

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

Date Completed: 6/2/2026 10:11 AM EST

Confirmation Number: 16574

Amended Confirmation Number:

Employer Information

Name: Physicians East, P.A.  
Address: 1850 West Arlington Blvd  
City: Greenville  
State: NC  
Zip Code: 27834

Plan Administrator Information

Name: Physicians East, P.A.  
Address: 1850 West Arlington Boulevard  
City: Greenville  
State: NC  
Zip Code: 27834  
Phone: 2524136732  
Email: ksugg@physicianseast.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:	Physicians East, P.A. Deferred Compensation Plan	Number of Employees: 59
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Additional Information:

Physicians East, P.A. Deferred Compensation Plan



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 16574. 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.