

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ 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 CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CAREMEDIC SYSTEMS, INC. C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/2004	
	2b Employer Identification Number (EIN)	42-1464363	
	2c Sponsor's telephone number	727-329-7829	
	2d Business code (see instructions)	518210	

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.	07/29/2010	JAMES COPPENS
	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") CAREMEDIC SYSTEMS, INC. C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	3b Administrator's EIN 42-1464363 3c Administrator's telephone number 727-329-7829
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	348
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	327
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	60
d Subtotal. Add lines 6a , 6b , and 6c	6d	387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	387
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	238
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 01/01/2009 and ending 12/31/2009	
A Name of plan CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAREMEDIC SYSTEMS, INC.	D Employer Identification Number (EIN) 42-1464363

Part I	Service Provider Information (see instructions)
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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).....	☒ Yes ☐ No
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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).
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTMENT SERVICE	
44-0640487	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
ALLIANZ GLOBAL INVESTORS DIST	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ALLIANCEBERNSTEIN L.P.	
13-4064930	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS SCUDDER	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE 03N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

INVESCO DISTRIBUTORS, INC

74-1894784

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

JANUS DISTRIBUTORS INC.

151 DETROIT STREET
DENVER, CO 80206

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

OPPENHEIMER FUNDS, INC.

13-2527171

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

ALLIANZ GLOBAL INVESTORS

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

ADP

22-1467904

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)

ADP BROKER-DEALER

22-3319984

(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?
60 63 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

STATE STREET CORPORATION

04-1867445

(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?
25 64 52	DIRECTED TRUSTEE/CUSTODIA	0	Yes ☒ No ☐	Yes ☒ No ☐	13943	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 ☐

(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
ADP BROKER-DEALER	60 63	0
(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.
FRANKLIN TEMPLETON DIST 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60	0
(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.
PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.0075 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(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.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 63	0
(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.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE 03N SMITHFIELD, RI 02917	ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(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.
JANUS DISTRIBUTORS, INC. 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(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.
ALLIANZ GLOBAL INVESTORS DIST 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63	0
(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.	
PIONEER INVESTMENT MANAGEMENT 13-1961193	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60	0
(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.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	0
(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.	
SELIGMAN 100 PARK AVENUE NEW YORK, NY 10017	ANNUAL RATE 0.00215 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 63	0
(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.	
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(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.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0068 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0076 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET CORPORATION	64 52	13943
(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.	
ADP 22-1467904	PERFORM A YEAR-END ALLOCATION BASED ON TOTAL \$/TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT.	

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CAREMEDIC SYSTEMS, INC.	D Employer Identification Number (EIN) 42-1464363	

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: SSGA S&P 500 INDEX FUND			
b Name of sponsor of entity listed in (a): STATE STREET BAKN AND TRUST CO			
c EIN-PN 04-0025081-065	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 428567	
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND			
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO			
c EIN-PN 04-2675543-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1203803	
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)**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)**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**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**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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAREMEDIC SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>42-1464363</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	233660	256873
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(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)	135458	156018
	(9) Value of interest in common/collective trusts	1c(9)	1334763	1632370
	(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)	2336768	3723274
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	4040649	5768535

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4040649	5768535
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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)	280618	
(B) Participants	2a(1)(B)	844485	
(C) Others (including rollovers)	2a(1)(C)	5270	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1130373
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(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)	8983	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8984
(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)	70170	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		70170
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		117234
(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)		735419
c Other income.....	2c		670
d Total income. Add all income amounts in column (b) and enter total.....	2d		2062850

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	318977	
(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)		318977
f Corrective distributions (see instructions)	2f		53
g Certain deemed distributions of participant loans (see instructions).....	2g		15934
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		334964

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1727886
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCGLADREY & PULLEN

(2) EIN: 41-1944416

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		405000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST				B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 CAREMEDIC SYSTEMS, INC.				D Employer Identification Number (EIN) 42-1464363	
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): 57-1198022					
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 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2009 v.092308.1	

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): _____

- 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): _____

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Financial Report

December 31, 2009

McGladrey & Pullen
Certified Public Accountants

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McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

To the Plan Trustees and Participants
CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust
St. Petersburg, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefit for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) at December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plans' management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 4, which was certified or provided by State Street Bank & Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009, and as of December 31, 2008.

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 and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1 to the financial statements, the Board of Directors of CareMedic Systems, Inc, the Plan's sponsor, voted on November 30, 2009, to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments in insurance contracts are stated, from the ongoing plan basis used in presenting the 2008 financial statements to the liquidation basis used in presenting the 2009 financial statements.

McGladrey & Pullen, LLP

Des Moines, Iowa
July 27, 2010

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
<hr/>		
ASSETS		
Investments	\$ 5,768,535	\$ 4,040,649
Receivables:		
Participant contributions	-	37,498
Employer contributions	-	11,000
Total assets	<hr/> 5,768,535	<hr/> 4,089,147
LIABILITIES	<hr/> 38,974	<hr/> -
NET ASSETS AVAILABLE FOR BENEFITS	5,729,561	4,089,147
Adjustment to contract value for fully benefit-responsive investment contract	-	(4,818)
NET ASSETS AVAILABLE FOR BENEFITS	<hr/> <hr/> \$ 5,729,561	<hr/> <hr/> \$ 4,084,329

See Notes to Financial Statements.

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets attributable to:

Investment income:

Interest and dividends	\$	79,154
Net appreciation in fair value of investments		858,141

Contributions:

Participants		768,013
Employer		269,618
Amounts rolled over from other plans		5,270

1,980,196

Deductions from net assets attributable to benefits paid to participants

334,964

Net increase

1,645,232

Net assets available for benefits:

Beginning of year		4,084,329
End of year	\$	5,729,561

See Notes to Financial Statements.

Notes to Financial Statements

Note 1. Plan Description

The following description of CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan termination: In November 2009 CareMedic Systems, Inc., the Plan Sponsor was sold and thus expressed its intent to terminate the Plan and discontinue contributions subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was terminated effective November 30, 2009. The event of Plan termination caused all participants to become 100% vested in their accounts. Distributions will be paid at the participants' election subsequent to December 31, 2009.

General and eligibility: The Plan is a defined contribution plan covering substantially all employees of CareMedic Holdings, Inc. and subsidiaries (the Company) as of the termination date. Prior to termination, employees of the Company who had attained the age of 21 were eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and investment options: Up until termination of the Plan each year participants could contribute up to 80% of pretax annual compensation, as defined by the Plan. Participants could also contribute amounts representing distributions from other qualified benefit or contribution plans. The Company provided a matching contribution equal to 50% of employee pretax contributions but subject to a maximum of six percent of eligible compensation for active employees contributing to the Plan. The employer could, at its sole discretion, make a discretionary contribution to the Plan each year. Participants employed on December 31 would receive the discretionary allocation based on earnings. No discretionary contributions were made during the years ended December 31, 2009 and 2008. Participants direct the investment of both their contributions and employer contributions into various investment options offered by the Plan. Participants may currently invest their contributions into 19 mutual funds, 2 common collective trusts and 1 money market fund. Participants may change their investment options daily.

Participant accounts: Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's matching and discretionary contribution (up until termination of the Plan), (b) Plan earnings, and is charged with transaction costs and service charges, if any. Allocations of Plan earnings and administrative expenses are based upon the participant's account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: At November 30, 2009, Plan termination caused all participants to become 100% vested in their accounts. Prior to November 30, 2009 (termination date) participants were immediately vested in their elective deferral contributions plus actual earnings thereon. Vesting in the Company's matching contributions and discretionary contributions plus earnings thereon were based on continuous years of service. A participant was 33% vested after one year of service, as defined, and continued to vest 33% each successive year until 100% vested after three years of service.

Payment of benefits: Each participant account, with respect to distribution events that occur before the termination date are as follows:

- Regular distribution: Distributions to participants who were entitled to receive distributions on account of their severance from employment, retirement or disability prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated.

Notes to Financial Statements

- Distribution on account of death: Distributions to beneficiaries of participants who died prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated.
- Hardship distribution: Hardship and other in-service distribution requests received from participants prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated.
- Loans: Loan requests received from participants prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated. Participants with outstanding loans shall continue to make loan payments in accordance with the applicable amortization schedule, as determined under the Plan, after the termination date.

Each participant account, with respect to distribution events that occur after the termination date are as follows:

- Regular distribution: Distributions to participants who separate from service, retire or become disabled on or after the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated, except that participant accounts are now fully vested.
- Distribution on account of death: Distributions to beneficiaries of participants who die on or after the termination date shall be processed in accordance with the Plan as if the Plan had not terminated, except that participant accounts are now fully vested.
- Hardship distribution: Hardship distributions shall no longer be permitted after the termination date.
- Loans: Issuance of new loans to participants shall not be permitted after the termination date.

Participant loans: Issuance of new loans to participants is no longer permitted as of the termination date. The existing loans are secured by the vested balance in the participant's account and bear interest at prime plus 2%, determined at the loan origination date. Loan terms range from one to five years, or longer for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Loans outstanding at December 31, 2009 bear interest at rates ranging from 5.25% to 10.25% and are due from January 2010 through December 2014.

Forfeited accounts: During the year ended December 31, 2009, approximately \$4,600 of forfeitures were used to offset Company contributions.

Note 2. Significant Accounting Policies

The Plan's significant accounting policies are as follows:

Basis of accounting: Due to the decision to terminate the Plan during 2009, the financial statements for 2009 have been prepared using the liquidation basis of accounting. The 2008 financial statements were prepared on the ongoing accrual basis of accounting.

Notes to Financial Statements

Investment valuation and income recognition: Investments at December 31, 2009 are reported at fair value which represents liquidation value due to the Plan termination. The Plan's investments are reported at fair value as of December 31, 2008. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

The Plan invests in common collective trusts. Common collective trusts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive common collective trusts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits as of December 31, 2008 presents the fair value of the investment in the common collective trusts as well as the adjustment of the investment in the common collective trusts from fair value to contract value relating to the investment contracts. Due to the decision to terminate the Plan the statement of net assets available for benefits as of December 31, 2009 has been reported at liquidation value. Because of the termination, participants are likely not going to initiate future transactions under the fully-benefit responsive terms of the common collective trust contracts therefore, fair value represents liquidation value, and the adjustment from fair value to contract value is not necessary as of December 31, 2009.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of benefits: Benefit payments are recorded when paid.

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Current accounting developments: The FASB issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

In April 2009, the FASB issued guidance on determining fair value when volume and level of activity for the asset or liability have significantly decreased and identifying transactions that are not orderly, which is included in the Codification as part of FASB Accounting Standards Codification (ASC) 820-10-35. Under this guidance, if an entity determines that there has been a significant decrease in the volume and level of activity for the asset or the liability on relation to the normal market activity for the asset or liability, then transactions or quoted prices may not accurately reflect fair value. In addition, if there is evidence that the transaction for the asset or liability is not orderly, the entity shall place little, if any, weight on that transaction price as an indicator of fair value. The Plan adopted this guidance effective for the year ending December 31, 2009. The adoption of this guidance did not have a material impact on the Company's financial position or Statement of Changes in Net assets Available for Benefits.

Notes to Financial Statements

In May 2009, the FASB issued ASC 855, which established standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. The Plan adopted this pronouncement and events have been evaluated through July 27, 2010, the date the financial statements were available to be issued.

In September 2009, FASB issued an amendment which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as a practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment was effective for periods ending after December 15, 2009, with early adoption permitted. The adoption of this guidance did not have a material impact on the financial position or Statement of Changes in Net assets Available for Benefits.

Pending accounting pronouncement: In January 2010, FASB issued an amendment which requires new disclosures and reasons for transfers of financial assets and liabilities between levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales and issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment is effective and adopted for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010 and has not yet been adopted. The Plan is currently evaluating the impact of adopting the guidance related to Level 3 measurements.

Note 3. Administrative Expenses

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Administrative expenses of the Plan are paid directly by the employer.

Note 4. Information Certified and Provided by State Street Bank & Trust Company

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included throughout the Plan's financial statements and supplemental schedule, that was prepared or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained a certification that information provided to the Plan Administrator by the trustee related to the following investments is, to the best knowledge of the trustee, complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following investments:

Notes to Financial Statements

	December 31,	
	2009	2008
Investments at fair value:		
Mutual funds	\$ 3,723,274	\$ 2,336,768
Common collective trusts	1,632,370	1,334,763
Money market fund	256,873	233,660
Participant loans	156,018	135,458
	<u>\$ 5,768,535</u>	<u>\$ 4,040,649</u>

State Street Bank & Trust Company also certified the completeness and accuracy of \$8,983 of interest earned on participant loans and \$1 of interest income from the money market fund. The mutual funds earned \$70,170 of dividends and incurred \$736,089 of net appreciation in fair value. The common collective trusts incurred \$122,052 of net appreciation in fair value. All amounts include activity on investments bought, sold and held during the year for the year ended December 31, 2009.

The Plan's investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008 are as follows:

	December 31	
	2009	2008
Common collective trusts:		
SSGA S&P 500 Index Fund	\$ 428,567	\$ 320,479
SSGA Stable Value Fund:		
At fair value	1,203,803	1,014,284
At contract value	**	1,009,466
Mutual funds:		
AIM Real Estate A	340,869	221,793
Janus International Growth S	*	209,193
Janus Overseas Fund S	366,232	*
Fidelity Advisor Equity Growth T	386,002	238,851
Allianz NFJ Small Cap Value A	489,924	423,275
Franklin Rising Dividends A	447,709	346,679
SSGA Government Money Market	*	233,660

* Represents less than 5% of Plan assets

** Contract value is not reported for 2009 due to the financial statements being prepared based on liquidation value.

Notes to Financial Statements

Note 5. Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated March 31, 2008, that the Plan prototype was designed in accordance with applicable sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the letter. However, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code.

Note 6. Related Party Transactions

Certain Plan investments are managed by State Street Bank & Trust Company, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

Note 7. Risks and Uncertainties

Investment securities 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the financial statements	\$ 5,729,561	\$ 4,084,329
Adjustment from fair value to contract value for fully benefit-responsive investment	-	4,818
Liabilities for excess participant contributions	38,974	-
Participant and employer contributions receivable	-	(48,498)
Net assets available for benefits per the Form 5500	<u>\$ 5,768,535</u>	<u>\$ 4,040,649</u>

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the year ended December 31, 2009:

	2009
Total investment income per the financial statements	\$ 937,295
Prior year adjustment from fair value to contract value for fully benefit-responsive investment	(4,818)
Total investment income per the Form 5500	<u>\$ 932,477</u>

Notes to Financial Statements

The following is a reconciliation of contributions per the financial statements to the Form 5500 for the year ended December 31, 2009:

	2009
Total participant, employer and rollover contributions per financial statements	\$ 1,042,901
Current year excess participant contributions	38,974
Prior year participant and employer contributions receivable	48,498
Total contributions per the Form 5500	<u>\$ 1,130,373</u>

Note 9. Fair Value Measurements

Accounting guidance on fair value measurements and disclosure, defines fair value, establishes a framework for measuring fair value of assets and liabilities using a hierarchy system, and expands disclosures about fair value measurements. It clarifies that fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the reporting entities transacts business.

The Plan's statement of net assets available for benefits contains Plan investments and participant loans that are recorded at fair value on a recurring basis. The three-level hierarchy for disclosure of fair value is as follows:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

When available, quoted market prices are used to determine the fair value of investments held in the Plan and such items are classified within Level 1 of the fair value hierarchy. A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The level to which an asset or liability is classified is based upon the lowest level of input that is significant to the fair value measurements. There have been no changes in valuation methodologies at December 31, 2009 compared to December 31, 2008.

Mutual funds and money market fund: These accounts represent investments with registered investment companies. The fair value of these funds are based on quoted market prices which are publically available for each fund. The fair value of these mutual fund accounts are classified within Level 1 of the hierarchy.

Common collective trusts: Common collective trusts include investments in two separate funds. The SSGA S&P 500 Index Fund is an investment with a registered investment company. The fair value of this fund is based on a quoted market price which is publically available. This fund is classified within Level 1 of the hierarchy. The SSGA Stable Value Fund represents investments in bank, insurance company and other financial institution investment contracts. The fair value is based on the underlying investments comprising the trust based upon audited financial statements, and is classified within Level 2 of the valuation hierarchy.

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Participant loans: The Plan allows participants to obtain a loan secured by their account balance in the Plan. Loans are valued at amortized cost, which approximates fair value and are classified within Level 3 of the valuation hierarchy.

Financial assets and financial liabilities measured at fair value on a recurring basis by level as of December 31, 2009 and 2008 are as follows:

	2009							
	Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)				
Total								
Assets:								
Mutual funds:								
Large U.S. equities	\$	1,014,139	\$	1,014,139	\$	-	\$	-
Mid to small U.S. equities		737,378		737,378		-		-
International equities		624,904		624,904		-		-
Fixed income		841,467		841,467		-		-
Real estate		340,869		340,869		-		-
Balanced funds		164,517		164,517		-		-
Total mutual funds		3,723,274		3,723,274		-		-
Common collective trusts:								
Stable value fund		1,203,803		-		1,203,803		-
Large U.S. equities		428,567		428,567		-		-
Total common collective trusts		1,632,370		428,567		1,203,803		-
Money market fund		256,873		256,873		-		-
Participant loans		156,018		-		-		156,018
	\$	5,768,535	\$	4,408,714	\$	1,203,803	\$	156,018

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

	2008			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Mutual funds:				
Large U.S. equities	\$ 717,676	\$ 717,676	\$ -	\$ -
Mid to small U.S. equities	497,310	497,310	-	-
International equities	399,484	399,484	-	-
Fixed income	500,505	500,505	-	-
Real estate	221,793	221,793	-	-
Total mutual funds	2,336,768	2,336,768	-	-
Common collective trusts:				
Stable value fund	1,014,284	-	1,014,284	-
Large U.S. equities	320,479	320,479	-	-
Total common collective trusts	1,334,763	320,479	1,014,284	-
Money market fund	233,660	233,660	-	-
Participant loans	135,458	-	-	135,458
	<u>\$ 4,040,649</u>	<u>\$ 2,890,907</u>	<u>\$ 1,014,284</u>	<u>\$ 135,458</u>

The following table presents changes in pooled separate accounts and loans with significant unobservable inputs (Level 3) for the year ended December 31, 2009:

	Participant Loans
Beginning balance, December 31, 2008	\$ 135,458
Interest credited	8,983
Purchases, sales, issuances and settlements, net	11,577
Ending balance, December 31, 2009	<u>\$ 156,018</u>
Total gains or losses included in net depreciation in fair value of investments attributable to the change in unrealized gains or losses relating to financial instruments still held at December 31, 2009	<u>\$ -</u>

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2009:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trust (a)	\$ 1,203,803	\$ -	Immediate	None

- (a) This category consists of a stable value fund which seeks current income by investing primarily in insurance contracts issued by insurance companies and investments from financial institutions that offer stability of principal. Investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets.

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Schedule of Assets (Held at End of Year)

December 31, 2009

Description	Numbers of Shares or Face Value	Fair Value
Common collective trusts:		
*SSGA S&P 500 Index Fund	32,507	\$ 428,567
*SSGA Stable Value Fund	78,511	1,203,803
Mutual funds:		
DWS Large Cap Value Fund A	11,228	180,428
PIMCO Real Return A	23,548	254,088
AIM Real Estate A	19,182	340,869
American Century Heritage Fund - A	7,775	121,209
Janus Overseas Fund S	8,621	366,232
Fidelity Advisor Equity Growth T	8,857	386,002
Oppenheimer Strategic Income A	33,155	130,962
Fidelity Advisor Small Cap	5,899	126,245
AllianceBernstein Global Technology A	3,966	258,672
PIMCO Total Return A	20,527	221,690
Allianz NFJ Small Cap Value A	21,127	489,924
Franklin Rising Dividends A	16,041	447,709
T. Rowe Price Retirement 2010	496	6,863
T. Rowe Price Retirement 2020	641	9,254
T. Rowe Price Retirement 2030	1,411	21,137
T. Rowe Price Retirement 2040	6,541	98,247
T. Rowe Price Retirement 2050 - R	2,926	24,634
T. Rowe Price Retirement Income	359	4,382
DWS High Income Plus S	35,891	234,727
*Money market fund, SSGA Government Money Market	38,025	256,873
*Participant loans, 5.25% - 10.25%, due January 2010 through December 2014		156,018
		<u>\$ 5,768,535</u>

*Represents a party in interest

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

RUN DATE: 05/21/2010

PAGE 1

Plan Name: CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST

AS OF: 12/31/2009

Employer EIN: 42-1464363
Run Date: 05/21/2010

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
SSGA GOVERNMENT MONEY MARKET	Interest-Bearing Cash	n/a	256,872.58
SSGA S&P 500 INDEX FUND	Common / Collective Trust	n/a	428,567.16
SSGA STABLE VALUE FUND	Common / Collective Trust	n/a	1,203,803.29
DWS LARGE CAP VALUE FUND-A	Registered Investment Company	n/a	180,428.23
PIMCO REAL RETURN FUND - A	Registered Investment Company	n/a	254,088.03
INVESCO REAL ESTATE - A	Registered Investment Company	n/a	340,868.52
T. ROWE PRICE RETIRE 2050 - R	Registered Investment Company	n/a	24,634.04
AMERCENT HERITAGE FUND - A	Registered Investment Company	n/a	121,209.42
FIDELITY ADV EQUITY GROWTH - T	Registered Investment Company	n/a	386,002.31
OPPENHEIMER STRATEG INCOME -A	Registered Investment Company	n/a	130,961.84
FIDELITY ADVISOR SMALL CAP - T	Registered Investment Company	n/a	126,244.63
ALLIANCEBER GLO THEM GR FD -A	Registered Investment Company	n/a	258,672.17
PIMCO TOTAL RETURN FUND - A	Registered Investment Company	n/a	221,689.58
ALLIANZ NFJ SMALL-CAP VALUE -A	Registered Investment Company	n/a	489,924.34
FRANKLIN RISING DIVIDENDS - A	Registered Investment Company	n/a	447,709.21
JANUS OVERSEAS FUND - S	Registered Investment Company	n/a	366,232.49
T. ROWE PRICE RETIREMENT 2020-R	Registered Investment Company	n/a	9,253.92
T. ROWE PRICE RETIREMENT 2030-R	Registered Investment Company	n/a	21,137.23
T. ROWE PRICE RETIREMENT 2040-R	Registered Investment Company	n/a	98,247.29
T. ROWE PRICE RETIREMENT INC-R	Registered Investment Company	n/a	4,381.05
T. ROWE PRICE RETIREMENT 2010-R	Registered Investment Company	n/a	6,862.79
DWS HIGH INCOME PLUS FUND-S	Registered Investment Company	n/a	234,727.40
Participant Loans	Interest Rates (5.25% to 10.25%)	n/a	171,942.87
TOTAL			5,784,460.39

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DLS. Loan amounts shown here include DLS, while loan amounts reported on 5500 forms do not include DLS.

Plan Name: CAREMEDIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST
Plan Number: 001
Period: 01/01/2009 through 12/31/2009

Employer EIN: 42-1464363
Run Date: 05/21/2010

(a) Identity of Issue, Borrower, or Similar Party	(b) Description of Investment Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE TRUSTS AND REGISTERED INVESTMENT COMPANIES.			

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Financial Report

December 31, 2009

McGladrey & Pullen
Certified Public Accountants

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McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

To the Plan Trustees and Participants
CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust
St. Petersburg, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefit for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) at December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plans' management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 4, which was certified or provided by State Street Bank & Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009, and as of December 31, 2008.

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 and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1 to the financial statements, the Board of Directors of CareMedic Systems, Inc, the Plan's sponsor, voted on November 30, 2009, to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments in insurance contracts are stated, from the ongoing plan basis used in presenting the 2008 financial statements to the liquidation basis used in presenting the 2009 financial statements.

McGladrey & Pullen, LLP

Des Moines, Iowa
July 27, 2010

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
<hr/>		
ASSETS		
Investments	\$ 5,768,535	\$ 4,040,649
Receivables:		
Participant contributions	-	37,498
Employer contributions	-	11,000
Total assets	<hr/> 5,768,535	<hr/> 4,089,147
LIABILITIES	<hr/> 38,974	<hr/> -
NET ASSETS AVAILABLE FOR BENEFITS	5,729,561	4,089,147
Adjustment to contract value for fully benefit-responsive investment contract	-	(4,818)
NET ASSETS AVAILABLE FOR BENEFITS	<hr/> <hr/> \$ 5,729,561	<hr/> <hr/> \$ 4,084,329

See Notes to Financial Statements.

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets attributable to:

Investment income:

Interest and dividends	\$	79,154
Net appreciation in fair value of investments		858,141

Contributions:

Participants		768,013
Employer		269,618
Amounts rolled over from other plans		5,270

1,980,196

Deductions from net assets attributable to benefits paid to participants

334,964

Net increase

1,645,232

Net assets available for benefits:

Beginning of year		4,084,329
End of year	\$	5,729,561

See Notes to Financial Statements.

Notes to Financial Statements

Note 1. Plan Description

The following description of CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan termination: In November 2009 CareMedic Systems, Inc., the Plan Sponsor was sold and thus expressed its intent to terminate the Plan and discontinue contributions subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was terminated effective November 30, 2009. The event of Plan termination caused all participants to become 100% vested in their accounts. Distributions will be paid at the participants' election subsequent to December 31, 2009.

General and eligibility: The Plan is a defined contribution plan covering substantially all employees of CareMedic Holdings, Inc. and subsidiaries (the Company) as of the termination date. Prior to termination, employees of the Company who had attained the age of 21 were eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and investment options: Up until termination of the Plan each year participants could contribute up to 80% of pretax annual compensation, as defined by the Plan. Participants could also contribute amounts representing distributions from other qualified benefit or contribution plans. The Company provided a matching contribution equal to 50% of employee pretax contributions but subject to a maximum of six percent of eligible compensation for active employees contributing to the Plan. The employer could, at its sole discretion, make a discretionary contribution to the Plan each year. Participants employed on December 31 would receive the discretionary allocation based on earnings. No discretionary contributions were made during the years ended December 31, 2009 and 2008. Participants direct the investment of both their contributions and employer contributions into various investment options offered by the Plan. Participants may currently invest their contributions into 19 mutual funds, 2 common collective trusts and 1 money market fund. Participants may change their investment options daily.

Participant accounts: Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's matching and discretionary contribution (up until termination of the Plan), (b) Plan earnings, and is charged with transaction costs and service charges, if any. Allocations of Plan earnings and administrative expenses are based upon the participant's account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: At November 30, 2009, Plan termination caused all participants to become 100% vested in their accounts. Prior to November 30, 2009 (termination date) participants were immediately vested in their elective deferral contributions plus actual earnings thereon. Vesting in the Company's matching contributions and discretionary contributions plus earnings thereon were based on continuous years of service. A participant was 33% vested after one year of service, as defined, and continued to vest 33% each successive year until 100% vested after three years of service.

Payment of benefits: Each participant account, with respect to distribution events that occur before the termination date are as follows:

- Regular distribution: Distributions to participants who were entitled to receive distributions on account of their severance from employment, retirement or disability prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated.

Notes to Financial Statements

- Distribution on account of death: Distributions to beneficiaries of participants who died prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated.
- Hardship distribution: Hardship and other in-service distribution requests received from participants prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated.
- Loans: Loan requests received from participants prior to the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated. Participants with outstanding loans shall continue to make loan payments in accordance with the applicable amortization schedule, as determined under the Plan, after the termination date.

Each participant account, with respect to distribution events that occur after the termination date are as follows:

- Regular distribution: Distributions to participants who separate from service, retire or become disabled on or after the termination date shall be processed in accordance with the terms of the Plan as if the Plan had not terminated, except that participant accounts are now fully vested.
- Distribution on account of death: Distributions to beneficiaries of participants who die on or after the termination date shall be processed in accordance with the Plan as if the Plan had not terminated, except that participant accounts are now fully vested.
- Hardship distribution: Hardship distributions shall no longer be permitted after the termination date.
- Loans: Issuance of new loans to participants shall not be permitted after the termination date.

Participant loans: Issuance of new loans to participants is no longer permitted as of the termination date. The existing loans are secured by the vested balance in the participant's account and bear interest at prime plus 2%, determined at the loan origination date. Loan terms range from one to five years, or longer for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Loans outstanding at December 31, 2009 bear interest at rates ranging from 5.25% to 10.25% and are due from January 2010 through December 2014.

Forfeited accounts: During the year ended December 31, 2009, approximately \$4,600 of forfeitures were used to offset Company contributions.

Note 2. Significant Accounting Policies

The Plan's significant accounting policies are as follows:

Basis of accounting: Due to the decision to terminate the Plan during 2009, the financial statements for 2009 have been prepared using the liquidation basis of accounting. The 2008 financial statements were prepared on the ongoing accrual basis of accounting.

Notes to Financial Statements

Investment valuation and income recognition: Investments at December 31, 2009 are reported at fair value which represents liquidation value due to the Plan termination. The Plan's investments are reported at fair value as of December 31, 2008. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

The Plan invests in common collective trusts. Common collective trusts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive common collective trusts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits as of December 31, 2008 presents the fair value of the investment in the common collective trusts as well as the adjustment of the investment in the common collective trusts from fair value to contract value relating to the investment contracts. Due to the decision to terminate the Plan the statement of net assets available for benefits as of December 31, 2009 has been reported at liquidation value. Because of the termination, participants are likely not going to initiate future transactions under the fully-benefit responsive terms of the common collective trust contracts therefore, fair value represents liquidation value, and the adjustment from fair value to contract value is not necessary as of December 31, 2009.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of benefits: Benefit payments are recorded when paid.

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Current accounting developments: The FASB issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

In April 2009, the FASB issued guidance on determining fair value when volume and level of activity for the asset or liability have significantly decreased and identifying transactions that are not orderly, which is included in the Codification as part of FASB Accounting Standards Codification (ASC) 820-10-35. Under this guidance, if an entity determines that there has been a significant decrease in the volume and level of activity for the asset or the liability on relation to the normal market activity for the asset or liability, then transactions or quoted prices may not accurately reflect fair value. In addition, if there is evidence that the transaction for the asset or liability is not orderly, the entity shall place little, if any, weight on that transaction price as an indicator of fair value. The Plan adopted this guidance effective for the year ending December 31, 2009. The adoption of this guidance did not have a material impact on the Company's financial position or Statement of Changes in Net assets Available for Benefits.

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In May 2009, the FASB issued ASC 855, which established standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. The Plan adopted this pronouncement and events have been evaluated through July 27, 2010, the date the financial statements were available to be issued.

In September 2009, FASB issued an amendment which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as a practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment was effective for periods ending after December 15, 2009, with early adoption permitted. The adoption of this guidance did not have a material impact on the financial position or Statement of Changes in Net assets Available for Benefits.

Pending accounting pronouncement: In January 2010, FASB issued an amendment which requires new disclosures and reasons for transfers of financial assets and liabilities between levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales and issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment is effective and adopted for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010 and has not yet been adopted. The Plan is currently evaluating the impact of adopting the guidance related to Level 3 measurements.

Note 3. Administrative Expenses

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Administrative expenses of the Plan are paid directly by the employer.

Note 4. Information Certified and Provided by State Street Bank & Trust Company

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included throughout the Plan's financial statements and supplemental schedule, that was prepared or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained a certification that information provided to the Plan Administrator by the trustee related to the following investments is, to the best knowledge of the trustee, complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following investments:

Notes to Financial Statements

	December 31,	
	2009	2008
Investments at fair value:		
Mutual funds	\$ 3,723,274	\$ 2,336,768
Common collective trusts	1,632,370	1,334,763
Money market fund	256,873	233,660
Participant loans	156,018	135,458
	<u>\$ 5,768,535</u>	<u>\$ 4,040,649</u>

State Street Bank & Trust Company also certified the completeness and accuracy of \$8,983 of interest earned on participant loans and \$1 of interest income from the money market fund. The mutual funds earned \$70,170 of dividends and incurred \$736,089 of net appreciation in fair value. The common collective trusts incurred \$122,052 of net appreciation in fair value. All amounts include activity on investments bought, sold and held during the year for the year ended December 31, 2009.

The Plan's investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008 are as follows:

	December 31	
	2009	2008
Common collective trusts:		
SSGA S&P 500 Index Fund	\$ 428,567	\$ 320,479
SSGA Stable Value Fund:		
At fair value	1,203,803	1,014,284
At contract value	**	1,009,466
Mutual funds:		
AIM Real Estate A	340,869	221,793
Janus International Growth S	*	209,193
Janus Overseas Fund S	366,232	*
Fidelity Advisor Equity Growth T	386,002	238,851
Allianz NFJ Small Cap Value A	489,924	423,275
Franklin Rising Dividends A	447,709	346,679
SSGA Government Money Market	*	233,660

* Represents less than 5% of Plan assets

** Contract value is not reported for 2009 due to the financial statements being prepared based on liquidation value.

Notes to Financial Statements

Note 5. Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated March 31, 2008, that the Plan prototype was designed in accordance with applicable sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the letter. However, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code.

Note 6. Related Party Transactions

Certain Plan investments are managed by State Street Bank & Trust Company, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

Note 7. Risks and Uncertainties

Investment securities 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the financial statements	\$ 5,729,561	\$ 4,084,329
Adjustment from fair value to contract value for fully benefit-responsive investment	-	4,818
Liabilities for excess participant contributions	38,974	-
Participant and employer contributions receivable	-	(48,498)
Net assets available for benefits per the Form 5500	<u>\$ 5,768,535</u>	<u>\$ 4,040,649</u>

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the year ended December 31, 2009:

	2009
Total investment income per the financial statements	\$ 937,295
Prior year adjustment from fair value to contract value for fully benefit-responsive investment	(4,818)
Total investment income per the Form 5500	<u>\$ 932,477</u>

Notes to Financial Statements

The following is a reconciliation of contributions per the financial statements to the Form 5500 for the year ended December 31, 2009:

	2009
Total participant, employer and rollover contributions per financial statements	\$ 1,042,901
Current year excess participant contributions	38,974
Prior year participant and employer contributions receivable	48,498
Total contributions per the Form 5500	<u>\$ 1,130,373</u>

Note 9. Fair Value Measurements

Accounting guidance on fair value measurements and disclosure, defines fair value, establishes a framework for measuring fair value of assets and liabilities using a hierarchy system, and expands disclosures about fair value measurements. It clarifies that fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the reporting entities transacts business.

The Plan's statement of net assets available for benefits contains Plan investments and participant loans that are recorded at fair value on a recurring basis. The three-level hierarchy for disclosure of fair value is as follows:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

When available, quoted market prices are used to determine the fair value of investments held in the Plan and such items are classified within Level 1 of the fair value hierarchy. A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The level to which an asset or liability is classified is based upon the lowest level of input that is significant to the fair value measurements. There have been no changes in valuation methodologies at December 31, 2009 compared to December 31, 2008.

Mutual funds and money market fund: These accounts represent investments with registered investment companies. The fair value of these funds are based on quoted market prices which are publically available for each fund. The fair value of these mutual fund accounts are classified within Level 1 of the hierarchy.

Common collective trusts: Common collective trusts include investments in two separate funds. The SSGA S&P 500 Index Fund is an investment with a registered investment company. The fair value of this fund is based on a quoted market price which is publically available. This fund is classified within Level 1 of the hierarchy. The SSGA Stable Value Fund represents investments in bank, insurance company and other financial institution investment contracts. The fair value is based on the underlying investments comprising the trust based upon audited financial statements, and is classified within Level 2 of the valuation hierarchy.

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

Participant loans: The Plan allows participants to obtain a loan secured by their account balance in the Plan. Loans are valued at amortized cost, which approximates fair value and are classified within Level 3 of the valuation hierarchy.

Financial assets and financial liabilities measured at fair value on a recurring basis by level as of December 31, 2009 and 2008 are as follows:

		2009			
		Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Total					
Assets:					
Mutual funds:					
Large U.S. equities	\$	1,014,139	\$	1,014,139	\$ -
Mid to small U.S. equities		737,378		737,378	-
International equities		624,904		624,904	-
Fixed income		841,467		841,467	-
Real estate		340,869		340,869	-
Balanced funds		164,517		164,517	-
Total mutual funds		3,723,274		3,723,274	-
Common collective trusts:					
Stable value fund		1,203,803		-	1,203,803
Large U.S. equities		428,567		428,567	-
Total common collective trusts		1,632,370		428,567	1,203,803
Money market fund		256,873		256,873	-
Participant loans		156,018		-	-
	\$	5,768,535	\$	4,408,714	\$ 1,203,803
					\$ 156,018

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

	2008			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Mutual funds:				
Large U.S. equities	\$ 717,676	\$ 717,676	\$ -	\$ -
Mid to small U.S. equities	497,310	497,310	-	-
International equities	399,484	399,484	-	-
Fixed income	500,505	500,505	-	-
Real estate	221,793	221,793	-	-
Total mutual funds	2,336,768	2,336,768	-	-
Common collective trusts:				
Stable value fund	1,014,284	-	1,014,284	-
Large U.S. equities	320,479	320,479	-	-
Total common collective trusts	1,334,763	320,479	1,014,284	-
Money market fund	233,660	233,660	-	-
Participant loans	135,458	-	-	135,458
	<u>\$ 4,040,649</u>	<u>\$ 2,890,907</u>	<u>\$ 1,014,284</u>	<u>\$ 135,458</u>

The following table presents changes in pooled separate accounts and loans with significant unobservable inputs (Level 3) for the year ended December 31, 2009:

	Participant Loans
Beginning balance, December 31, 2008	\$ 135,458
Interest credited	8,983
Purchases, sales, issuances and settlements, net	11,577
Ending balance, December 31, 2009	<u>\$ 156,018</u>
Total gains or losses included in net depreciation in fair value of investments attributable to the change in unrealized gains or losses relating to financial instruments still held at December 31, 2009	<u>\$ -</u>

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

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The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2009:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trust (a)	\$ 1,203,803	\$ -	Immediate	None

- (a) This category consists of a stable value fund which seeks current income by investing primarily in insurance contracts issued by insurance companies and investments from financial institutions that offer stability of principal. Investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets.

CareMedic Systems, Inc. 401(k) Profit Sharing Plan and Trust

Schedule of Assets (Held at End of Year)

December 31, 2009

Description	Numbers of Shares or Face Value	Fair Value
Common collective trusts:		
*SSGA S&P 500 Index Fund	32,507	\$ 428,567
*SSGA Stable Value Fund	78,511	1,203,803
Mutual funds:		
DWS Large Cap Value Fund A	11,228	180,428
PIMCO Real Return A	23,548	254,088
AIM Real Estate A	19,182	340,869
American Century Heritage Fund - A	7,775	121,209
Janus Overseas Fund S	8,621	366,232
Fidelity Advisor Equity Growth T	8,857	386,002
Oppenheimer Strategic Income A	33,155	130,962
Fidelity Advisor Small Cap	5,899	126,245
AllianceBernstein Global Technology A	3,966	258,672
PIMCO Total Return A	20,527	221,690
Allianz NFJ Small Cap Value A	21,127	489,924
Franklin Rising Dividends A	16,041	447,709
T. Rowe Price Retirement 2010	496	6,863
T. Rowe Price Retirement 2020	641	9,254
T. Rowe Price Retirement 2030	1,411	21,137
T. Rowe Price Retirement 2040	6,541	98,247
T. Rowe Price Retirement 2050 - R	2,926	24,634
T. Rowe Price Retirement Income	359	4,382
DWS High Income Plus S	35,891	234,727
*Money market fund, SSGA Government Money Market	38,025	256,873
*Participant loans, 5.25% - 10.25%, due January 2010 through December 2014		156,018
		<u>\$ 5,768,535</u>

*Represents a party in interest