

2013 Annual Report

December 31, 2013

**INFORMATION AND DISCLOSURE
STATEMENT**

Baroma, Inc.

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Federal ID No.
26-0764832

Cusip No.
06827Q 10 0

ISIN No.
US7273581030

Trading Symbol

OTC: BRMA

INFORMATION AND DISCLOSURE STATEMENT

The information contained in this report has not been filed with, nor reviewed by, nor approved by the Securities and Exchange Commission, the National Association of Securities Dealers, nor any other regulatory body.

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Baroma, Inc.

INFORMATION AND DISCLOSURE STATEMENT

December 31, 2013

ALL INFORMATION FURNISHED HEREIN HAS BEEN PREPARED FROM THE BOOKS AND RECORDS OBTAINED FROM THE COMPANY IN ACCORDANCE WITH RULE 15c2-11 (a) (5) PROMULGATED UNDER THE SECURITIES AND EXCHANGE ACT OF 1934, AS AMENDED, AND IS INTENDED ONLY AS INFORMATION TO BE USED BY SECURITIES BROKER-DEALERS.

NO DEALER, SALESMAN OR OTHER PERSON HAS BEEN AUTHORIZED TO GIVE ANY INFORMATION OR TO MAKE ANY REPRESENTATIONS NOT CONTAINED HEREIN IN CONNECTION WITH THE COMPANY. ANY REPRESENTATIONS NOT CONTAINED HEREIN MUST NOT BE RULED UPON AS HAVING BEEN MADE OR AUTHORIZED BY THE COMPANY.

The undersigned certifies that the information herein has been prepared and/or reviewed by the undersigned, is true and correct to the best of his knowledge and belief and is complete and presented fairly in all material respects.

January 15, 2014

Baroma, Inc

/s/

Scott Backer, President

COPIES OF THIS INFORMATION AND DISCLOSURE STATEMENT ARE AVAILABLE FROM THE ISSUER UPON REQUEST.

Baroma, Inc.

December 31, 2013

ITEM 1: EXACT NAME OF ISSUER AND ITS PREDECESSOR (IF ANY).

Baroma, Inc.

ITEM 2: ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES.

760 Ponce De Leon
Suite 100A
Coral Gables, FL 33134
info@baromahc.com

ITEM 3: ISSUER'S STATE OF INCORPORATION.

State of Nevada

ITEM 4: EXACT TITLE AND CLASS OF ISSUER'S SECURITIES TO BE QUOTED.

Baroma, Inc.

CUSIP: 727358 10 3

Trading Symbol: BRMA (OTC Markets)

The company currently has (1) one Class of Stock that being Common

Authorize Number of Shares: 500,000,000

Issued Number of Shares: 302,521,000

ITEM 5: PAR OR STATED VALUE OF ISSUER'S SECURITIES

Par Value of Common Shares is \$0.001 per share.

ITEM 6: NUMBER OF SHARES OR TOTAL AMOUNT OF ISSUER'S

SECURITIES OUTSTANDING AS OF DECEMBER 31, 2013

The company currently had one class of Common stock and no Preferred Stock outstanding.

Total Stock Authorized: 500,000,000

Total Shares Issued: 302,521,000

FLOAT:

Number of shares is Float (at CEDE)	15,000,000
Restricted Shares, subject to lock-up/leak-out Currently in a Control Block (approx)	217,000,000
Restricted Shares previously in Control Block	29,000,000
Restricted Shares not previously in Control Block	4,676,000
Tradable Shares subject to Rule 144 (approx)	36,845,000
Total:	302,521,000

Number of Shareholders: approximately 125

SECURITIES OUTSTANDING AS OF DECEMBER 31, 2012

The company currently had one class of Common stock and no Preferred Stock outstanding.

Total Stock Authorized: 500,000,000

Total Shares Issued: 301,000,000

FLOAT:

Number of shares is Float (at CEDE)	15,000,000
Restricted Shares, subject to lock-up/leak-out Currently in a Control Block (approx)	217,000,000
Restricted Shares previously in Control Block	29,000,000

Restricted Shares not previously in Control Block	3,155,000
Tradable Shares subject to Rule 144 (approx)	36,845,000
Total:	301,000,000
Number of Shareholders: approximately 125	

SECURITIES OUTSTANDING AS OF DECEMBER 31, 2011

The company currently had one class of Common stock and no Preferred Stock outstanding.

Total Stock Authorized: 75,000,000
Total Shares Issued: 625,000

FLOAT:

Tradable Shares	0
Restricted Shares:	625,000
Total:	625,000

Number of Shareholders: 119

RECENT OFFERINGS:

August 10, 2007 Issuer issued 594,434 founder shares upon its incorporation at par.

September 15, 2008 Issuer paid New World Global, Inc. 33,586 shares for services rendered.

March 17, 2011 Issuer increased its authorized number of shares to 500,000,000.

March 18, 2011 Issuer authorized a fully proportional 475:1 forward split resulting in a total of 296,875,000 common shares being issued.

On June 29th, 2012 Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Healthcare International, LLC.

July 9, 2013 1,521,000 common restricted shares were issued for services.

November 19, 2013 Issuer's Board of Directors recommended the shareholders exercise a 300:1 reverse split effective within 90 days of a Special Call Shareholders Meeting.

December 6, 2013 A Special Call Baroma, Inc. Shareholder's meeting was held with a majority of the shareholders voting to exercise a 300:1 reverse split effective within 90 days.

504, 505 or 506 OFFERINGS

The company has not issued any 504,505, 506 or other offering shares from its inception to this date.

SECURITIES OR OPTIONS ISSUED FOR SERVICES:

None.

ITEM 7: NAME AND ADDRESS OF ISSUER'S TRANSFER AGENT.

Standard Registrar & Transfer Company, Inc.

12528 South 1840 East

Draper, Utah 84020

Telephone: 801-571-8844

Facsimile: 801-571-2551

Standard Registrar & Transfer Company, Inc. is appropriately registered with the Securities and Exchange Commission under the Securities and Exchange Act of 1934.

Item 8: NATURE OF ISSUER'S BUSINESS.

Baroma, Inc. by and as Plantation Development Corp. has from its inception in 2007 been in the acquisition and management of healthcare facilities. The company is "a development stage company" with an emphasis as acquirer and manager of Accountable Care Organization. Current management has over 25 years of experience in healthcare field.

BAROMA HEALTHCARE INTERNATIONAL LLC is a wholly owned subsidiary of Baroma, Inc (the Company) with ACO contracts established a network of doctors that shares responsibility for providing care to patients. In the new law, an ACO would agree to manage all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years, the Company has achieved 5,000 patients and is expected to increase to 25,000 patients next year.

Accountable care organizations will be largely based on physician practices that, in turn, may be organized as patient-centered medical homes. Many ACOs will also include hospitals, home health agencies, nursing homes, and perhaps other delivery organizations. There are at least five different types of practice arrangements that could serve as ACOs. These are the integrated or organized delivery system, multispecialty group practices, physician-hospital organizations,

independent practice associations, and “virtual” physician organization.

8A. BUSINESS DEVELOPMENT:

1. THE FORM OF THE ORGANIZATION OF THE ISSUER.

A Nevada Corporation

2. THE YEAR THE ISSUER (OR ANY PREDECESSOR) WAS ORGANIZED.

Baroma, Inc., previously known as Plantation Development, Corp., was organized and incorporated as on August 10th 2007. The company has no corporate predecessor.

3. THE ISSUER’S FISCAL YEAR END DATE.

The company’s fiscal year ends on December 31st.

4. WHETHER THE ISSUER (AND/OR ANY PREDECESSOR) HAS BEEN IN BANKRUPTCY, RECEIVERSHIP, OR ANY SIMILAR PROCEEDING.

The company and its predecessors have never filed for protection under Bankruptcy, receivership or any similar proceedings.

5. ANY MATERIAL RECLASSIFICATION, MERGER, CONSOLIDATION, OR PURCHASE OR SALE OF A SIGNIFICANT AMOUNT OF ASSETS NOT IN THE ORDINARY COURSE OF BUSINESS.

August 10, 2007 Issuer issued 594,434 founder shares upon its incorporation at par \$0.001.

September 15, 2008 Issuer paid New World Global, Inc. 33,586 shares for services rendered.

February 3, 2009 Issuer’s largest shareholder Thomas E. Terwilliger, in a private transaction transferred 500,000 Issuer common shares to New World Global, Inc., a Florida corporation.

March 8, 2011 New World Global, Inc., in a private transaction transferred 500,000 Issuer shares to Capital Growth Group, Inc., a Florida corporation.

March 17, 2011 Issuer increased its authorized number of shares to 500,000,000.

March 18, 2011 Issuer authorized a fully proportional 475:1 forward split resulting in a total of 296,875,000 common shares being issued.

On June 29th 2012 the shareholders of the company in a private exchange did a Stock Purchase

Agreement with Baroma Healthcare International, LLC to acquire 245,000,000 Plantation Development, Corp. shares being approximately 82% of Issuer's total issued (300 million shares).

On June 29th 2012 Baroma Health Care International, LLC., wholly owned by Scott Backer, declared a stock dividend and distributed 245,000,000 Plantation Development, Corp. shares to Scott Backer. Scott Backer subsequently transferred approximately 108,000,000 Plantation Development, Corp. shares to Sosender Holdings, LLC and approximately 108,000,000 Plantation Development, Corp. shares to Scomarric Holdings, LLC. and the balance of approximately 29,000,000 Plantation Development, Corp. shares were distributed to a group of individuals and entities none of which holds less than 5% or more of the issued and outstanding shares of Plantation Development, Corp.

On June 29th, 2012 and subsequent to the above, Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Health Care International, LLC.

On September 28, 2012 the Board of Directors executed a resolution to change the name from Plantation Development Corp to Baroma, Inc.

July 9, 2013 1,521,000 common restricted shares were issued for services.

November 19, 2013 Issuer's Board of Directors recommended the shareholders exercise a 300:1 reverse split effective within 90 days of a Special Call Shareholders Meeting.

December 6, 2013 A Special Call Baroma, Inc. Shareholder's meeting was held with a majority of the shareholders voting to exercise a 300:1 reverse split effective within 90 days.

6. ANY DEFAULT OF THE TERMS OF ANY NOTE, LOAN, LEASE, OR OTHER INDEBTEDNESS OR FINANCING ARRANGEMENT REQUIRING THE ISSUER TO MAKE PAYMENTS.

NONE

7. ANY CHANGE IN CONTROL.

February 3, 2009 Issuer's largest shareholder Thomas E. Terwilliger, in a private transaction transferred 80% of the issued shares or 500,000 Plantation Development, Inc common shares to New World Global, Inc., a Florida corporation.

March 8, 2011 New World Global, Inc., in a private transaction transferred 80% of the issued shares or 500,000 Plantation Development, Inc shares to Capital Growth Group, Inc., a Florida

corporation.

On June 29th 2012 the shareholders of the company in a private exchange concluded a Stock Purchase Agreement with Baroma Healthcare International, LLC wherein Baroma Health Care International, LLC acquired 245,000,000 Plantation Development, Corp. shares being approximately 82% of Issuer's total issued (300 million shares).

On June 29th 2012 Baroma Health Care International, LLC., wholly owned by Scott Backer, declared a stock dividend and distributed 245,000,000 Plantation Development, Corp. shares to Scott Backer. Scott Backer subsequently transferred approximately 108,000,000 Plantation Development, Corp. shares to Sosender Holdings, LLC and approximately 108,000,000 Plantation Development, Corp. shares to Scomarric Holdings, LLC the balance of approximately 29,000,000 Plantation Development, Corp. shares were distributed to a group of individuals and entities none of which holds 5% or more of the issued and outstanding shares of Plantation Development, Corp.

On June 29th, 2012 and subsequent to the above, Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Health Care International, LLC.

On June 29th 2012 Frank Labrozzi and Thomas Terwilliger resigned as the sole officers and directors of Plantation Development Corp.

June 29th 2012, in a Special Call Meeting of the Shareholders the following new directors and officers were nominated and elected:

- Scott Backer, CEO / Director
- Ricardo Matos, CIO / Director
- Marisela Rodriguez, COO / Director
- Alex Fundora, Director

On September 28, 2012 the Board of Directors executed a resolution to change the name from Plantation Development Corp to Baroma, Inc.

July 1, 2013 Alex Fundora resigned from the Board of Directors for personal reasons.

4th Quarter 2012 Scott Backer was owner or control person of 108,000,000 shares in the name of Sosender Holdings, LLC and approximately 108,000,000 shares in the name of Scomarric LLC.

November 19, 2013 Wilfred Braseras was appointed to Issuer's Board of Directors.

8. ANY INCREASE IN 10% OR MORE OF THE SAME CLASS OF OUTSTANDING EQUITY SECURITIES.

March 17, 2011 Issuer increased its authorized number of shares to 500,000,000.

March 18, 2011 Issuer authorized a fully proportional 475:1 forward split resulting in a total of 296,875,000 common shares being issued.

On June 29th 2012 the shareholders of the company in a private exchange concluded a Stock Purchase Agreement with Baroma Healthcare International, LLC wherein Baroma Health Care International, LLC acquired 245,000,000 Plantation Development, Corp. shares being approximately 82% of Issuer's total issued (300 million shares).

On June 29th 2012 Baroma Health Care International, LLC., wholly owned by Scott Backer, declared a stock dividend and distributed 245,000,000 Plantation Development, Corp. shares to Scott Backer. Scott Backer subsequently transferred approximately 108,000,000 Plantation Development, Corp. shares to Sosender Holdings, LLC and approximately 108,000,000 Plantation Development, Corp. shares to Scomarric Holdings, LLC., the balance of approximately 29,000,000 Plantation Development, Corp. shares were distributed to a group of individuals and entities none of which holds less than 5% of the issued and outstanding shares of Plantation Development, Corp.

On June 29th, 2012 and subsequent to the above, Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Health Care International, LLC.

9. DESCRIBE ANY PAST, PENDING OR ANTICIPATED STOCK SPLIT, STOCK DIVIDEND, RECAPITALIZATION, MERGER, ACQUISITION, SPIN-OFF, OR REORGANIZATION.

March 17, 2011 Issuer increased its authorized number of shares to 500,000,000.

March 18, 2011 Issuer authorized a fully proportional 475:1 forward split resulting in a total of 296,875,000 common shares being issued.

On June 29th, 2012 and subsequent to the above, Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Health Care International, LLC.

November 19, 2013 Issuer's Board of Directors recommended the shareholders exercise a 300:1 reverse split effective within 90 days of a Special Call Shareholders Meeting.

December 6, 2013 A Special Call Baroma, Inc. Shareholder's meeting was held with a majority of the shareholders voting to exercise a 300:1 reverse split effective within 90 days.

10. ANY DELISTING OF THE ISSUER’S SECURITIES BY ANY SECURITIES EXCHANGE OR NASDAQ.

NONE

11. ANY CURRENT, PAST, PENDING, OR THREATENED LEGAL PROCEEDINGS OR ADMINISTRATIVE ACTIONS EITHER BY OR AGAINST THE ISSUES THAT COULD HAVE A MATERIAL EFFECT ON THE ISSUER’S BUSINESS, FINANCIAL CONDITION, OR OPERATIONS.

NONE

8B. BUSINESS OF THE ISSUER.

Introduction

Baroma, Inc’s subsidiary BAROMA HEALTHCARE INTERNATIONAL LLC (the Company) is an ACO with contracts established with a network of doctors that shares responsibility for providing care to patients. In the new law, an ACO would agree to manage all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years, the Company has achieved 5,000 patients and is expected to increase to 25,000 patients in the next year.

Accountable care organizations will be largely based on physician practices that, in turn, may be organized as patient-centered medical homes. Many ACOs will also include hospitals, home health agencies, nursing homes, and perhaps other delivery organizations. There are at least five different types of practice arrangements that could serve as ACOs. These are the integrated or organized delivery system, multispecialty group practices, physician-hospital organizations, independent practice associations, and “virtual” physician organization.

Revenue Model

This is known as a fee-for-service payment system. Traditionally doctors and hospitals generally are paid more when they give patients more tests and do more procedures, the ACO intention is intention create savings incentives by offering bonuses when providers keep costs down. How an ACO is paid is simple;

When an ACO succeeds both in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

KEY FINANCIAL

Company has conducted a detailed review and analysis of the legislation, as well as, the regulations implemented by CMS. Taking this analysis to the known entities most like ACOs a set of operating parameters has been established and documented in the financial projections.

Key Assumptions:

- Combined ACO initial membership target: 5,000 patients in 2013
- Average ACO Medicare patient assignment per PCP: 250
- Average number of PCPs per ACO: 40
- Benefit and sharing adjusted MLR of ACOs: 72%
- Administrative cost relative to premium equivalent: approximately 2-3%
- Shared savings paid to providers/provider entities: 40% of the payments from CMS after administrative cost recovery

Though the ACO model has been received very favorably, BAROMA® has set a conservative assumption of starting a single ACO (25,000 covered lives) over a two year development cycle. We would expect to expand rapidly as results are fully proven.

Competitiveness

The Company operating as a ACO, but the competition has begun Hospitals, physician practices and insurers across the country, from New Hampshire to Arizona, are announcing their plans to form ACOs, not only for Medicare beneficiaries but for patients with private insurance as well, where's there is competition there is a business.. Some of the largest health insurers in the country, including Humana, United Healthcare and Cigna, already have announced plans to form their own ACOs. Insurers say they can play an important role in ACOs because they track and collect data on patients, which is critical for coordinating care and reporting on the results.

1. THE ISSUER'S PRIMARY AND SECONDARY SIC CODES:

Primary – Insurance Services (SIC 6411)

Secondary – Financial Services (SIC 6199)

2. IF THE ISSUER HAS NEVER CONDUCTED OPERATION, IS IN THE DEVELOPMENT STAGE, OR IS CURRENTLY CONDUCTING OPERATIONS.

Issuer is a Development Stage Company. Starting at Issuer's inception in August 2007 the company began healthcare related services and now is focused on Accountable Care Organizations. Approval from Medicare is largely based on physician practices that, in turn, may be organized as patient-centered medical homes. Many ACOs will also include hospitals, home health agencies, nursing homes, and perhaps other delivery organizations.

3. IS OR HAS THE COMPANY BEEN A SHELL COMPANY?

No

4. STATE THE NAMES OF ANY

a) PARENT,

b) SUBSIDIARY, OR

c) AFFILIATE OF THE ISSUER, AND

d) DESCRIBE ITS BUSINESS PURPOSE,

e) ITS METHOD OF OPERATION,

f) ITS OWNERSHIP, AND

g) WHETHER IT IS INCLUDED IN THE FINANCIAL STATEMENTS ATTACHED TO THIS DISCLOSURE DOCUMENT.

a. Not Applicable

b. The company has a 100% owned subsidiary known as Baroma Healthcare International, LLC

c. The company has no affiliates.

d. Not Applicable

e. Not Applicable

f. Not Applicable

g. Not Applicable

5. THE EFFECT OF EXISTING OR PROBABLE GOVERNMENTAL REGULATIONS ON THE BUSINESS.

The ACO's business structure was initiated through legislative action. The necessity to save Medicare money is why congress created the ACO.

6. AN ESTIMATE OF THE AMOUNT SPENT DURING EACH OF THE LAST TWO FISCAL YEARS ON RESEARCH AND DEVELOPMENT ACTIVITIES, AND IF APPLICABLE, THE EXTENT TO WHICH THE COST OF SUCH ACTIVITIES ARE BORNE DIRECTLY BY THE CUSTOMERS.

ACO does not require Research and Development in the traditional sense. Issuer's management has spent several hundreds of hours compiling market and demographical research as to the best available properties for Issuer.

7. COSTS AND EFFECTS OF COMPLIANCE WITH ENVIRONMENTAL LAWS (FEDERAL, STATE AND LOCAL).

Issuer has not and does not expect to be impacted or affected in any manner by environmental laws or regulations. Any environmental regulation, if any, would be the responsibility of the healthcare operators.

8. TOTAL NUMBER OF EMPLOYEES AND NUMBER OF FULL TIME EMPLOYEES.

As of the date of this Statement the company has a staff of (8) eight persons including,

- Scott Backer, CEO
- Ricardo Matos, CIO
- Marisela Rodriguez, COO

Staffing is expected to grow over the next two years to approximately 20 - 40 persons.

ITEM 9. THE NATURE OF PRODUCTS OR SERVICES OFFERED.

PRODUCT APPLICATIONS:

This is known as a **fee-for-service payment system**. Traditionally doctors and hospitals generally are paid more when they give patients more tests and do more procedures, the ACO intention is intention create savings incentives by offering bonuses when providers keep costs down. How an ACO is paid is simple; When an ACO succeeds both in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

KEY FINANCIAL

Company has conducted a detailed review and analysis of the legislation, as well as, the regulations implemented by CMS. Taking this analysis to the known entities most like ACOs a set of operating parameters has been established and documented in the financial projections.

Key Assumptions:

- Combined ACO initial membership target: 25,000 patients over 2 year cycle
- Average ACO Medicare patient assignment per PCP: 250
- Average number of PCPs per ACO: 40
- Benefit and sharing adjusted MLR of ACOs: 82%
- Administrative cost relative to premium equivalent: approximately 2-3%
- Shared savings paid to providers/provider entities: 40% of the payments from CMS after administrative cost recovery

Though the ACO model has been received very favorably, Company has set a conservative assumption of starting a single ACO (25,000 covered lives over a two year cycle). We would expect to expand rapidly as results are fully proven.

A. PRINCIPAL PRODUCTS OR SERVICES AND THEIR MARKETS.

The demographics of aging continue to change dramatically. The older population is growing rapidly, and the aging of the baby boomers, born between 1946 and 1964 (and who begin

turning age 65 in 2011), will accelerate this growth. In order to keep pace with deficit reduction by the fed, ACO have become popular with their watch dog mentality by assisting Medicare by focusing, efficient care and fraud.

The again population is the following; In 2008, there were an estimated **39 million people age 65 and over** in the United States, accounting for just over 13 percent of the total population. The older population in 2030 is expected to be twice as large as in 2000, growing from 35 million to 72 million and representing nearly 20 percent of the total U.S. population.

The number of **men age 85 and over who are veterans is projected to increase from 400,000 in 2000 to almost 1.2 million by 2010**. The proportion of men age 85 and over who are veterans is projected to increase from 33 percent in 2000 to 66 percent in 2010.

Therefore; In the new law, an ACO would agree to manage all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years, the Company has achieved 5,000 patients and is expected to increase to 10,000 patients in the next 9 months.

Accountable care organizations will be largely based on physician practices that, in turn, may be organized as patient-centered medical homes. Many ACOs will also include hospitals, home health agencies, nursing homes, and perhaps other delivery organizations. There are at least five different types of practice arrangements that could serve as ACOs. These are the integrated or organized delivery system, multispecialty group practices, physician-hospital organizations, independent practice associations, and “virtual” physician organization.

B. DISTRIBUTION METHODS OF THE PRODUCTS OR SERVICES.

Not Applicable

C. STATUS OF ANY PUBLICLY ANNOUNCED NEW PRODUCT OR SERVICES.

Not Applicable

D. COMPETITIVE BUSINESS CONDITIONS, THE ISSUER’S COMPETITIVE POSITION IN THE INDUSTRY, AND METHODS OF COMPETITION.

The Company operating as a ACO, but the competition has begun Hospitals, physician practices and insurers across the country, from New Hampshire to Arizona, are announcing their plans to form ACOs, not only for Medicare beneficiaries but for patients with private insurance as well, where’s there is competition there is a business.. Some of the largest health insurers in the country, including Humana, United Healthcare and Cigna, already have announced plans to form their own ACOs. Insurers say they can play an important role in ACOs because they track and collect data on patients, which is critical for

coordinating care and reporting on the results.

Management

ACOs may very well be THE disruptive sleeping giant of health care reform. The personal and professional experience of the management team has identified the 40% of health care expense that is unneeded or redundant. An ACO has envisioned in the Patient Protection and Affordable Care Act (PPACA – also known as health care reform) puts physician entity at the center of the influence, yet most organized physician groups have no ability to sustain the interim working capital requirements to achieve an ACO contract with CMS but keep in mind this not the healthcare act known as ObamaCare.

Patient Management

Patient management is a complex activity, especially managing patient care processes, this complex issue will be utilized with the company's proprietary software that focuses on recordkeeping, reporting requirements relating to patient services and care giving.

Non-competition

The division between the two roles management and patient care allows the company to modify or enforce rules and advocate for changes without a problem.

Outside-competition

We expect to face increased competition from new market entrants as the demand for ACO services grows. Some of the largest health insurers in the country, including Humana, United Healthcare and Cigna, already have announced plans to form their own ACOs. Insurers say they can play an important role in ACOs because they track and collect data on patients, which is critical for coordinating care and reporting on the results.

E. SOURCES AND AVAILABILITY OF RAW MATERIALS AND THE NAMES OF PRINCIPAL SUPPLIERS.

An Aging Population

Since the beginning of recorded human history, young children have outnumbered older people. Very soon this will change. For the first time in history, people age 65 and over will outnumber children under age 5 (Figure 1). This trend is emerging around the globe. Today almost 500 million people are age 65 and over, accounting for 8 percent of the world's population.

Summary - Over the next two decades the supply of seniors seeking medical efficiencies' is expected to exceed ACO market shares.

F. DEPENDENCE ON ONE OR FEW MAJOR CUSTOMERS.

Not Applicable

G. PATENTS, TRADEMARKS, LICENSES, FRANCHISES, CONCESSIONS, ROYALTY AGREEMENTS, OR LABOR CONTRACTS, INCLUDING THEIR DURATION.

Not Applicable

H. THE NEED FOR GOVERNMENTAL APPROVAL OF PRINCIPAL PRODUCTS OR SERVICES. DISCUSS THE STATUS OF ANY REQUESTED GOVERNMENTAL APPROVALS.

The company has qualified for government approval, Medicare beneficiaries for at least three years, the Company has achieved 5,000 patients and is expected to increase to 25,000 patients in 2014.

ITEM 10. THE NATURE AND EXTENT OF THE ISSUER'S FACILITIES.

The company's mailing address is 760 Ponce De Leon, Suite 100A, Coral Gables, FL 33134. The company rents less than 3,000 square feet of office space.

ITEM 11 (A): OFFICERS DIRECTORS AND ADVISORS:

A1) EXECUTIVE OFFICERS:

All Officers and Directors may be reached at Baroma, Inc, 18495 S Dixie Highway, Miami FL 33157.

A2) MEMBERS OF THE BOARD OF DIRECTORS:

	<u>Affiliations</u>	<u>Compensation</u>	<u>Shares Owned</u>
Scott Backer, Chairman	See Below	\$1.00/yr.	Below
Ricardo Matos, Director	See Below	\$1.00/yr.	0
Marisela Rodriguez	See Below	\$1.00/yr.	0

OFFICERS AND DIRECTORS INFORMATION - DETAIL

Scott Backer, CEO / Director

<u>Name</u>	<u>Position</u>	<u>Other Affiliations</u>	<u>Baroma Shares</u>
Scott Backer	CEO	Baroma Healthcare Int. Sosender Holdings, LLC Scomarric Holdings, LLC.	1,000,000 108,000,000 108,000,000

History:

2012-Present CEO, Baroma, Inc.
 2011-Present CEO, Baroma Healthcare International, LLC
 2006-Present CEO, Baroma Healthcare, LLC

<u>Name</u>	<u>Position</u>	<u>Other Affiliations</u>	<u>Baroma Shares</u>
Rick Matos	CIO / Director		0

History:

2011-Present CIO, Baroma Healthcare International, LLC
 2012-Present CIO, Baroma, Inc.
 2007-2012 Director of Reporting and Data Management, Baroma Healthcare, LLC

<u>Name</u>	<u>Position</u>	<u>Other Affiliations</u>	<u>Shares</u>
Marisela Rodriguez	COO / Director		0
2011-Present		COO, Baroma Healthcare International, LLC	
2012-Present		COO, Baroma, Inc.	
2006-2012		COO, Baroma Healthcare, LLC	

<u>Name</u>	<u>Position</u>	<u>Other Affiliations</u>	<u>Baroma Shares</u>
Wilfred Braseras	Director		0

(B) LEGAL AND DISCIPLINARY HISTORY:

IN THE PAST FIVE YEARS, TO THE BEST OF THE COMPANY’S KNOWLEDGE, NONE OF THE ABOVE REFERENCED PERSONS HAVE BEEN THE SUBJECT OF ANY OF THE FOLLOWING:

1. A CONVICTION IN A CRIMINAL PROCEEDING OR NAMED AS A DEFENDANT IN A PENDING CRIMINAL PROCEEDING (EXCLUDING TRAFFIC VIOLATIONS AND OTHER MINOR OFFENSES);
2. THE ENTRY OF AN ORDER, JUDGMENT, OR DECREE, NOT SUBSEQUENTLY REVERSED, SUSPENDED OR VACATED, BY A COURT OF COMPETENT JURISDICTION THAT PERMANENTLY OR TEMPORARILY ENJOINED, BARRED, SUSPENDED OR OTHERWISE LIMITED SUCH PERSON’S INVOLVEMENT IN ANY TYPE OF BUSINESS, SECURITIES, COMMODITIES, OR BANKING ACTIVITIES;
3. A FINDING OR JUDGMENT BY A COURT OF COMPETENT JURISDICTION (IN A CIVIL ACTION), THE SEC, THE CFTC, OR A STATE SECURITIES REGULATOR OF A VIOLATION OF FEDERAL OR STATE SECURITIES OR COMMODITIES LAW, WHICH FINDING OR JUDGMENT HAS NOT BEEN REVERSED, SUSPENDED, OR VACATED; OR
4. THE ENTRY OF AN ORDER BY A SELF-REGULATORY ORGANIZATION THAT PERMANENTLY OR TEMPORARILY BARRED, SUSPENDED OR OTHERWISE LIMITED SUCH PERSON’S INVOLVEMENT IN ANY TYPE OF BUSINESS OR SECURITIES ACTIVITIES.

(C) DISCLOSURE OF CERTAIN RELATIONSHIPS:

There are no relationships existing among and between the issuer's officers, directors and shareholders.

There are no relationships or affiliations among or between the shareholders and the company, its present officers and directors, and other shareholders except as is stated herein.

(D) DISCLOSURE OF RELATED THIRD PARTY TRANSACTIONS:

None

(E) DISCLOSURE OF CONFLICTS OF INTEREST:

None are known

ITEM 12. THE ISSUER'S MOST RECENT BALANCE SHEET AND PROFIT AND LOSS AND RETAINED EARNINGS STATEMENTS.

(A) The company's balance sheet and statement of income and expenses and other related statements including a statement of cash flow and a statement of changes in stock equity dated December 31, 2013 is included and attached hereto by reference and are set forth on Exhibit "A."

(A2) A Certification by the company's Chief Executive Officer relative to such balance sheet and statement of income and expenses and other related items is so stated on Exhibit "A."

The financial statements requested pursuant to this item shall be prepared in accordance with generally accepted accounting principles (GAAP) by persons with sufficient financial skills.

ITEM 13. SIMILAR FINANCIAL INFORMATION FOR SUCH PART OF THE TWO PRECEDING YEARS AS THE ISSUER OR ITS PREDECESSOR HAS BEEN IN EXISTENCE.

Financial Information for years ending December 31, 2012 and December 21, 21011 is included and incorporated by reference and are posted in Issuer's Annual Report -- Year End Information and Disclosure Statements dated December 31, 2012 and December 2011 respectively posted on www.OTCMarkets.com.

The financial statements requested pursuant to this item shall be prepared in accordance with generally accepted accounting principles (GAAP) by persons with sufficient financial skills.

ITEM 14. BENEFICIAL OWNERS:

August 10, 2007 Issuer issued 594,434 founder shares upon its incorporation at par.

September 15, 2008 Issuer paid New World Global, Inc. 33,586 shares for services rendered.

February 3, 2009 Issuer's largest shareholder Thomas E. Terwilliger, in a private transaction transferred 500,000 Baroma, Inc common shares to New World Global, Inc., a Florida corporation.

March 8, 2011 New World Global, Inc., in a private transaction transferred 500,000 Baroma, Inc shares to Capital Growth Group, Inc., a Florida corporation.

March 17, 2011 Issuer increased its authorized number of shares to 500,000,000.

March 18, 2011 Issuer authorized a fully proportional 475:1 forward split resulting in a total of 296,875,000 common shares being issued. No shareholders were diluted; all shareholders were proportionally adjusted.

NUMBER OF SHARES BENEFICIALLY OWNED:

Sosender Holdings, LLC and Scomarric Holdings, LLC are owned by Scott Backer holding 216,000,000 shares of Issuer.

ITEM 15. NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESSES OF THE FOLLOWING:

- 1) INVESTMENT BANKER,**
 - 2) PROMOTERS,**
 - 3) COUNSEL,**
 - 4) ACCOUNTANT,**
 - 5) PUBLIC RELATIONS CONSULTANT,**
 - 6) INVESTMENT RELATIONS,**
 - 7) ANY OTHER ADVISOR(S) THAT ASSISTED, ADVISED, PREPARED, OR PROVIDED INFORMATION WITH**
- 1) INVESTMENT BANKER:**

NONE

2) PROMOTERS:

NONE

3) COUNSEL:

Frank Yates, Jr., Esq.
4602 Southern Parkway
Suite 2A
Louisville, Kentucky 40214
FrankYates@att.net
Tel (502) 361 8422
Fax (502) 361 8421
Cell (502) 797 6861

4) ACCOUNTANT:

Ronald La Duke, CPA
1702 A Street # C-350
Sparks, NV., 89431

5) PUBLIC RELATIONS CONSULTANT:

NONE

6) INVESTMENT RELATIONS:

NONE

7) OTHER ADVISOR(S)

NONE

ITEM 16: MANAGEMENT DISCUSSION OF OPERATIONS:

A. PLAN OF OPERATIONS:

Baroma, Inc is a development stage company with an emphasis ACO in the sunbelt states. Current management has over 25 years of experience in assisted/skilled living facilities within the same geo-regions.

As a publicly owned business management, the company has an opportunity to become a emerging growth company, however, due to the harsh economic downturn of the global economy, traditional lending sources have hampered growth. We believe that with the funds we can demonstrate growth, job creation, expansion of our ACO's.

C) OFF BALANCE SHEET ARRANGEMENTS:

NONE

ITEM 17: SECURITY OFFERING AND SHARES ISSUED IN PAST TWO YEARS:

Issuer has not offered either a private placement or public offering of any stock since incorporation. The only shares issued since incorporation other than founder shares were A) 33,586 shares issued 9/15/2008 for services rendered. These shares have since been adjusted 3/18/2011 as part of a companywide 475:1 forward split. These shares were valued at \$0.001 par value. These shares when issued were restricted.

July 9, 2013 1,521,000 common restricted shares were issued for services.

The shares bear the legend stating that the shares have not been registered under the Securities Act and references the restriction on transferability and sale of the shares under the Securities Act.

ITEM 18: MATERIAL CONTRACTS:

A) Issuer has entered into no management contracts that would result in any options, rights, warrants, pension or retirement benefits or profit sharing with anyone.

ITEM 19: ARTICLES OF INCORPORATION AND BY LAWS:

Issuer's Revised/Current By-Laws are incorporated by reference and are available for inspection at OTCMakets.com / BRMA/ Disclosure / By Laws – Period Ending Sept 30, 2013 – Received Nov. 25, 2013. Issuers Articles of Incorporation are included by reference and may be inspected at NVSOS.gov / Online Services – Business Entity Search/ Baroma Inc.

ITEM 20: PURCHASE OF EQUITY SECURITIES BY ISSURE AND AFILLIATED PURCHASERS:

On June 29th, 2012 Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Health Care International, LLC.

ITEM 21: ISSUER'S CERTIFICATION:

I, Scott Backer, certify that:

1) I have reviewed this initial Information and Disclosure Statement of Baroma, Inc. dated December, 31, 2013;

2) Based on my knowledge, this disclosure statement does not contain any untrue statement of material fact or omit to state a material fact necessary to make the statements made, in the light of the circumstances under which such statements were made, not misleading with respect to the period covered by this disclosure statement; and

3) Based upon my knowledge, the financial statements, and other financial information included or incorporated by reference in this disclosure statement, fairly present in all material respects the financial condition, results of operations and cash flow of the issuer as of, the periods presented in this disclosure statement.

Dated: January 15, 2014



Scott Backer, CEO

Baroma, Inc.
Balance Sheet
December 31, 2013

ASSETS:

Current Assets:

Bank General Accounts	\$ 0.00	
Ready Access Account	\$ 50,000.00	
Total Current Assets:		<u>\$ 50,000.00</u>

Fixed Assets:

Total Fixed Assets:	\$0
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Other Assets:

Organizational cost	\$ 1,000.00	
Total Other Assets:		<u>\$ 1,000.00</u>

TOTAL ASSETS:

\$ 51,000.00

LIABILITIES:

Current Liabilities:

Short Term Account Payable	\$ 0.00	
Total Current Liabilities		<u>\$ 0.00</u>

Long Term Liabilities

Line of Credit	\$ 50,000.00	
N/ P Capital Growth Group, Inc	\$ 15,000.00	
N/P Shareholders	\$ 3,000.00	
N/P New World Global, Inc.	\$ 20,000.00	
N/P Consortium	\$342,115.11	
Total Long Term Liabilities:		<u>\$430,115.11</u>

Total Liabilities:

\$ 430,115.11

Stockholder's Equity:

Retained Earnings	-\$107,463.42
Net Income	-\$342,115.11

Capital	\$ 1,000.00
Paid in Excess of Par	\$ 69,463.58

Total Capital:

-\$379,115.11

TOTAL LIABILITIES AND STOCKHOLDER EQUITY:

\$ 51,000.00

Baroma, Inc.
Income Statement
December 31, 2013

Income:		
Revenue:	\$0.00	
Total Income		<u>\$ 0.00</u>
Operating Expenses:		
Operational Expenses	\$342,115.11	
Total Operating Expenses:		<u>\$342,115.11</u>
Net Income / Loss		<u>-\$342,115.11</u>

Baroma, Inc.
Statement of Cash Flow
December 31, 2013

Cash flows from operating activities

Net Income:

Net Cash from Operations:	\$ 0.00
Cash in Bank	\$ 0.00
Ready Access Account	<u>\$ 50,000.00</u>
Ending Net Cash Available for Operations	\$ 50,000.00

Starting Net Cash Available	\$ 50,000.00
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Net Increase/Decrease	Cash	\$ 0.00
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<u>Cash or Cash Equivalent End of Period</u>	<u>\$ 50,000.00</u>
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Baroma, Inc.
Shareholders' Equity
December 31, 2013

	<u>Capital Stock</u>	<u>Capital Surplus</u>	<u>Retained Earnings</u>	<u>Shareholder's Equity</u>
Beginning Jan. 1, 2013				
Starting	\$ 1,000	\$85,225	-\$107,463	-\$21,238
Common Stock Adjust Excess Par		-\$ 15,763		
Common Stock Issued (debt exchange)				
Shares Returned to Treasury				
Net Income /Loss			-\$342,115	
Debt/Equity Exchange				
Less Dividends				
Ending Common Stock	\$ 1,000	\$69,463	-\$449,578	-\$379,115

Baroma, Inc.
Notes
December 31, 2013

History:

August 10, 2007 Issuer issued 594,434 founder shares upon its incorporation at par.

September 15, 2008 Issuer paid New World Global, Inc. 33,586 shares for services rendered.

March 17, 2011 Issuer increased its authorized number of shares to 500,000,000.

March 18, 2011 Issuer authorized a fully proportional 475:1 forward split resulting in a total of 296,875,000 common shares being issued. Subsequently 3,125,000 shares were issued in a debt for equity exchange to Capital Growth Group, Inc. bringing the total Issued to 300,000,000.

On June 29th, 2012 Plantation Development, Corp. and Scott Backer exchanged 1,000,000 common restricted shares of Plantation Development, Corp. (from treasury) for all of the issued and outstanding shares of Baroma Healthcare International, LLC.

BAROMA HEALTHCARE INTERNATIONAL LLC is a wholly owned subsidiary of Baroma, Inc (the Company) with ACO contracts established a network of doctors that shares responsibility for providing care to patients. In the Patient Protection and Affordable Care Act of 2010, an ACO agrees to coordinate all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years, the Company has achieved 5,000 patients and is expected to increase to 10,000 patients in the next 9 months.

On September 28, 2012 the Board of Directors executed a resolution to change the name from Plantation Development Corp to Baroma, Inc.

Basis of Accounting

The Corporation's policy is to prepare its financial statements on the accrual basis of accounting in accordance with principles generally accepted in the United States of America.

Financial Statements

The financial statements and notes are representations of the Corporation's management who is responsible for their integrity and objectivity. The accounting policies conform to the basis of accounting defined above and have been consistently applied in the preparation of the financial statements.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Property and Equipment

The company owns no real property or equipment.

Personal property items (equipment and furniture) acquired by the Company are or will be recorded at cost. The property will be depreciated over its estimated useful life using the straight-line method with and estimated zero salvage value.

Intangible Assets

The company holds a contract with the Center for Medicare and Medicaid Services as a participant in the Medicare Shared Savings Program as outlined in the PPACA of 2010.

Line of Credit

The company entered into an agreement with Baroma Inc.'s CEO, Scott Backer, for a Cash Access Account in the amount of \$50,000. \$50,000 remains available for operations. The line of credit is collateralized by future revenues of the company. The interest rate is 08% annualized on funds withdrawn from the credit line. Borrowed funds plus interest are to be repaid within 12 months of the draw.

Sufficient Cash for Operations

Issuer has \$50,000 of cash or cash equivalents available. Past 2013 cash expenditures (excludes accrued amounts) have been in the range of \$30,000+ per month. Issuer is currently seeking one or more additional funding sources.

END OF NOTES