

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan GEORGE A STREZA M.D., P.C. PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 01/01/1995
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GEORGE A. STREZA MD PC GEORGE A. STREZA MD 633 W ASTER CT CHANDLER, AZ 85248	2b	Employer Identification Number (EIN) 86-0403797
		2c	Sponsor's telephone number 602-840-1466
		2d	Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/24/2010	GEORGE STREZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GEORGE A. STREZA MD 633 W ASTER CT CHANDLER, AZ 85248	3b Administrator's EIN 26-9448159 3c Administrator's telephone number 602-840-1466
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	2
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	2
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☐ **H** (Financial Information)
 (2) ☒ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GEORGE A STREZA M.D., P.C. PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGE A. STREZA MD PC		D Employer Identification Number (EIN) 86-0403797

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	568986	474504
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	568986	474504
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	0	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	13831	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		13831
e Benefits paid (including direct rollovers)	2e	108313	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	0	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		108313
k Net income (loss) (subtract line 2j from line 2d)	2k		-94482
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a			
b Employer real property	3b			
c Real estate (other than employer real property)	3c			
d Employer securities	3d			
e Participant loans	3e			

	Yes	No	Amount
3f Loans (other than to participants)	3f		
g Tangible personal property	3g		

Part II	Compliance Questions
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4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		7069
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	X		150000
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

General Instructions

Purpose of Form

Use Form 5558 to apply for a one-time extension of time to file Form 5500, Annual Return/Report of Employee Benefit Plan; Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan; or Form 5330, Return of Excise Taxes Related to Employee Benefit Plans.



An extension of time to file does not extend the time to pay the tax due. Any tax due must be paid with this application. Additionally, interest is charged on taxes not paid by the due date even if an extension of time to file is granted.

Where To File

File Form 5558 with the Internal Revenue Service Center, Ogden, UT 84201-0027.

Private Delivery Services. You can use certain private delivery services designated by the IRS to meet the "timely mailing treated as timely filing/paying" rule for tax returns and payments. If you use a private delivery service designated by the IRS (rather than the U.S. Postal Service) to send your return, the postmark date generally is the date the private delivery service records in its database or marks on the mailing label. The private delivery service can tell you how to get written proof of this date.

The following are designated private delivery services:

- **DHL Express (DHL):** DHL Same Day Service, DHL Next Day 10:30 am, DHL Next Day 12:00 pm, DHL Next Day 3:00 pm, and DHL 2nd Day Service.
- **Federal Express (FedEx):** FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2 Day, FedEx International Priority, and FedEx International First.
- **United Parcel Service (UPS):** UPS Next Day Air, UPS Next Day Air Saver, UPS 2nd Day Air, UPS 2nd Day Air A.M., UPS Worldwide Express Plus, and UPS Worldwide Express.

Specific Instructions

Part I. Identification

A. Name and Address

Enter your name and address in the heading if you are a single employer requesting an extension of time to file the Form 5500, Form 5500-EZ or

the Form 5500, Form 5500-EZ or Form 5330. If you are filing for other than a single employer, enter the plan administrator's or plan sponsor's name and address on the application. The plan sponsor listed on this application should be the same as the plan sponsor listed on the annual return/report filed for the plan.

Include the suite, room, or other unit number after the street address. If the Post Office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

B. Filer's Identifying Number

Employer Identification Number (EIN).

Enter the nine-digit EIN assigned to the employer for all applications filed for Form 5500 or Form 5500-EZ. Also enter the EIN for applications filed for Form 5330 (see *Social Security Number (SSN)* below for exceptions).

If the employer does not have an EIN, the employer must apply for one. An EIN can be applied for:

- Online by clicking the Online EIN Application link at www.irs.gov. The EIN is issued immediately once the application information is validated.
- By telephone at 1-800-829-4933.
- By fax using the FAX-TIN numbers for your state listed on page 2 of the Instructions for Form SS-4.
- Employers who do not have an EIN may apply for one by attaching a completed Form SS-4, Application for Employer Identification Number, to this form.

The online application process is not yet available for corporations with addresses in foreign countries or Puerto Rico.

Social Security Number (SSN). If you made excess contributions to a Code section 403(b)(7)(A) custodial account or you are a disqualified person other than an employer, enter your SSN.

C. Plan Information

Complete the entire table (plan name, plan number, and plan year ending) for all plans included on this Form 5558.

Part II. Extension of Time to File Form 5500 or Form 5500-EZ

Use Form 5558 to apply for a one-time extension of time to file Form 5500 or Form 5500-EZ.

Exception: Form 5500 and Form 5500-EZ filers are automatically granted extensions of time to file until the extended due date of the federal income tax return of the employer (and are not required to file Form 5558) if all the following conditions are met: (1) the plan year and the employer's tax year are the same; (2) the employer has been granted an extension of time to file its federal income tax return to a date later than the normal due date for filing the Form 5500 or Form 5500-EZ; and (3) a photocopy of the IRS extension of time to file the federal income tax return is attached to the Form 5500 or Form 5500-EZ. An extension granted under this exception cannot be extended further by filing a Form 5558 after the normal due date of the Form 5500 or Form 5500-EZ.

An extension of time to file a Form 5500 or Form 5500-EZ does not operate as an extension of time to file the PBGC Form 1.

How to file. In general, a separate Form 5558 is used for each return for which you are requesting an extension. However, if you are a single employer and all your plan years end on the same date, file only one Form 5558 to request an extension of time to file more than one Form 5500 or Form 5500-EZ. Attach a photocopy of the completed extension request to your Form 5500 or Form 5500-EZ.

When to file. To request an extension of time to file Form 5500 or Form 5500-EZ, file Form 5558 on or before the return's normal due date. The normal due date is the date the Form 5500 or Form 5500-EZ would otherwise be due, without extension.

Applications for extension of time to file Form 5500 and Form 5500-EZ that are filed on or before the return/report's normal due date on a properly completed Form 5558 will be automatically approved to the date that is not more than 2½ months after the return/report's normal due date.

Approved copies of Form 5558, requesting an extension to file Form 5500 or Form 5500-EZ, will not be returned to the filer from the IRS.

Line 1. Enter on line 1 the due date for which you are requesting to file Form 5500 or Form 5500-EZ. This date should not be more than 2½ months after the normal due date of the return.

When using Form 5558 to request an extension of time to file Form 5500 or Form 5500-EZ plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an additional 2½ months to file Form 5500 or Form 5500-EZ.

Part III. Extension of Time to File Form 5330

File one Form 5558 to request an extension of time to file Form 5330 for excise taxes with the same filing due date. For specific information on excise tax due dates, see the Instructions for Form 5330.

Note: Effective January 1, 2008, the IRS will no longer return stamped copies of the Form 5558 to filers who request an extension of time to file a Form 5330. Instead you will receive a computer generated notice to inform you if your extension is approved or denied. Because of this change, we ask you to attach a photocopy of this notice to your Form 5330.

When to file. To request an extension of time to file Form 5330, file Form 5558 in sufficient time for the Internal Revenue Service to consider and act on it before the return's normal due date.

The normal due date is the date the Form 5330 would otherwise be due, without extension.

Line 2. On line 2, enter the requested due date. If your application for extension of time to file Form 5330 is approved, you may be granted an extension of up to 6 months after the normal due date of Form 5330.

Line 2a. Indicate the Code section(s) for the excise tax you are requesting an extension.

Line 2b. Enter the amount of tax estimated to be due with Form 5330 and attach your payment to this form.

Make your check or money order payable to the "United States Treasury." Do not send cash. On all checks or money orders, write your name, Filer's identifying number (EIN or SSN), Plan number, Form 5330 Section number, and the tax year to which the payment applies.

If you changed your mailing address after you filed your last return, use Form 8822, *Change of Address*, to notify the IRS of the change. You can get Form 8822 by calling 1-800-829-3676 or you can access the IRS website at www.irs.gov 24 hours a day, 7 days a week.

Line 3. The IRS will grant a reasonable extension of time (not to exceed 6 months) for filing Form 5330 if you file a timely application showing that you are unable to file Form 5330 because of circumstances beyond your control. Clearly describe these circumstances. Generally, an application will be considered on the basis of your own efforts to fulfill this filing responsibility, rather than the convenience of anyone providing help in preparing the return. However, consideration will be given to any circumstances that prevent your practitioner, for reasons beyond his or her control, from filing the return by the normal due date, and to circumstances in which you are unable to get needed professional help in spite of timely efforts to do so.



If we grant you an extension of time to file Form 5330 and later find that the statements made on this form are false or misleading, the extension will be null and void. A late filing penalty associated with the form for which you filed this extension will be charged.

Signature. If you are filing Form 5558 for an extension to file Form 5330, the form must be signed. The person who signs this form may be an employer, plan sponsor, plan administrator, a disqualified person required to file Form 5330, an attorney or certified public accountant qualified to practice before the IRS, a person enrolled to practice before the IRS, or a person holding a power of attorney.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to determine if you are entitled to an extension of time to file Form 5500,

5500-EZ, or 5330. If you want an extension, you are required to give us the information. Section 6109 requires you to provide your taxpayer identification number (SSN or EIN). If you fail to provide this information in a timely manner, you may be liable for penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by Code section 6103.

However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice to enforce the tax laws, both civil and criminal, and to cities, states, the District of Columbia, U.S. commonwealths or possessions, and certain foreign governments to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal law, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time: 24 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, IR-6526, Washington, DC 20224. Do not send the tax form to this address. Instead, see *Where To File* on page 2.

**George A. Streza M.D., P.C.
Profit Sharing Plan**

**STATEMENT OF ASSETS
As of December 31, 2009**

Cash Accounts

Bank of America Money Market	0.00	
Advanta Bank CD	0.00	
Advanta Bank CD #2	0.00	
Interwest National Bnk CD	250000	
Indy Mac Bank CD/OneWest	125000	
Total Cash Accounts		375000

Receivables

Employer Contributions	<u>\$0.00</u>	
Total Receivables		\$0.00

Other Assets

Bank of America Investment Acct.	0.00	
Sedona Diversified Property	\$1500.00	
West Valley Limited Partnership	5569.00	
ETrade Brokerage Acct.	92435	
Total Other Assets		99504

Total Assets Held at Period End		<u>474504</u>
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Liabilities		\$0.00
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Total net Assets Held at Period End		<u>474504</u>
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**George A. Streza M.D., P.C.
Profit Sharing Plan**

**ASSETS AND LIABILITIES STATEMENT
As of December 31, 2009
(as reported on Form 5500)**

Assets	Beginning Of Period	End Of Period
Cash (CDs)	\$397,138.31	375000.00
Receivables	\$0.00	\$0.00
Investments		
Other Assets (ETrade/West Valley/Sedona div)	171847.50	99504
Total Investments	\$171,847.50	167979.00
Total Assets	<u>\$568,985.81</u>	<u>474504</u>
 Liabilities	 \$0.00	 \$0.00
Payables	\$0.00	\$0.00
Other Liabilities	\$0.00	\$0.00
Total Liabilities	<u>\$0.00</u>	<u>\$0.00</u>
Total Net Assets	<u>\$568,985.81</u>	<u>\$474504.00</u>

**George A. Streza M.D., P.C.
Profit Sharing Plan**

**CHANGE IN NET ASSETS STATEMENT
For the plan year ended
December 31, 2009**

Income

Contributions		
Employer Contributions	\$0.00	
Employee Deferrals	\$0.00	
Other (Rollovers)	\$0.00	
Non-Cash Contributions	\$0.00	
Total Contributions		\$0.00
Other Income (Loss)		13831
Total Income		0.00

Expenses

Distribution of Benefits		
Directly to Participants or their Beneficiaries	108313.19	
Other	\$0.00	
Total Distributions		108313.19
Administrative Expenses		\$0.00
Other Expenses(changes in Asset Valuations)		0.00
Total Expenses		<u>108313.19</u>
Net Income		(94482.00)

**GEORGE A. STREZA M.D., PC
PROFIT SHARING PLAN**

**SUMMARY OF ACCOUNTS
FOR THE PLAN YEAR ENDED
DECEMBER 31, 2009**

	BEGINNING BALANCE 1/1/2009	Contributions (Distributions)	EARNINGS	ENDING BALANCE 12/31/2009
PROFIT SHARING PLAN				
VALERIE CARROLL	\$11664.22	(11664.22)	0.00	0.00
GEORGE A. STREZA MD (.0650)	\$36641.70	(3327.09)	899.01	34213.62
DEFINED BENEFIT PLAN				
VALERIE CARROLL	\$45462.97	(45462.97)	0.00	0.00
GEORGE A. STREZA MD(.6733)	\$336176.75	(34463.53)	9312.41	311025.63
ROLLOVER ACCOUNT				
GEORGE A. STREZA MD (.2107)	\$112753.03	(10784.89)	2914.19	104882.33
KEOGH ROLLOVER ACCOUNT				
GEORGE A. STREZA MD (.051)	\$26287.14	(2610.48)	705.38	24382.04
TOTAL (100%)	<u>\$568985.81</u>	<u>(108313.19)</u>	<u>13831.00</u>	<u>474503.62</u>

**CERTIFICATE OF PARTICIPATION
IN
GEORGE A. STREZA M.D., P.C.
PROFIT SHARING PLAN
AS OF
DECEMBER 31, 2009**

Name: **Valerie Carroll** (0.00%)

We are pleased to present you with the following summary of your plan account

PROFIT SHARING PLAN

BALANCE, BEGINNING OF YEAR 01/01/09	\$11664.22
Gain (or loss) in value of fund	0.00
Employer Contributions/(Distributions)	\$11664.22
BALANCE, END OF YEAR 12/31/09	0.00

DEFINED BENEFIT PLAN ROLLOVER

BALANCE, BEGINNING OF YEAR 01/01/09	\$45462.97
Gain (or loss) in Value of Fund	0.00
Employer Contributions/(Distributions)	\$45462.97
BALANCE END OF YEAR 12/31/09	0.00

TOTAL ACCOUNT BALANCE	<u>0.00</u>
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You have a vested interest of one hundred percent (100%) of your account balance. Total Distribution/Rollover in 2009

**CERTIFICATE OF PARTICIPATION
IN
GEORGE A. STREZA M.D., P.C.
PROFIT SHARING PLAN
AS OF
DECEMBER 31, 2009**

Name: **George A. Streza M.D.** (100.00%)

We are pleased to present you with the following summary of your plan account

PROFIT SHARING PLAN

BALANCE, BEGINNING OF YEAR 01/01/09	36641.70
Gain (or loss) in value of fund	899.01)
Employer Contributions/(Distributions)	(3327.090)
BALANCE, END OF YEAR 12/31/09	\$34213.62

DEFINED BENEFIT PLAN ROLLOVER

BALANCE, BEGINNING OF YEAR 01/01/09	336176.75
Gain (or loss) in Value of Fund	9312.41)
Employer Contributions/(Distributions)	(34463.53)
BALANCE END OF YEAR 12/31/09	\$311025.63

ROLLOVER ACCOUNT

BALANCE, BEGINNING OF YEAR 01/01/09	112753.03
Gain (or loss) in Value of Fund	2914.19
Employer Contributions/(Distributions)	(10784.89)
BALANCE END OF YEAR 12/31/09	\$104882.33

KEOGH ROLLOVER ACCOUNT

BALANCE, BEGINNING OF YEAR 01/01/09	26287.14
Gain (or loss) in Value of Fund	705.38
Employer Contributions/(Distributions)	(2610.48)
BALANCE END OF YEAR 12/31/09	\$24382.04

TOTAL ACCOUNT BALANCE	<u>\$474504</u>
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You have a vested interest of one hundred percent (100%) of your account balance.