

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

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Confirmation Number: 3062

Amended Confirmation Number:

Employer Information

Name: Warren Christopher Edwards D.D.S. P.A.  
Address: 5445 Village Drive, Suite 100  
City: Viera State: FL Zip Code: 32955

Plan Administrator Information

Name: Warren Christopher Edwards D.D.S. P.A.  
Address: 5445 Village Drive, Suite 100  
City: Viera State: FL Zip Code: 32955  
Phone: 3217517775  
Email: chrisedwardsdds@gmail.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: Deferred Compensation Agreement for Warren Number of  
Christopher Edwards, D.D.S. Employees: 1

ID:2 Plan Name: Deferred Compensation Agreement for Robert Number of  
E. Brown, III, D.D.S. Employees: 1

Additional Information:



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 3062. 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.