

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 8/14/2025 10:32 AM EST

Confirmation Number: 15229  
Amended Confirmation Number: 8771

Employer Information

Name: North Atlanta Primary Care  
Address: 3400 C Old Milton Parkway, Suite 265  
City: Alpharetta  
State: GA  
Zip Code: 30005

Plan Administrator Information

Name: North Atlanta Primary Care  
Address: 3400 C Old Milton Parkway, Suite 265  
City: Alpharetta  
State: GA  
Zip Code: 30005  
Phone: 6788024042  
Email: ahayman@southeastpcp.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	North Atlanta Primary Care Nonqualified Deferred Compensation Plan	Number of Employees: 121
------	------------	---	-----------------------------

Additional Information:

effective date November 1, 2021 eligible employees 121 participating employees 23



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15229. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.