Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

9494 SOUTHWEST FRWY., SUITE 850
HOUSTON, TX 77074

2b Employer Identification Number (EIN) 74-1195579

2c Sponsor's telephone number 713-541-4069

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.	07/02/2010	DANIEL KRAVITZ
	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")
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

9494 SOUTHWEST FRWY., SUITE 850
HOUSTON, TX 77074

3b Administrator's EIN
74-1195579

3c Administrator's telephone number
713-541-4069

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

5	Total number of participants at the beginning of the plan year	**5**	200
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**	105
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	178
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	Trust
(4)		General assets of the sponsor

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

D Employer Identification Number (EIN)
74-1195579

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	88136	213	12/09/2008	12/31/2008

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
32559	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SAGEPOINT FINANCIAL, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32559			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	6690455

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

D Employer Identification Number (EIN)
74-1195579

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK USA

01-0233346

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ML KEARNS & ASSOCIATES

73-1333074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	80275	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

VAUGHAN NELSON

76-0203616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	19558	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

ML KEARNS & ASSOCIATES

73-1333074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	TPA	11286	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

D Employer Identification Number (EIN)
74-1195579

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14341
a Name of MTIA, CCT, PSA, or 103-12 IE: AM DIVERSIFIED GRWTH & INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58132
a Name of MTIA, CCT, PSA, or 103-12 IE: AM FUNDAMENTAL HOLDINGS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19337
a Name of MTIA, CCT, PSA, or 103-12 IE: AM GLOBAL DIVERSIFICATION			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55471
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6300
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO INTL OPPS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4951
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19225

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31075

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19614

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4514

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS RREEF REAL ESTATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19756

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3197

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118645

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354750

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 986465

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37219

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78353

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79670

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 987

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25021

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE RETIREMENT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298090

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324405

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED G.I.F.L.

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1535

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 703877

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONS G.I.F.L.

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45812

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53454

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH G.I.F.L.

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 477374

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	901754
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE G.I.F.L.			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	153
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	257697
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9830
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5015
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1454395
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30168
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40350
a Name of MTIA, CCT, PSA, or 103-12 IE: RIVERSOURCE MID CAP VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15247
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9920

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 753

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21009

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87008

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15586

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

D Employer Identification Number (EIN)
74-1195579

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	81567
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37994	92575
(2) Participant contributions	1b(2)	26858	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3365908	1068801
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2596	722
(B) All other	1c(3)(B)	603512	598286
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	846431	1532048
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	347236	263869
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10957639	7399461
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	61278	39631

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16249452	11076960
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16249452	11076960

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	687920	
	(B) Participants	2a(1)(B)	488155	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1176075
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	25531	
	(F) Other	2b(1)(F)	1207	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26738
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-370312

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-1134623	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1134623
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1844071
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2146193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2914533	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2914533
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	648	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	99833	
(4) Other	2i(4)	11285	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		111766
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3026299
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-5172492
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BRIGGS AND VESELKA (2) EIN: 74-1769118

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		X	
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?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	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.	**4n**	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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOUSTON EAR, NOSE & THROAT CLINIC, L.L.P.

D Employer Identification Number (EIN)
74-1195579

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 74-1195579 94-3149038

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

To the Board of Directors
Houston Ear Nose & Throat Clinic
401(k) Profit Sharing Plan
Houston, Texas

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of Houston Ear Nose & Throat Clinic 401(k) Profit Sharing Plan as of December 31, 2008 and 2007, and the related statement of changes in net assets available for benefits for the year ended December 31, 2008, and the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at Year-End). These financial statements and supplemental schedule are the responsibility of the plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 3*, which was certified by Charles Schwab Trust Company, John Hancock Life Insurance Company (U.S.A.) and Vaughan Nelson Trust Company, the Custodians of certain plan assets, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from these Custodians as of December 31, 2008 and 2007 and for the year ended December 31, 2008, that the information provided to the Plan administrator by the Custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the Custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Briggs & Veselka Co.
Briggs & Veselka Co.
A Professional Corporation
Certified Public Accountants

January 11, 2010

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)
DECEMBER 31, 2008

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
Money Market Funds				
*	Charles Schwab	Schwab Money Market Fund	**	$ 564,073
*	Charles Schwab	Schwab US Treas Money Fd	**	372,292
*	Vaughan Nelson	Dreyfus Treas Prime Cash Mgt Prt	**	97,342
*	Wachovia Securities	Bank Deposit Sweep	**	3,834
*	Wachovia Securities	Cash Accumulation Trust	**	31,260
				1,068,801
Corporate Debt Instruments				
*	Vaughan Nelson	VN High Quality Fixed Inc Emp Ben Fd	**	598,286
*	Wachovia Securities	Ford Cap Tr II 6.50% Convertible Bond; 1/15/32	**	722
				599,008
Equities				
*	Charles Schwab	Amazon Com Inc. Common Stock	**	3,333
*	Charles Schwab	Apple Inc. Common Stock	**	11,266
*	Charles Schwab	Bank of America Preferred Stock	**	3,257
*	Charles Schwab	Caterpillar Inc. Common Stock	**	11,168
*	Charles Schwab	Compucredit Corp. Common Stock	**	647
*	Charles Schwab	Conocophillips Common Stock	**	8,341
*	Charles Schwab	Dolby Laboratories Inc. Common Stock	**	3,276
*	Charles Schwab	Dor Biopharma Inc. Common Stock	**	300
*	Charles Schwab	E R F Wireless Inc. Common Stock	**	12,200
*	Charles Schwab	Embraer Empresa Br Adr F Common Stock	**	1,864
*	Charles Schwab	Fedex Corporation Common Stock	**	2,245
*	Charles Schwab	Foster Wheeler New Ord F Common Stock	**	9,352
*	Charles Schwab	Freeport Mcmoran Copper Common Stock	**	3,751
*	Charles Schwab	Google Inc. Class A Common Stock	**	6,153
*	Charles Schwab	Hwelett-Packard Company Common Stock	**	16,724
*	Charles Schwab	JPMorgan Chase & Co. Common Stock	**	7,882
*	Charles Schwab	Marvel Entertainment Inc. Common Stock	**	3,075
*	Charles Schwab	Mobile Mini Inc. Common Stock	**	5,191
*	Charles Schwab	Netflix Inc. Common Stock	**	8,967
*	Charles Schwab	Netgear Inc. Common Stock	**	4,176
*	Charles Schwab	Petroleo Brasileiro Adrf Common Stock	**	6,122

See independent auditors' report.

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (CONTINUED)
DECEMBER 31, 2008

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Charles Schwab	Quality Systems Inc. Common Stock	**	$ 3,926
*	Charles Schwab	Schlumberger Ltd. Common Stock	**	4,233
*	Charles Schwab	Successfactors Inc. Common Stock	**	2,870
*	Charles Schwab	Superlattice Power Inc. Common Stock	**	165
*	Charles Schwab	Titanium Metals Corp. New Common Stock	**	2,432
*	Charles Schwab	Vasco Data Security Intl Common Stock	**	4,132
*	Charles Schwab	Whole Foods Market Inc. Common Stock	**	3,579
*	Vaughan Nelson	Value Equity Employee Benefit Trust	**	921,485
*	Vaughan Nelson	VN Small Cap Value Equity Emp Ben Fd	**	132,908
*	Wachovia Securities	Abb Ltd Common Stock	**	1,876
*	Wachovia Securities	Accenture Ltd Common Stock	**	1,672
*	Wachovia Securities	African Bank Investments Common Stock	**	1,279
*	Wachovia Securities	Agrium Inc. Common Stock	**	1,365
*	Wachovia Securities	Allergan Inc. Common Stock	**	1,613
*	Wachovia Securities	Altria Group Inc. Common Stock	**	1,958
*	Wachovia Securities	Anglo American Plc Adr Common Stock	**	1,267
*	Wachovia Securities	Apache Corp. Common Stock	**	1,267
*	Wachovia Securities	Apple Inc. Common Stock	**	2,134
*	Wachovia Securities	Aracruz Celulose Common Stock	**	113
*	Wachovia Securities	Ascendas Real Estate Investment Trust Stock	**	1,046
*	Wachovia Securities	Astrazeneca Plc Common Stock	**	3,693
*	Wachovia Securities	Astrazeneca Plc Common Stock	**	2,462
*	Wachovia Securities	AT&T Inc. Common Stock	**	2,850
*	Wachovia Securities	Australia & New Zealand Banking Group Stock	**	535
*	Wachovia Securities	Axa-Adr Common Stock	**	562
*	Wachovia Securities	Bae Systems Place Common Stock	**	1,116
*	Wachovia Securities	Bank New York Mellon Corp. Common Stock	**	1,558
*	Wachovia Securities	Bank of America Corp. Common Stock	**	1,267
*	Wachovia Securities	Barclays Plc Adr Common Stock	**	2,548
*	Wachovia Securities	Basf Se Sponsored Common Stock	**	1,572
*	Wachovia Securities	BHP Billiton Ltd Common Stock	**	4,290
*	Wachovia Securities	BMC Software Inc. Common Stock	**	1,345
*	Wachovia Securities	BNP Paribas Common Stock	**	1,660

See independent auditors' report.

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wachovia Securities	BP Plc Spons Adr Common Stock	**	5,609
*	Wachovia Securities	BP Plc Spons Adr Common Stock	**	2,337
*	Wachovia Securities	Bristol Myers Squibb Co. Company Stock	**	3,720
*	Wachovia Securities	British Amern Tob Plc Common Stock	**	1,859
*	Wachovia Securities	British Amern Tob Plc Common Stock	**	6,373
*	Wachovia Securities	Brookfield Asset Mangmnt Common Stock	**	458
*	Wachovia Securities	Bunge Ltd Common Stock	**	1,294
*	Wachovia Securities	C H Robinson Worldwide Inc. Common Stock	**	2,696
*	Wachovia Securities	Cadbury Schweppes Adr Common Stock	**	892
*	Wachovia Securities	Calloway Real Est Investments Common Stock	**	1,743
*	Wachovia Securities	Canadian Natl Ry Co Common Stock	**	1,654
*	Wachovia Securities	Canadian Natural Resources Ltd Common Stock	**	800
*	Wachovia Securities	Canadian Pacific Railway Ltd Common Stock	**	1,513
*	Wachovia Securities	Celgene Corp. Common Stock	**	995
*	Wachovia Securities	Cemex Sab De C.V. Adr Common Stock	**	1,115
*	Wachovia Securities	Cemex Sab De C.V. Adr Common Stock	**	850
*	Wachovia Securities	Chevron Corporation Common Stock	**	2,959
*	Wachovia Securities	Chunghwa Telecom Co. Ltd Common Stock	**	5,086
*	Wachovia Securities	Companhia Energetica de Minas Common Stock	**	3,435
*	Wachovia Securities	Companhia Siderurgica Nacional Common Stock	**	1,537
*	Wachovia Securities	Companhia Vale Do Rio Doce Common Stock	**	2,301
*	Wachovia Securities	Cooper Industries Ltd Common Stock	**	1,608
*	Wachovia Securities	Core Laboratories Inc. Common Stock	**	299
*	Wachovia Securities	Corio NV Common Stock	**	2,286
*	Wachovia Securities	CVS Caremark Corp. Common Stock	**	920
*	Wachovia Securities	Danaher Corp. Common Stock	**	1,812
*	Wachovia Securities	Deutsche Lufthansa Common Stock	**	4,273
*	Wachovia Securities	Diageo Plc Sponsored Common Stock	**	1,986
*	Wachovia Securities	Diageo Plc Sponsored Common Stock	**	5,107
*	Wachovia Securities	Diageo Plc Sponsored Common Stock	**	2,270
*	Wachovia Securities	Directv Group Inc. Common Stock	**	1,489
*	Wachovia Securities	Dow Chemical Company Common Stock	**	1,358
*	Wachovia Securities	Eli Lilly & Co. Common Stock	**	3,222
*	Wachovia Securities	Enel Spa Common Stock	**	1,575

See independent auditors' report.

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (CONTINUED)
DECEMBER 31, 2008

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wachovia Securities	Enerplus Resources Fd Common Stock	**	2,350
*	Wachovia Securities	Eni S P A Common Stock	**	5,260
*	Wachovia Securities	Ensign Energy Service Inc. Common Stock	**	543
*	Wachovia Securities	Eurocommercial Properties Common Stock	**	1,334
*	Wachovia Securities	Flir Systems Inc. Common Stock	**	1,473
*	Wachovia Securities	Flowserve Corp. Common Stock	**	618
*	Wachovia Securities	FMC Technolgies Inc. Common Stock	**	977
*	Wachovia Securities	France Telecom Common Stock	**	3,930
*	Wachovia Securities	Gamestop Corp. Common Stock	**	541
*	Wachovia Securities	General Electric Company Common Stock	**	1,458
*	Wachovia Securities	Genuine Parts Co. Common Stock	**	2,650
*	Wachovia Securities	Gilead Sciences Inc. Common Stock	**	2,915
*	Wachovia Securities	Glaxosmithkline Plc-Adr Common Stock	**	6,336
*	Wachovia Securities	Google Inc. Class A Common Stock	**	1,538
*	Wachovia Securities	Groupe Danone Sponsored Common Stock	**	725
*	Wachovia Securities	HCP Inc. Common Stock	**	1,389
*	Wachovia Securities	Health Care Reit Inc Common Stock	**	2,110
*	Wachovia Securities	Heinz H J Co. Common Stock	**	3,008
*	Wachovia Securities	Hewlett-Packard Company Common Stock	**	1,996
*	Wachovia Securities	Hologic Inc. Common Stock	**	601
*	Wachovia Securities	Honda Motor Ltd Common Stock	**	3,201
*	Wachovia Securities	HSBC Holding Plc-Spon Common Stock	**	2,920
*	Wachovia Securities	Ing Groep N V Common Stock	**	1,665
*	Wachovia Securities	Ingersoll Rand Co. Class A Common Stock	**	954
*	Wachovia Securities	International Business Machine Corp. Stock	**	2,104
*	Wachovia Securities	International Nickel Indonesia Common Stock	**	490
*	Wachovia Securities	Johnson & Johnson Common Stock	**	1,197
*	Wachovia Securities	JPMorgan Chase & Co. Common Stock	**	2,522
*	Wachovia Securities	KB Financial Group Inc. Common Stock	**	1,048
*	Wachovia Securities	Kimberly-Clark Corp. Common Stock	**	2,637
*	Wachovia Securities	Kraft Foods Inc Class A Common Stock	**	2,953
*	Wachovia Securities	Laboratory Corp. of Amer Hldgs Common Stock	**	1,095
*	Wachovia Securities	Lockheed Martin Corp. Common Stock	**	1,934

See independent auditors' report.

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (CONTINUED)
DECEMBER 31, 2008

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wachovia Securities	Logitech International Common Stock	**	1,168
*	Wachovia Securities	Manulife Finl Corp Common Stock	**	511
*	Wachovia Securities	Massey Energy Company Common Stock	**	372
*	Wachovia Securities	Mastercard Inc. Class A Common Stock	**	715
*	Wachovia Securities	Memc Electr Matls Inc. Common Stock	**	571
*	Wachovia Securities	Monsanto Co. New Common Stock	**	1,407
*	Wachovia Securities	Nabors Industries Ltd Common Stock	**	1,855
*	Wachovia Securities	Nestle S A Reg Adr Common Stock	**	3,454
*	Wachovia Securities	Nestle S A Reg Adr Common Stock	**	3,935
*	Wachovia Securities	Nike Inc. Class B Common Stock	**	2,040
*	Wachovia Securities	Nintendo Ltd Adr Common Stock	**	4,966
*	Wachovia Securities	Noble Corp. Common Stock	**	2,651
*	Wachovia Securities	Nokia Corp. Sponsored Common Stock	**	2,340
*	Wachovia Securities	Nordstrom Inc. Common Stock	**	799
*	Wachovia Securities	Novartis Ag Spon Common Stock	**	1,742
*	Wachovia Securities	Oracle Corporation Common Stock	**	2,216
*	Wachovia Securities	Partnerre Ltd. Common Stock	**	1,069
*	Wachovia Securities	Pepsico Incorporated Common Stock	**	1,643
*	Wachovia Securities	Petra Foods Ltd Common Stock	**	500
*	Wachovia Securities	Petrochina Co. Ltd Common Stock	**	3,559
*	Wachovia Securities	Petrochina Co. Ltd Common Stock	**	1,335
*	Wachovia Securities	Petroleo Brasileiro Adrf Common Stock	**	2,939
*	Wachovia Securities	Philip Morris International Inc. Common Stock	**	914
*	Wachovia Securities	Philip Morris International Inc. Common Stock	**	2,610
*	Wachovia Securities	Potash Corp. of Saskatchewan Inc. Common Stock	**	3,295
*	Wachovia Securities	Praxair Inc. Common Stock	**	1,781
*	Wachovia Securities	Precision Drilling Trust Common Stock	**	126
*	Wachovia Securities	Pretoria Portland Cement Co. Common Stock	**	2,011
*	Wachovia Securities	Primaris Retail Real Estate Common Stock	**	1,855
*	Wachovia Securities	Procter & Gamble Co. Common Stock	**	2,164
*	Wachovia Securities	Research in Motion Ltd Common Stock	**	649
*	Wachovia Securities	Rio Tinto Plc Sponsored Common Stock	**	1,778
*	Wachovia Securities	Rojana Indus Pk Plc Nvdr Common Stock	**	400

See independent auditors' report.

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wachovia Securities	RWE AG Common Stock	**	4,505
*	Wachovia Securities	RWE Aktiengesellschaft Sponsored Common Stock	**	911
*	Wachovia Securities	Sandvik AB Common Stock	**	2,772
*	Wachovia Securities	Schlumberger Ltd. Common Stock	**	2,963
*	Wachovia Securities	Siliconware Precision Inds Co. Common Stock	**	1,226
*	Wachovia Securities	Singapore Tech Engineering Ltd Common Stock	**	4,740
*	Wachovia Securities	Singapore Telecommunications Common Stock	**	3,213
*	Wachovia Securities	St Jude Medical Inc. Common Stock	**	956
*	Wachovia Securities	Stryker Corp. Common Stock	**	839
*	Wachovia Securities	Suncor Energy Inc. Common Stock	**	1,560
*	Wachovia Securities	Syngenta Ag-Adr Common Stock	**	391
*	Wachovia Securities	Taiwan Semiconductor Mfg Co. Common Stock	**	3,966
*	Wachovia Securities	Talisman Energy Inc. Common Stock	**	549
*	Wachovia Securities	Teck Cominco Ltd. Common Stock	**	295
*	Wachovia Securities	Telefonos de Mexico SA Common Stock	**	1,885
*	Wachovia Securities	Telemex Internacional Adr Common Stock	**	1,022
*	Wachovia Securities	Tenaris S A Sponsored Common Stock	**	1,993
*	Wachovia Securities	Thermo Fisher Scientific Inc. Common Stock	**	1,806
*	Wachovia Securities	Transocean Ltd. Common Stock	**	1,417
*	Wachovia Securities	Transocean Ltd. Common Stock	**	3,733
*	Wachovia Securities	Trican Well Service Common Stock	**	66
*	Wachovia Securities	Tsakos Energy Navigation Ltd Common Stock	**	3,298
*	Wachovia Securities	UBS Ag-Reg Common Stock	**	515
*	Wachovia Securities	Unilever N V Adr Common Stock	**	1,964
*	Wachovia Securities	Unilever N V Adr Common Stock	**	5,646
*	Wachovia Securities	Unilever N V Adr Common Stock	**	2,700
*	Wachovia Securities	United Overseas Bk Ltd Common Stock	**	2,520
*	Wachovia Securities	United Technologies Corp. Common Stock	**	2,198
*	Wachovia Securities	US Bancorp Common Stock	**	2,751
*	Wachovia Securities	Verizon Communications Common Stock	**	3,051
*	Wachovia Securities	Vermilion Energy Tr Common Stock	**	2,075
*	Wachovia Securities	Vodafone Group Plc Common Stock	**	4,108
*	Wachovia Securities	Vodafone Group Plc Common Stock	**	2,453

See independent auditors' report.

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wachovia Securities	Volvo Aktiebolaget Common Stock	**	2,800
*	Wachovia Securities	Waters Corporation Common Stock	**	550
*	Wachovia Securities	Weatherford Intl Ltd Common Stock	**	2,380
*	Wachovia Securities	Westpac Banking Ord Common Stock	**	2,780
*	Wachovia Securities	Yara International ASA Common Stock	**	110
				1,532,048
Mutual Funds				
*	John Hancock USA	AIM Small Cap Value	**	14,341
*	John Hancock USA	Am Diversified Grwth & Inc	**	58,132
*	John Hancock USA	Am Fundamental Holdings	**	19,337
*	John Hancock USA	Am Global Diversification	**	55,471
*	John Hancock USA	Capital World Bond Fund	**	6,300
*	John Hancock USA	Columbia Marsico Intl Opps	**	4,951
*	John Hancock USA	Davis New York Venture	**	19,225
*	John Hancock USA	DFA Emerging Markets Value	**	31,076
*	John Hancock USA	DFA International Value	**	19,614
*	John Hancock USA	DFA US Targeted Value Fund	**	4,514
*	John Hancock USA	DWS RREEF Real Estate	**	19,756
*	John Hancock USA	Investment Company of America	**	3,197
*	John Hancock USA	Lifecycle 2010	**	118,645
*	John Hancock USA	Lifecycle 2015	**	354,750
*	John Hancock USA	Lifecycle 2020	**	986,465
*	John Hancock USA	Lifecycle 2025	**	37,219
*	John Hancock USA	Lifecycle 2030	**	78,353
*	John Hancock USA	Lifecycle 2035	**	79,670
*	John Hancock USA	Lifecycle 2040	**	986
*	John Hancock USA	Lifecycle 2045	**	25,021
*	John Hancock USA	Lifecycle Retirement	**	298,090
*	John Hancock USA	Lifestyle Aggressive	**	324,405
*	John Hancock USA	Lifestyle Balanced	**	705,412
*	John Hancock USA	Lifestyle Conservative	**	99,265
*	John Hancock USA	Lifestyle Growth	**	1,379,128
*	John Hancock USA	Lifestyle Moderate	**	257,851

See independent auditors' report.

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	John Hancock USA	Mid Cap Index Fund	**	9,830
*	John Hancock USA	Mid Cap Stock Fund	**	5,015
*	John Hancock USA	Money Market Fund	**	1,454,395
*	John Hancock USA	Mutual Discovery	**	30,168
*	John Hancock USA	PIMCO Total Return	**	40,350
*	John Hancock USA	RiverSource Mid Cap Value	**	15,247
*	John Hancock USA	Small Cap Index Fund	**	9,920
*	John Hancock USA	Small Company Value Fund	**	753
*	John Hancock USA	The Growth Fund of America	**	21,009
*	John Hancock USA	Total Stock Market Index Fund	**	87,008
*	John Hancock USA	Value Fund	**	15,586
*	Charles Schwab	Bridgeway Ultra Small Company Market Fund	**	7,303
*	Charles Schwab	CGM Focus Fund	**	125,454
*	Charles Schwab	Heartland Value Plus Fund	**	41,785
*	Charles Schwab	Japan Index Fund	**	18,049
*	Charles Schwab	Kinetics Paradigm Fund	**	24,849
*	Charles Schwab	Pimco Real Return Fund	**	100
*	Charles Schwab	Profunds Oil & Gas	**	16,849
*	Charles Schwab	Royce Pennsylvania Mutual Fund	**	26,240
*	Charles Schwab	RS Global Natural Resources Fund	**	24,495
*	Charles Schwab	Russell 2000 Index Fund	**	40,623
*	Charles Schwab	S&P 500 Index	**	79,112
*	Charles Schwab	S&P Euro 350 Index Fund	**	31,389
*	Charles Schwab	S&P Midcap 400 Index Fd	**	91,781
*	Charles Schwab	T Rowe Price Latin America Fund	**	31,533
*	Charles Schwab	U.S. Global Inv World Precious Minerals	**	14,427
*	Charles Schwab	Vanguard Emerging Market	**	16,404
*	Charles Schwab	Vanguard Energy	**	18,726
*	Charles Schwab	Vanguard Financials	**	9,838
*	Charles Schwab	Vanguard Health Care	**	18,737
*	Charles Schwab	Vanguard Industrials	**	16,365
*	Wachovia Securities	Alger Small Cap Retirement Fund	**	1,385
*	Wachovia Securities	Blackrock Funds Large Cap Value Fd	**	2,182

See independent auditors' report.

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (CONTINUED)
DECEMBER 31, 2008

EIN: 74-1195579
Plan Number: 002

(a) Party-in-Interest	(b) Identity of Issue, or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
*	Wachovia Securities	Calamos Growth Fund	**	2,160
*	Wachovia Securities	Cambiar Opportunity Fd	**	2,804
*	Wachovia Securities	Delaware Group Adviser Fds Inc US Growth	**	4,186
*	Wachovia Securities	DWS Dreman Small Cap Value	**	2,233
*	Wachovia Securities	Goldman Sachs Tr Finl Square Mmkt Fd	**	975
*	Wachovia Securities	RS Investment Funds Emerging Markets Fd	**	1,727
*	Wachovia Securities	John Hancock Classic Value Fund	**	2,669
*	Wachovia Securities	Harbor International Instl Cl	**	3,456
*	Wachovia Securities	Hotchkis & Wiley Fds Mid Cap Value Fd	**	2,676
*	Wachovia Securities	Artio International Equity Fd	**	5,517
*	Wachovia Securities	Kinetics Small Cap Opportunities Fund	**	1,532
*	Wachovia Securities	Legg Mason Value Trust	**	2,725
*	Wachovia Securities	Oppenheimer International Growth Fund	**	4,546
*	Wachovia Securities	Quantitatvie Group Fds Foreign Value Fd	**	1,146
*	Wachovia Securities	RS Invt Tr Global Natural Res Fd	**	1,765
*	Wachovia Securities	Security Equity Fd Mid Cap Value	**	2,254
*	Wachovia Securities	T Rowe Price Mid-Cap Growth Fund	**	2,772
*	Wachovia Securities	Touchstone Large Cap Growth Fd	**	3,668
*	Wachovia Securities	Wells Fargo Fds Tr Small Cap Growth	**	2,569
				7,399,461
Other Investments				
*	Wachovia Securities	Ohio Natl Life Ins Co. Ins Prods Oncore Value	**	39,631
Participant Loans				
*	Participant loans	Interest rate range: 6% to 11%	-	263,869
		TOTAL		$ 10,902,818

See independent auditors' report.

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2008 AND 2007

	2008	2007
ASSETS		
Noninterest bearing cash	**$ 81,567**	$ -
Investments, at fair value:		
Money market funds	**1,068,801**	3,365,908
Corporate debt instruments	**599,008**	606,108
Equities	**1,532,048**	846,431
Mutual funds	**7,399,461**	10,957,639
Other investments	**39,631**	61,278
Participant loans	**263,869**	347,236
Total Investments	**10,902,818**	16,184,600
Contributions Receivable:		
Employer	**92,575**	37,994
Participants'	**-**	26,858
Total Contributions Receivable	**92,575**	64,852
NET ASSETS AVAILABLE FOR BENEFITS	**$ 11,076,960**	$ 16,249,452

The accompanying notes are an integral part of these financial statements.

HOUSTON EAR NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2008

ADDITIONS	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment activity:	
Interest income	$ 26,738
Contributions:	
Participants'	488,155
Employer	687,920
Total Contributions	1,176,075
TOTAL ADDITIONS	1,202,813
DEDUCTIONS	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Net depreciation in fair value of investments	3,349,006
Benefits paid to participants or beneficiaries	2,914,533
Administrative expenses	111,766
TOTAL DEDUCTIONS	6,375,305
NET DECREASE IN NET ASSETS	(5,172,492)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	16,249,452
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 11,076,960

The accompanying notes are an integral part of these financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Houston Ear Nose & Throat Clinic 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan was formed January 1, 1989 and has since been amended and restated to conform to new tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

A. General – The Plan is a defined contribution plan covering all full-time employees of the Houston Ear, Nose & Throat Clinic, LLP (the "Company"). Employees are eligible to make salary deferrals and receive matching contributions and profit sharing contributions to the Plan upon completing one (1) year of service, as defined by the Plan, attaining age twenty-one (21) and reaching an entry date. Entry dates are the first day of the Plan year and the first day of the seventh month of the Plan year.

B. Contributions – Each year participants may contribute up to the maximum deferral of pretax annual compensation as defined by law. Participants may also contribute amounts representing rollovers from other plans or certain IRAs. Participants age fifty (50) or older may elect to defer additional amounts called catch-up contributions. Participants may modify or terminate their salary deferral election.

   The Company makes safe harbor matching contributions of one hundred percent (100%) of the first three percent (3%) of employee compensation contributed to the Plan and fifty percent (50%) of the next two percent (2%) of compensation contributed to the Plan.

   In addition to the safe harbor matching contribution, the Company may make a discretionary profit sharing contribution in an amount to be determined by the Company on an annual basis. The Company made $463,115 in discretionary profit sharing contributions for the year ended December 31, 2008.

C. Participant Accounts – Each participant's account is credited with the participant's contributions, rollovers and allocations of (a) the Company's contributions, (b) Plan earnings (losses), and (c) and administrative expenses. Allocations to the participants' accounts are based on the ratio of the account balance of the individual participant to the aggregate of all account balances of all participants in the fund within the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting – Participants are immediately vested in their contributions, rollovers, and employer matching contributions plus actual earnings thereon. Vesting in the Company's profit sharing contributions portion of their accounts plus actual earnings thereon is based on years of continuous service, as defined by the Plan. A participant is one hundred percent (100%) vested after six (6) years of credited service. Participants also become fully vested in the entire amounts allocated to their accounts if employment is terminated by reason of total and permanent disability or death.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

E. Investment Options – Participants direct the investment of their contributions into various investment options offered by the Plan which are valued daily. The Plan currently offers money markets and mutual funds as investment options. The Plan also allows participants the option of a self-directed investment program. Participants may direct their investments in any investment desired, within certain specified limitations and investment choices may be changed daily.

F. Participant Loans – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or fifty percent (50%) of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Company. Principal and interest is paid ratably through monthly payroll deductions, over a term not to exceed five (5) years, unless the loan was obtained to acquire a principal residence, which will extend the reasonable time to a period designated by the Company.

G. Payment of Benefits – A participant whose employment terminates for any reason (except death) is entitled to receive the vested portion of their account in the form of a lump-sum or installment distribution payable in cash, net of applicable tax, or a rollover to a qualified account. If a participant dies while employed by the Company, one hundred percent (100%) of their account balance will be used to provide their beneficiary with a death benefit. Hardship distributions may be made to satisfy certain immediate and heavy financial needs that a participant may have.

H. Forfeited Accounts – The nonvested portion of a terminated participant's account balance remains in the Plan and is called forfeiture. All forfeitures were used to reduce Plan expenses for the year ended December 31, 2008. At December 31, 2007, forfeited nonvested accounts totaled $30,131.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accompanying financial statements and supplemental schedule of the Plan have been prepared on the accrual basis of accounting.

B. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United Sates of America requires the Company to make estimates and assumptions that affect certain reported amounts at the date of the financial statements and during the reporting period. Accordingly, actual results may differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Investment Valuation and Income Recognition

Effective January 1, 2008, the Plan adopted the provision of Statement of Financial Accounting Standards No. 157, *"Fair Value Measurement"* ("SFAS 157" [ASC 820]), with respect to its investments. SFAS 157 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. SFAS 157 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs.

The three levels of inputs used to measure fair value are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2008 and 2007.

Money Market Funds, Corporate Debt Instruments, Equities and Other Investments: Fair value is measured at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Investments in mutual funds are stated at fair value based upon quoted market prices of the net asset value of shares held by the Plan at year-end.

Participant Loans: Participant loans are valued at carrying value, which approximates fair value.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Investment Valuation and Income Recognition (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008 and 2007:

	December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	**$ 1,068,801**	**$ -**	**$ -**	**$ 1,068,801**
Corporate debt instruments	**599,008**	**-**	**-**	**599,008**
Equities	**1,532,048**	**-**	**-**	**1,532,048**
Mutual funds	**7,399,461**	**-**	**-**	**7,399,461**
Other investments	**39,631**	**-**	**-**	**39,631**
Participant loans	**-**	**-**	**263,869**	**263,869**
TOTALS	**$ 10,638,949**	**$ -**	**$ 263,869**	**$ 10,902,818**

	December 31, 2007			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 3,365,908	$ -	$ -	$ 3,365,908
Corporate debt instruments	606,108	-	-	606,108
Equities	846,431	-	-	846,431
Mutual funds	10,957,639	-	-	10,957,639
Other investments	61,278	-	-	61,278
Participant loans	-	-	347,236	347,236
TOTALS	$ 15,837,364	$ -	$ 347,236	$ 16,184,600

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Investment Valuation and Income Recognition (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008.

	Participant Loans
Balance, beginning of year	$ 347,236
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements, net	(83,367)
BALANCE, END OF YEAR	$ 263,869

The adoption of SFAS 157 did not have a material impact on the Plan's financial statements.

Purchases and sales of securities are recorded on a trade-date basis. Net depreciation in fair value of investments includes realized gains or losses on investments sold during the year and unrealized appreciation (depreciation) of investments held at year-end.

D. Administrative Expenses

The Plan permits the payment of administrative expenses from the Plan's. If the Company does not pay the administrative expenses, then the expenses paid using the Plan's assets will generally be allocated among the accounts of all participants in the Plan. Certain other expenses incurred specifically or attributed to a participant may be paid from that participant's account.

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIANS (UNAUDITED)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Company instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Charles Schwab Trust Company, John Hancock Life Insurance Company (U.S.A.) and Vaughan Nelson Trust Company, collectively the custodians ("Custodians") of the Plan, as complete and accurate, except for comparing such information certified by the Custodians to information included in the Plan's financial statements and supplemental schedule.

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIANS (UNAUDITED) (CONTINUED)

(a) Investments, at fair value, held and certified to by:

	December 31,	
	2008	2007
Charles Schwab Trust Company	**$ 1,741,051**	$ 10,949,865
John Hancock Life Insurance Company (U.S.A.)	**6,690,455**	-
Vaughan Nelson Trust Company	**1,750,021**	2,393,379
TOTALS	**$ 10,181,527**	$ 13,343,244

(b) Investment income certified by:

	December 31, 2008	
	Interest Income	Net Depreciation in Fair Value of Investments
Charles Schwab Trust Company	$ -	$ 2,543,844
John Hancock Life Insurance Company (U.S.A.)	-	(116,590)
Vaughan Nelson Trust Company	1,207	658,347
TOTALS	$ 1,207	$ 3,085,601

NOTE 4 – INVESTMENTS (UNAUDITED)

At December 31, 2008 and 2007, all investments of the Plan were participant-directed. The Plan's investments which exceeded five percent (5%) of net assets available for benefits as of December 31, 2008 and 2007 are as follows:

	2008	2007
Schwab Money Market Fund	**$ 564,073**	$ 3,336,273
VN High Quality Fixed Inc Emp Ben Fd	**$ 598,286**	**
Value Equity Employee Benefit Trust	**$ 921,485**	**
Lifecycle 2020	**$ 986,465**	**
Lifestyle Balanced	**$ 705,412**	**
Lifestyle Growth	**$ 1,379,128**	**
Money Market Fund	**$ 1,454,395**	**

NOTE 4 – INVESTMENTS (UNAUDITED) (CONTINUED)

	2008	2007
Janus Adviser International Growth Fund	**	$ 858,929
Oakmark Equity Income Fund	**	$ 930,150
Personal Choice Retirement Account	**	$ 6,512,091

** Represents less than five percent (5%) of the Plan's net assets as of December 31.

NOTE 5 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Custodians and Wachovia Securities. These transactions qualify as party-in-interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to, at any time, amend, modify or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, no further contributions will be made to the Plan and amounts credited to participants accounts will become one hundred percent (100%) vested.

NOTE 7 – TAX STATUS

The Plan obtained its latest determination letter on May 26, 2006, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits, supplemental schedule and participants' accounts.

NOTE 9 – SUBSEQUENT EVENTS

Effective January 1, 2009, the Company changed the Plan's trustee from Charles Schwab Trust Company to Reji Varghese, David Devorkin, and Brad Patt.

EIN 74-1195579 /PN 002 /28082 2008FILING RF9

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Houston Ear Nose & Throat Clinic 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Houston Ear, Nose & Throat Clinic, L.L.P.

9494 Southwest Frwy., Suite 850

Houston TX 77074

2b Employer Identification Number (EIN) 74-1195579

2c Sponsor's telephone number (713)541-4069

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	RV	7-1-2010	REJI VARGHESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	RV	7-1-2010	REJI VARGHESE
	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") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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	

5 Total number of participants at the beginning of the plan year	**5**	200
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**	105
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	76
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	178
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	21

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
X

2A 2E 2F 2G 2J 2K 2R

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] Trust
- (4) [ ] General assets of the sponsor

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