.	582.	0.
1	MISC FURN & FIXTURES	010100	150DB	5.00	11,050.	11,050.	0.	0.	0.
	TOTALS				53,846.	32,574.	582.	582.	0.

528104
04-01-15

Schedule K-1
(Form 1065)

2015

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

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

Partner's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
52-2199681

B Partnership's name, address, city, state, and ZIP code
**LANDMARK MEDICAL GROUP, LLC
615 MACPHAIL ROAD; SUITE 206
BEL AIR, MD 21014**

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

F Partner's identifying number
[REDACTED] 7577

G Partner's name, address, city, state, and ZIP code
**LAWRENCE D WHITE
203 SUDBURY CT
LUTHERVILLE TIMONIUM, MD 21093**

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **INDIVIDUAL**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	25.0000000%	25.0000000%
Loss	25.0000000%	25.0000000%
Capital	25.0000000%	25.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	27,237.

L Partner's capital account analysis:

Beginning capital account	\$	48,082.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	44,443.
Withdrawals & distributions	\$(
Ending capital account	\$	92,525.

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	3,485.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4 Guaranteed payments	125,746.	
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		19 Distributions
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		Z* 1,500.
11 Other income (loss)		20 Other information
12 Section 179 deduction		
13 Other deductions	22,268.	
M		
14 Self-employment earnings (loss)	129,231.	
A		
C	286,313.	

*See attached statement for additional information.

For IRS Use Only

LANDMARK MEDICAL GROUP, LLC

52-2199681

SCHEDULE K-1

OTHER INFORMATION, BOX 20, CODE Z

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
HSA CONTRIBUTION MADE ON BEHALF OF MEMBER		1,500.

Schedule K-1
(Form 1065)

2015

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or tax

year beginning _____

ending _____

Partner's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
52-2199681

B Partnership's name, address, city, state, and ZIP code
LANDMARK MEDICAL GROUP, LLC
615 MACPHAIL ROAD; SUITE 206
BEL AIR, MD 21014

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

Identifying number
[REDACTED] 5857

Partner's name, address, city, state, and ZIP code
GEORGE L HENRY
200 RINGNECK ROAD
HAVRE DE GRACE, MD 21078

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	25.0000000%	25.0000000%
Loss	25.0000000%	25.0000000%
Capital	25.0000000%	25.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ 27,237.

L Partner's capital account analysis:

Beginning capital account \$ 48,079.

Capital contributed during the year \$ _____

Current year increase (decrease) \$ 44,442.

Withdrawals & distributions \$(_____)

Ending capital account \$ 92,521.

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No

If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) <u>3,484.</u>	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments <u>75,054.</u>	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A <u>78,538.</u> C <u>286,314.</u>	

*See attached statement for additional information.

For IRS Use Only

Schedule K-1
(Form 1065)

2015

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

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

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
52-2199681

B Partnership's name, address, city, state, and ZIP code
LANDMARK MEDICAL GROUP, LLC
615 MACPHAIL ROAD; SUITE 206
BEL AIR, MD 21014

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

Partner's identifying number
301

Partner's address, city, state, and ZIP code
KARMACHANDRA S NAIR
11 DEERWOODS COURT
GLEN ARM, MD 21057

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	25.0000000%	25.0000000%
Loss	25.0000000%	25.0000000%
Capital	25.0000000%	25.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	27,237.

L Partner's capital account analysis:

Beginning capital account	\$	48,081.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	44,443.
Withdrawals & distributions	\$(
Ending capital account	\$	92,524.

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	3,485.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4 Guaranteed payments	79,723.	
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		19 Distributions
9b Collectibles (28%) gain (loss)		
9c Unrecaptured sec 1250 gain		20 Other information
10 Net section 1231 gain (loss)		Z* 1,500.
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions	M 19,405.	
14 Self-employment earnings (loss)	A 83,208.	
	C 286,313.	

*See attached statement for additional information.

For IRS Use Only

LANDMARK MEDICAL GROUP, LLC

52-2199681

SCHEDULE K-1

OTHER INFORMATION, BOX 20, CODE Z

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
HSA CONTRIBUTION MADE ON BEHALF OF MEMBER		1,500.

Schedule K-1
(Form 1065)

2015

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

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

**Partner's Share of Income, Deductions,
Credits, etc.** ▶ See separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number 52-2199681	
B Partnership's name, address, city, state, and ZIP code LANDMARK MEDICAL GROUP, LLC 615 MACPHAIL ROAD; SUITE 206 BEL AIR, MD 21014	
C IRS Center where partnership filed return E-FILE	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's identifying number [REDACTED] 4966	
F Partner's name, address, city, state, and ZIP code CLARENCE SMITH 10 LONG CREEK KINGSVILLE, MD 21087	
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member	
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
I1 What type of entity is this partner? <u>INDIVIDUAL</u>	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
J Partner's share of profit, loss, and capital:	
	Beginning Ending
Profit	25.0000000% 25.0000000%
Loss	25.0000000% 25.0000000%
Capital	25.0000000% 25.0000000%
K Partner's share of liabilities at year end:	
Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ 27,237.
L Partner's capital account analysis:	
Beginning capital account	\$ 48,082.
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ 44,442.
Withdrawals & distributions	\$(_____)
Ending capital account	\$ 92,524.
<input type="checkbox"/> Tax basis <input checked="" type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book	
<input type="checkbox"/> Other (explain)	
M Did the partner contribute property with a built-in gain or loss?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," attach statement (see instructions)	

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) 3,484.	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments 106,301.	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	Z* 1,500.
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions M 8,609.	
14 Self-employment earnings (loss)	
A 109,785.	
C 286,313.	
*See attached statement for additional information.	
For IRS Use Only	

LANDMARK MEDICAL GROUP, LLC

52-2199681

SCHEDULE K-1

OTHER INFORMATION, BOX 20, CODE Z

DESCRIPTION

PARTNER FILING INSTRUCTIONS

AMOUNT

HSA CONTRIBUTION MADE ON BEHALF
OF MEMBER

1,500.



MARYLAND FORM 510E

APPLICATION FOR EXTENSION TO FILE PASS-THROUGH ENTITY INCOME TAX RETURN



15510E005

2015

OR FISCAL YEAR BEGINNING 2015, ENDING

522199681

Federal Employer Identification Number (9 digits)

LANDMARK MEDICAL GROUP LLC

Name

615 MACPHAIL ROAD SUITE 206

Street Address

BEL AIR

City or town

MD 21014

State ZIP code +4

For Office Use Only

Table with 4 columns: ME, YE, EC, EC

STOP

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, INSTEAD FILE THE EXTENSION AT: www.marylandtaxes.com OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

TYPE OF ENTITY - Check the applicable box.

S Corporation

Partnership

[X] Limited Liability Company

Business Trust

IMPORTANT: Composite Return filers use Form 502E (See instructions).

INSTRUCTIONS FOR TAX PAYMENT WORKSHEET

- Line 1 - Tax liability Enter the total amount of nonresident income tax the pass-through entity is expected to owe. Use Form 510 as a worksheet.
Line 2 - Estimated tax payments Enter the total amount of Maryland estimated tax paid with Form 510D for the tax year.
Line 3 - Tax due Subtract line 2 from line 1 and enter the result. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

- 1. Tax liability
2. Estimated tax payments
3. Tax due - Subtract line 2 from line 1

TAX PAID WITH THIS EXTENSION \$

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: www.marylandtaxes.com OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 OR FROM ELSEWHERE TO TELEFILE THIS FORM.

Make checks payable to and mail to: Comptroller Of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number on Check Using Blue Or Black Ink.)



MARYLAND FORM 510

PASS-THROUGH ENTITY INCOME TAX RETURN



2015
\$

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

522199681
▶ Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

010100 621111
▶ Date of Organization or Incorporation (MMDDYY) ▶ Business Activity Code No. (6 digits)

LANDMARK MEDICAL GROUP LLC
Name

615 MACPHAIL ROAD SUITE 206
Street Address

BEL AIR MD 21014
City or town State ZIP code +4

Do not write in this space
▶ ME ▶ YE

TYPE OF ENTITY - Check the applicable box. <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Business Trust				Amended Return ▶ <input type="checkbox"/>
CHECK HERE - Check applicable box(es). <input type="checkbox"/> Name or address has changed. <input type="checkbox"/> First filing of the entity <input type="checkbox"/> Inactive entity <input type="checkbox"/> Final Return <input checked="" type="checkbox"/> This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.				

1. Number of members:

a. Individual (including fiduciary) residents of Maryland	▶ <u>4</u>	c. Nonresident entities	▶ _____
b. Individual (including fiduciary) nonresidents	▶ _____	d. Others	▶ _____
e. Total	<u>4</u>		

2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 ▶ 2. 400762.00

ALLOCATION OF INCOME
(To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4 ▶ 3a. _____

3b. Maryland apportionment factor from computation worksheet on Page 3 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4 (If factor is zero, enter .000001) ▶ 3b. _____

4. Distributive or pro rata share of income allocable to Maryland 4. 400762.00

NOTE: Complete lines 5 through 19 only if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6 ▶ 5. _____

6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 6. _____

7. Nonresident individual tax (Multiply line 6 by 5.75%.) 7. _____

8. Special nonresident tax (Multiply line 6 by 1.25%.) 8. _____

9. Total Maryland tax on individual members (Add lines 7 and 8.) 9. _____

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable) If 100%, leave blank and enter the amount from line 4 on line 11 ▶ 10. _____

11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) 11. _____

12. Nonresident entity tax (Multiply line 11 by 8.25%.) 12. _____



**MARYLAND
FORM
510**

**PASS-THROUGH ENTITY
INCOME TAX RETURN**



2015
page 2

NAME LANDMARK MEDI FEIN 522199681

13.	Total nonresident tax (Add lines 9 and 12.)	13.	_____
14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here <input type="checkbox"/>	14.	_____
15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	15.	_____
16a.	Estimated pass-through entity nonresident tax paid with Form 510D and MW506NRS	16a.	_____
16b.	Pass-through entity nonresident tax paid with an extension request (Form 510E)	16b.	_____
16c.	Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510).)	16c.	_____
16d.	Total payments and credits (Add lines 16a through 16c.)	16d.	_____
17.	Balance of tax due (If line 15 exceeds line 16d, enter the difference.)	17.	_____
18.	Interest and/or penalty from Form 500UP _____ or late payment interest		
	TOTAL	18.	_____
19.	Total balance due (Add lines 17 and 18.) Pay in full with this return	19.	_____

NOTE: The total tax paid from lines 16d and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

Complete line 20 only if there are no nonresident members. (Lines 1b and 1c are both zero.)

20. Amount TO BE REFUNDED (Enter the amount from line 16d if the amount on line 13 is zero.) 20. _____

ADDITIONAL INFORMATION REQUIRED

1. Address of principal place of business in Maryland (if other than indicated on page 1): _____

2. Address at which tax records are located (if other than indicated on page 1): _____

3. Telephone number of pass-through entity tax department: 4108933340

4. State of organization or incorporation: MARYLAND

5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.

6. Did the pass-through entity file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No

7. Is this entity a multistate corporation that is a member of a unitary group? Yes No

8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes No

SIGNATURE AND VERIFICATION

Check here if you authorize your preparer to discuss this return with us.

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member _____ Date _____
MEMBER

Title _____

WEBER MESSICK RYAN LETKE CPA
Preparer's Name Preparer's Signature
8140 CORPORATE DRIVE 215
Preparer's address and telephone number
BALTIMORE MD 21236
4109338811

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number On Check
Using Blue Or Black Ink.)

▶ P00625705

Preparer's PTIN (required by law)





MARYLAND
FORM
510

PASS-THROUGH ENTITY
INCOME TAX RETURN



2015
page 3

NAME LANDMARK MEDI FEIN 522199681

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.)

NOTE: Special apportionment formulas are required for rental/leasing, transportation, financial institutions and manufacturing companies. See instructions.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts	a. Gross receipts or sales less returns and allowances			
	b. Dividends			
	c. Interest			
	d. Gross rents			
	e. Gross royalties			
	f. Capital gain net income			
	g. Other income (Attach schedule.)			
	h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) ▲
1B. Receipts	Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula is used.		
2. Property	a. Inventory			
	b. Machinery and equipment			
	c. Buildings			
	d. Land			
	e. Other tangible assets (Attach schedule.)			
	f. Rent expense capitalized (multiply by eight)			
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) ▲
3. Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▲
4. Total of factors	(Add entries in Column 3.)
5. Maryland apportionment factor	Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 3b, page 1.)



DO NOT MAIL

MARYLAND FORM EL101B

INCOME TAX DECLARATION FOR BUSINESSES ELECTRONIC FILING



2015

OR FISCAL YEAR BEGINNING 2015, ENDING

LANDMARK MEDICAL GROUP LLC

522199681

Name of corporation or pass-through entity

Federal Employer Identification Number

615 MACPHAIL ROAD SUITE 206

BEL AIR

MD

21014

Street Address

City or town

State

ZIP code

+4

PART I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2016 estimated tax (Corporations only) .00
2. Amount of overpayment to be refunded (Corporations only) REFUND .00
3. Total amount due .00

PART II Declaration and Signature Authorization

Check appropriate box to consent to: Direct Deposit of refund or Electronic Funds Withdrawal (direct debit)

- 4a. Type of account: Checking Savings
4b. Routing Number (9-digits)
4c. Account number:
4d. Direct debit settlement date (Enter the date (MMDDYY) you want the payment withdrawn from the account.)
4e. Direct debit amount

I consent that the corporation's refund be directly deposited as designated above and declare that the information shown is correct. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.

I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of the Maryland taxes owed by the corporation or pass-through entity and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing of the corporation or pass-through entity state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

X I do not want direct deposit of the refund or an electronic funds withdrawal (direct debit) of the balance due.

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2015 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by the electronic return software provider.

Sign Here Corporate officer, general partner or managing member's signature

MEMBER Title Date

Wait ten (10) days after the receipt of a valid acknowledgement before calling 1-800-638-2937 or from Central Maryland 410-260-7980, about the refund.

PART III Declaration of Electronic Return Originator (paid preparer)

I declare that I have reviewed the return of the corporation or pass-through entity and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the signature of the corporate officer, general partner or managing member, before submitting the return to the Maryland Revenue Administration Division, have provided that official with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Maryland Business E-File Handbook. This declaration is to be retained at the site of the electronic return originator.

Electronic Return Originator Use Only RYAN LETKE CPA 091516 Originator's Signature Date 272271 EFIN

WEBER MESSICK Firm's name (or yours if self-employed) 8140 CORPORATE DRIVE 215 Address ZIP code BALTIMORE MD 21236 Telephone Number 4109338811

DO NOT MAIL



MARYLAND
FORM
510
SCHEDULE B

PASS-THROUGH ENTITY
INCOME TAX RETURN
MEMBERS' INFORMATION



2015

NAME LANDMARK MEDICAL GRO FEIN 522199681

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

	Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	GEORGE L HENRY [REDACTED] 857	200 RINGNECK ROAD HAVRE DE GRACE MD 21078	X		78538.00	0.00	You must file Maryland Form 510 electronically to pass on business tax credits from Maryland Form 500CR and/or Maryland Form 502S to your members.
2	KARMACHANDRA S NAIR [REDACTED] 801	11 DEERWOODS COURT GLEN ARM MD 21057	X		83208.00	0.00	
3	LAWRENCE D WHITE [REDACTED] 577	203 SUDBURY CT LUTHERVILLE TIMONIUM MD	X		129231.00	0.00	
4	CLARENCE SMITH [REDACTED] 66	10 LONG CREEK KINGSVILLE MD 21087	X		109785.00	0.00	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
TOTAL:							



MARYLAND SCHEDULE K-1 (510) PASS-THROUGH ENTITY MEMBER'S INFORMATION



2015

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)			
LANDMARK MEDICAL GROUP LLC		522199681	
PTE Name		PTE FEIN	
615 MACPHAIL ROAD SUITE 206	BEL AIR	MD	21014
Street Address	City	State	ZIP code +4

INFORMATION ABOUT THE MEMBER			
2	LAWRENCE D WHITE	[REDACTED]	7577
Member Number	Member Name	Member's SSN/FEIN	
203 SUDBURY CT	LUTHERVILLE TIMON	MD	21093
Street Address	City	State	ZIP code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage 25.0000000 %	

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	129231.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents only)	2.	

B. Additions

1. Non-Maryland municipal interest and dividends	1.	
2. Tax preference items	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other additions (Specify additions with amounts in part F of this form.)	5.	

C. Subtractions

1. Income from U.S. obligations	1.	
2. Work opportunity credit salary expense	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other subtractions (Specify subtractions with amounts in part F of this form.)	5.	

D. Nonresident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid by this PTE	1.	
2. Nonresident tax paid by other PTEs on behalf of this entity	2.	
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part L, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.)	3.	

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	
2. Maryland Disability Employment Tax Credit	2.	
3. Job Creation Tax Credit***	3.	
4. Community Investment Tax Credit***	4.	
5. Businesses that Create New Jobs Tax Credit	5.	
6. Qualified Vehicle Tax Credit***	6.	
7. Employer-Provided Long-Term Insurance Tax Credit	7.	
8. Security Clearance Cost Tax Credit***	8.	
9. Small Business First-Year Leasing Security Clearance Costs Tax Credit***	9.	
10. Research and Development Tax Credit***	10.	
11. Commuter Tax Credit	11.	
12. Maryland-Mined Coal Tax Credit***	12.	



MARYLAND
SCHEDULE K-1
(510)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



15510K105

2015
page 2

NAME LANDMARK MEDICAL G FEIN 522199681

13. Oyster Shell Recycling Tax Credit***	13.	_____	_____
14. Bio-Heating Oil Tax Credit***	14.	_____	_____
15. Cellulosic Ethanol Technology Research & Development Tax Credit***	15.	_____	_____
16. Wineries and Vineyards Tax Credit***	16.	_____	_____
17. Endow Maryland Tax Credit***	17.	_____	_____
Refundable Credits			
18. Cybersecurity Investment Incentive Tax Credit***	18.	_____	_____
19. Film Production Activity Tax Credit***	19.	_____	_____
20. Biotechnology Investment Incentive Tax Credit***	20.	_____	_____
21. Clean Energy Incentive Tax Credit***	21.	_____	_____
22. Health Enterprise Zone Hiring Tax Credit***	22.	_____	_____
23. Small Business Research & Development Tax Credit***	23.	_____	_____
24. Maryland Sustainable Communities Tax Credit***	24.	_____	_____
One Maryland Economic Development Tax Credit***			
<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable			
25a. Total number of "qualified employees"	25a.	_____	_____
25b. If the amount on line 25a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. Tax year in which the project was put into service	26.	_____	_____
Enter Member's Distributive or Pro Rata share of the Following:			
27. Portion of PTE's income attributable to project	27.	_____	_____
28. Non-project taxable income from PTE	28.	_____	_____
29. Number of "qualified employees" multiplied by \$10,000	29.	_____	_____
30. Amount of Maryland income tax required to be withheld from employees reported on line 25a of this form	30.	_____	_____
31. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum)	31.	_____	_____
32. Total cumulative eligible start-up costs (\$500,000 PTE maximum)	32.	_____	_____

F. Additional Information





MARYLAND
SCHEDULE K-1
(510)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



2015

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)			
LANDMARK MEDICAL GROUP LLC		522199681	
PTE Name		PTE FEIN	
615 MACPHAIL ROAD SUITE 206	BEL AIR	MD	21014
Street Address	City	State	ZIP code +4

INFORMATION ABOUT THE MEMBER			
3	GEORGE L HENRY	[REDACTED]	57
Member Number	Member Name	Member's SSN/FEIN	
200 RINGNECK ROAD	HAVRE DE GRACE	MD	21078
Street Address	City	State	ZIP code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage 25.0000000 %	

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	78538.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents only)	2.	

B. Additions

1. Non-Maryland municipal interest and dividends	1.	
2. Tax preference items	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other additions (Specify additions with amounts in part F of this form.)	5.	

C. Subtractions

1. Income from U.S. obligations	1.	
2. Work opportunity credit salary expense	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other subtractions (Specify subtractions with amounts in part F of this form.)	5.	

D. Nonresident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid by this PTE	1.	
2. Nonresident tax paid by other PTEs on behalf of this entity	2.	
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part L, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.)	3.	

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	
2. Maryland Disability Employment Tax Credit	2.	
3. Job Creation Tax Credit***	3.	
4. Community Investment Tax Credit***	4.	
5. Businesses that Create New Jobs Tax Credit	5.	
6. Qualified Vehicle Tax Credit***	6.	
7. Employer-Provided Long-Term Insurance Tax Credit	7.	
8. Security Clearance Cost Tax Credit***	8.	
9. Small Business First-Year Leasing Security Clearance Costs Tax Credit***	9.	
10. Research and Development Tax Credit***	10.	
11. Commuter Tax Credit	11.	
12. Maryland-Mined Coal Tax Credit***	12.	





MARYLAND
SCHEDULE K-1
(510)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



2015
page 2

NAME LANDMARK MEDICAL G FEIN 522199681

13.	Oyster Shell Recycling Tax Credit***	13.	_____
14.	Bio-Heating Oil Tax Credit***	14.	_____
15.	Cellulosic Ethanol Technology Research & Development Tax Credit***	15.	_____
16.	Wineries and Vineyards Tax Credit***	16.	_____
17.	Endow Maryland Tax Credit***	17.	_____
Refundable Credits			
18.	Cybersecurity Investment Incentive Tax Credit***	18.	_____
19.	Film Production Activity Tax Credit***	19.	_____
20.	Biotechnology Investment Incentive Tax Credit***	20.	_____
21.	Clean Energy Incentive Tax Credit***	21.	_____
22.	Health Enterprise Zone Hiring Tax Credit***	22.	_____
23.	Small Business Research & Development Tax Credit***	23.	_____
24.	Maryland Sustainable Communities Tax Credit***	24.	_____
One Maryland Economic Development Tax Credit***			
	<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable		
25a.	Total number of "qualified employees"	25a.	_____
25b.	If the amount on line 25a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26.	Tax year in which the project was put into service	26.	_____
Enter Member's Distributive or Pro Rata share of the Following:			
27.	Portion of PTE's income attributable to project	27.	_____
28.	Non-project taxable income from PTE	28.	_____
29.	Number of "qualified employees" multiplied by \$10,000	29.	_____
30.	Amount of Maryland income tax required to be withheld from employees reported on line 25a of this form	30.	_____
31.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum)	31.	_____
32.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	32.	_____

F. Additional Information



MARYLAND SCHEDULE K-1 (510) PASS-THROUGH ENTITY MEMBER'S INFORMATION



2015

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)			
LANDMARK MEDICAL GROUP LLC		522199681	
PTE Name		PTE FEIN	
615 MACPHAIL ROAD SUITE 206	BEL AIR	MD	21014
Street Address	City	State	ZIP code +4

INFORMATION ABOUT THE MEMBER			
4	KARMACHANDRA S NAIR	[REDACTED]	301
Member Number	Member Name	Member's SSN/FEIN	
11 DEERWOODS COURT	GLEN ARM	MD	21057
Street Address	City	State	ZIP code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage 25.0000000 %	

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	83208.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents only)	2.	

B. Additions

1. Non-Maryland municipal interest and dividends	1.	
2. Tax preference items	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other additions (Specify additions with amounts in part F of this form.)	5.	

C. Subtractions

1. Income from U.S. obligations	1.	
2. Work opportunity credit salary expense	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other subtractions (Specify subtractions with amounts in part F of this form.)	5.	

D. Nonresident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid by this PTE	1.	
2. Nonresident tax paid by other PTEs on behalf of this entity	2.	
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part L, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.)	3.	

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	
2. Maryland Disability Employment Tax Credit	2.	
3. Job Creation Tax Credit***	3.	
4. Community Investment Tax Credit***	4.	
5. Businesses that Create New Jobs Tax Credit	5.	
6. Qualified Vehicle Tax Credit***	6.	
7. Employer-Provided Long-Term Insurance Tax Credit	7.	
8. Security Clearance Cost Tax Credit***	8.	
9. Small Business First-Year Leasing Security Clearance Costs Tax Credit***	9.	
10. Research and Development Tax Credit***	10.	
11. Commuter Tax Credit	11.	
12. Maryland-Mined Coal Tax Credit***	12.	



MARYLAND
SCHEDULE K-1
(510)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



2015
page 2

NAME LANDMARK MEDICAL G FEIN 522199681

13.	Oyster Shell Recycling Tax Credit***	13.	_____
14.	Bio-Heating Oil Tax Credit***	14.	_____
15.	Cellulosic Ethanol Technology Research & Development Tax Credit***	15.	_____
16.	Wineries and Vineyards Tax Credit***	16.	_____
17.	Endow Maryland Tax Credit***	17.	_____
Refundable Credits			
18.	Cybersecurity Investment Incentive Tax Credit***	18.	_____
19.	Film Production Activity Tax Credit***	19.	_____
20.	Biotechnology Investment Incentive Tax Credit***	20.	_____
21.	Clean Energy Incentive Tax Credit***	21.	_____
22.	Health Enterprise Zone Hiring Tax Credit***	22.	_____
23.	Small Business Research & Development Tax Credit***	23.	_____
24.	Maryland Sustainable Communities Tax Credit***	24.	_____
One Maryland Economic Development Tax Credit***			
<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable			
25a.	Total number of "qualified employees"	25a.	_____
25b.	If the amount on line 25a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26.	Tax year in which the project was put into service	26.	_____
Enter Member's Distributive or Pro Rata share of the Following:			
27.	Portion of PTE's income attributable to project	27.	_____
28.	Non-project taxable income from PTE	28.	_____
29.	Number of "qualified employees" multiplied by \$10,000	29.	_____
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31.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum)	31.	_____
32.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	32.	_____

F. Additional Information





MARYLAND
SCHEDULE K-1
(510)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



2015

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)			
LANDMARK MEDICAL GROUP LLC		522199681	
PTE Name		PTE FEIN	
615 MACPHAIL ROAD SUITE 206	BEL AIR	MD	21014
Street Address	City	State	ZIP code +4

INFORMATION ABOUT THE MEMBER			
5	CLARENCE SMITH	[REDACTED]	66
Member Number	Member Name	[REDACTED]	FEIN
10 LONG CREEK	KINGSVILLE	MD	21087
Street Address	City	State	ZIP code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage 25.0000000 %	

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	109785.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents only)	2.	

B. Additions

1. Non-Maryland municipal interest and dividends	1.	
2. Tax preference items	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other additions (Specify additions with amounts in part F of this form.)	5.	

C. Subtractions

1. Income from U.S. obligations	1.	
2. Work opportunity credit salary expense	2.	
3. Net decoupling modification	3.	
4. Net decoupling modification from another PTE	4.	
5. Other subtractions (Specify subtractions with amounts in part F of this form.)	5.	

D. Nonresident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid by this PTE	1.	
2. Nonresident tax paid by other PTEs on behalf of this entity	2.	
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part L, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.)	3.	

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	
2. Maryland Disability Employment Tax Credit	2.	
3. Job Creation Tax Credit***	3.	
4. Community Investment Tax Credit***	4.	
5. Businesses that Create New Jobs Tax Credit	5.	
6. Qualified Vehicle Tax Credit***	6.	
7. Employer-Provided Long-Term Insurance Tax Credit	7.	
8. Security Clearance Cost Tax Credit***	8.	
9. Small Business First-Year Leasing Security Clearance Costs Tax Credit***	9.	
10. Research and Development Tax Credit***	10.	
11. Commuter Tax Credit	11.	
12. Maryland-Mined Coal Tax Credit***	12.	





MARYLAND
SCHEDULE K-1
(510)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



15510K 105

2015
page 2

NAME LANDMARK MEDICAL G FEIN 522199681

13.	Oyster Shell Recycling Tax Credit***	13.	_____
14.	Bio-Heating Oil Tax Credit***	14.	_____
15.	Cellulosic Ethanol Technology Research & Development Tax Credit***	15.	_____
16.	Wineries and Vineyards Tax Credit***	16.	_____
17.	Endow Maryland Tax Credit***	17.	_____
Refundable Credits			
18.	Cybersecurity Investment Incentive Tax Credit***	18.	_____
19.	Film Production Activity Tax Credit***	19.	_____
20.	Biotechnology Investment Incentive Tax Credit***	20.	_____
21.	Clean Energy Incentive Tax Credit***	21.	_____
22.	Health Enterprise Zone Hiring Tax Credit***	22.	_____
23.	Small Business Research & Development Tax Credit***	23.	_____
24.	Maryland Sustainable Communities Tax Credit***	24.	_____
One Maryland Economic Development Tax Credit***			
	<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable		
25a.	Total number of "qualified employees"	25a.	_____
25b.	If the amount on line 25a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26.	Tax year in which the project was put into service	26.	_____
Enter Member's Distributive or Pro Rata share of the Following:			
27.	Portion of PTE's income attributable to project	27.	_____
28.	Non-project taxable income from PTE	28.	_____
29.	Number of "qualified employees" multiplied by \$10,000	29.	_____
30.	Amount of Maryland income tax required to be withheld from employees reported on line 25a of this form	30.	_____
31.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum)	31.	_____
32.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	32.	_____

F. Additional Information



Landmark Medical Group, LLC

**Financial Statements
(Compiled)**

December 31, 2015 and 2014

TABLE OF CONTENTS

Independent Accountant's Compilation Report	1
Balance Sheets December 31, 2015 and 2014	2 – 3
Statements of Income For the Years Ended December 31, 2015 and 2014	4
Statements of Changes in Members' Equity For the Years Ended December 31, 2015 and 2014	5
Statements of Cash Flows For the Years Ended December 31, 2015 and 2014	6
Independent Accountant's Report on Supplementary Information	7
Schedules of Operating Expenses For the Years Ended December 31, 2015 and 2014	8



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INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Members
Landmark Medical Group, LLC
Bel Air, Maryland

Management is responsible for the accompanying financial statements of Landmark Medical Group, LLC (a Partnership), which comprise the balance sheets as of December 31, 2016 and 2015, and the related statements of income, changes in members' equity and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in these financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

WeberMessick

October 19, 2016

Landmark Medical Group, LLC
Balance Sheets
December 31, 2015 and 2014

Assets	2015	2014
<u>Current Assets</u>		
Cash and Cash Equivalents	\$ 5,300	\$ 441
Accounts Receivable - Trade (less allowance for doubtful accounts of \$279,955 and \$237,917 in 2015 and 2014, respectively)	439,128	288,886
Prepaid Expenses	22,301	14,388
Total Current Assets	466,729	303,715
<u>Property and Equipment</u>		
Machinery and Equipment	42,796	42,796
Furniture and Fixtures	11,050	11,050
Less: Accumulated Depreciation	(53,555)	(52,973)
Total Property and Equipment	291	873
<u>Other Assets</u>		
Intangible Assets (net of accumulated amortization of \$40,440 and \$37,706 in 2015 and 2014, respectively)	1,310	4,044
Security Deposit	10,712	10,712
Total Other Assets	12,022	14,756
Total Assets	\$ 479,042	\$ 319,344

See Independent Accountant's Compilation Report.

Landmark Medical Group, LLC
Balance Sheets
December 31, 2015 and 2014

<u>Liabilities and Members' Equity</u>	<u>2015</u>	<u>2014</u>
<u>Current Liabilities</u>		
Accounts Payable - Trade	\$ 21,404	\$ 23,095
Accrued Expenses	16,559	22,456
Current Maturities of Long-Term Debt	<u>12,000</u>	<u>12,000</u>
Total Current Liabilities	<u>49,963</u>	<u>57,551</u>
<u>Long-Term Liabilities</u>		
Long-Term Debt (net of current maturities)	<u>58,985</u>	<u>69,468</u>
Total Long-Term Liabilities	<u>58,985</u>	<u>69,468</u>
Total Liabilities	108,948	127,019
<u>Members' Equity</u>		
Members' Equity	<u>370,094</u>	<u>192,325</u>
Total Liabilities and Members' Equity	<u>\$ 479,042</u>	<u>\$ 319,344</u>

See Independent Accountant's Compilation Report.

Landmark Medical Group, LLC
Statements of Income
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>		<u>2014</u>	
	<u>Amount</u>	<u>Percent of Net Revenue</u>	<u>Amount</u>	<u>Percent of Net Revenue</u>
<u>Revenue</u>				
Revenues	\$ 2,028,599	156.59 %	\$ 2,422,341	182.20 %
Less: Contractual Allowance	<u>733,105</u>	<u>56.59 %</u>	<u>1,092,819</u>	<u>82.20 %</u>
Net Revenue	1,295,494	100.00 %	1,329,522	100.00 %
<u>Operating Expenses</u>				
See Attached Schedule	<u>1,116,276</u>	<u>86.18 %</u>	<u>1,330,160</u>	<u>100.05 %</u>
Operating Income/(Loss)	179,218	13.82 %	(638)	(0.05)%
<u>Other Expense</u>				
Interest	<u>1,449</u>	<u>0.11 %</u>	<u>2,036</u>	<u>0.15 %</u>
Net Income/(Loss)	<u>\$ 177,769</u>	<u>13.71 %</u>	<u>\$ (2,674)</u>	<u>(0.20)%</u>

See Independent Accountant's Compilation Report.

Landmark Medical Group, LLC
Statements of Changes in Members' Equity
For the Years Ended December 31, 2015 and 2014

	<u>George Henry</u>	<u>Karmachandra Nair</u>	<u>Clarence Smith</u>	<u>Lawrence White</u>	<u>Total</u>
Balance at December 31, 2013	\$ 48,749	\$ 48,749	\$ 48,750	\$ 48,751	\$ 194,999
Net Loss	(668)	(668)	(669)	(669)	(2,674)
Member Draws	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Balance at December 31, 2014	48,081	48,081	48,081	48,082	192,325
Net Income	44,442	44,442	44,442	44,443	177,769
Member Draws	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Balance at December 31, 2015	<u>\$ 92,523</u>	<u>\$ 92,523</u>	<u>\$ 92,523</u>	<u>\$ 92,525</u>	<u>\$ 370,094</u>

See Independent Accountant's Compilation Report.

Landmark Medical Group, LLC
Statements of Cash Flows
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Cash Flow From Operating Activities		
Net Income/(Loss)	\$ 177,769	\$ (2,674)
Adjustments to reconcile net income to net cash from operating activities:		
Depreciation and Amortization	3,316	3,315
(Increase)/Decrease in Non-Cash Current Assets		
Accounts Receivable - Trade	(150,242)	2,593
Prepaid Expenses	(7,913)	11,573
Other Current Assets	-	9,103
Increase/(Decrease) in Non-Cash Current Liabilities		
Accounts Payable - Trade	(1,691)	2,071
Accrued Expenses	<u>(5,897)</u>	<u>(13,766)</u>
Net Cash Flow From Operating Activities	<u>15,342</u>	<u>12,215</u>
Cash Flow From Financing Activities		
Principal Payments on Long-Term Debt	<u>(10,483)</u>	<u>(7,000)</u>
Net Cash Flow From Financing Activities	<u>(10,483)</u>	<u>(7,000)</u>
Net Increase In Cash	4,859	5,215
Cash - Beginning of Year	<u>441</u>	<u>(4,774)</u>
Cash - End of Year	<u>\$ 5,300</u>	<u>\$ 441</u>
Supplemental Cash Flow Information		
Interest Paid During Year	<u>\$ (1,449)</u>	<u>\$ (2,036)</u>

See Independent Accountant's Compilation Report.



WEBERMESSICK

8140 CORPORATE DRIVE • SUITE 215
PO Box 43597
BALTIMORE, MARYLAND 21236

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INDEPENDENT ACCOUNTANT'S REPORT ON SUPPLEMENTARY INFORMATION

To the Members
Landmark Medical Group, LLC
Bel Air, Maryland

The supplementary information contained in the Schedules of Operating Expenses is presented for purposes of additional analysis and is not a required part of the financial statements. This information is the representation of management. The information was subject to our compilation engagement, however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any form of assurance on such supplementary information.

Weber Messick

October 19, 2016

Landmark Medical Group, LLC
Schedules of Operating Expenses
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>		<u>2014</u>	
	<u>Amount</u>	<u>Percent of Net Revenue</u>	<u>Amount</u>	<u>Percent of Net Revenue</u>
Advertising	\$ 32	0.00 %	\$ 62	0.00 %
Allergy Services	10,000	0.77 %	90,000	6.77 %
Amortization	2,734	0.21 %	2,733	0.21 %
Automobile	524	0.04 %	1,130	0.08 %
Bank and Credit Card Charges	3,867	0.30 %	5,143	0.39 %
Billing Service	68,883	5.32 %	91,944	6.92 %
Depreciation	582	0.04 %	582	0.04 %
Donation	-	0.00 %	200	0.02 %
Employee Benefits	19,349	1.49 %	30,147	2.27 %
Guaranteed Payments	386,823	29.86 %	420,519	31.63 %
Insurance	41,135	3.18 %	44,239	3.33 %
Licenses and Permits	642	0.05 %	2,500	0.19 %
Medical Supplies and Services	12,635	0.98 %	21,915	1.65 %
Office	9,698	0.75 %	7,551	0.56 %
Postage and Delivery	562	0.04 %	1,880	0.14 %
Printing and Reproduction	3,347	0.26 %	4,044	0.30 %
Professional Fees	7,024	0.54 %	7,288	0.55 %
Rent - Personal Property	7,369	0.57 %	9,222	0.69 %
Rent - Real Property	225,069	17.38 %	225,781	16.98 %
Repairs and Maintenance	1,490	0.12 %	2,707	0.20 %
Salaries and Wages	266,978	20.61 %	309,096	23.25 %
Taxes - Other	95	0.01 %	809	0.06 %
Taxes - Payroll	27,951	2.16 %	30,280	2.28 %
Telephone	19,487	1.50 %	20,388	1.54 %
Total Operating Expenses	<u>\$ 1,116,276</u>	<u>86.18 %</u>	<u>\$ 1,330,160</u>	<u>100.05 %</u>

See Independent Accountant's Report on Supplementary Information.