Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1992

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
UROLOGY SAN ANTONIO, P.A.

7909 FREDERICKSBURG ROAD, SUITE 110
SAN ANTONIO, TX 78229

2b Employer Identification Number (EIN)
74-2719352

2c Sponsor's telephone number
210-731-2050

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/26/2010	GLORIA G CLARK
	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")
UROLOGY SAN ANTONIO, P.A.

7909 FREDERICKSBURG ROAD, SUITE 110
SAN ANTONIO, TX 78229

3b Administrator's EIN
74-2719352

3c Administrator's telephone number
210-731-2050

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	198
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**	152
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	201
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	201
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	201
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MORGAN STANLEY SMITH BARNEY

755 EAST MULBERRY, SUITE 300
SAN ANTONIO, TX 78232-2246

(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?
27	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	90316	Yes [ ] No [X]

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

RETIREMENT HORIZONS INC.

2201 TIMBERLOCH PLACE, SUITE 150
THE WOODLANDS, TX 77380

(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?
37	TPA	9653	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MERRILL LYNCH

200 CONCORD PLAZA, SUITE 100
SAN ANTONIO, TX 78216

(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?
27	INVESTMENT ADVIOSR	0	Yes [X] No [ ]	Yes [ ] No [X]	22988	Yes [ ] No [X]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	634567	740833
(2) Participant contributions	1b(2)	64092	56504
(3) Other	1b(3)	50536	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1038472	985183
(2) U.S. Government securities	1c(2)	2501345	2236148
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2234106	2199446
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6861840	11695946
(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)	380510	390441
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	100229	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13865697	18304501
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	34708	13910
k	Total liabilities (add all amounts in lines 1g through1j)	1k	34708	13910
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13830989	18290591

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)	1488442	
	(B) Participants	2a(1)(B)	284154	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1772596
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	566326	
	(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)	24884	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		591210
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2353342	
	(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)		2353342

			(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)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		4717148
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	132234	
	(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)		132234
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		2355
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)	113304	
	(4) Other	2i(4)	9653	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		122957
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		257546
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		4459602
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) [X] 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 [X] No

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

(1) Name: TSAKOPULOS BROWN SCHOTT & ANCHORS **(2)** EIN: 74-2587209

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

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**

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

EIN(s): 74-6149245

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN

ANNUAL FINANCIAL STATEMENTS

DECEMBER 31, 2009

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December 31, 2009 and 2008

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Tsakopulos Brown Schott & Anchors

INDEPENDENT AUDITORS' REPORT

August 11, 2010

To the Board of Trustees and Plan Administrators
Urology San Antonio, P.A. 401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008 and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008 and the changes in net assets available for benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule H, line 4i - schedule of assets held at end of year, referred to as additional information, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This additional information is the responsibility of the Plan's management. The additional information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Tsakopulos Brown Schott & Anchors
San Antonio, Texas

Certified Public Accountants ☐ A Professional Corporation
9901 IH-10 West, Suite 900 ☐ San Antonio, Texas 78230 ☐ 210/696-5177 ☐ Fax 210/696-0567

Statements of Net Assets Available for Benefits

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN

	December 31, 2009	December 31, 2008
ASSETS		
Receivables		
Employer	$ 740,833	$ 634,567
Employee	56,504	84,435
Interest	-	50,536
Total Receivables	797,337	769,538
Investments, at fair value		
Common stocks	11,695,946	6,861,840
U.S. government securities	2,236,148	2,501,345
Bonds	2,199,446	2,234,106
Money market	985,183	1,038,472
Registered investment companies	-	100,229
Total Investments, at fair value	17,116,723	12,735,992
Participant loans	390,441	380,510
TOTAL ASSETS	18,304,501	13,886,040
LIABILITIES	13,910	34,708
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,290,591	$ 13,851,332

The Accompanying Notes Are an Integral Part of These Financial Statements

Statement of Changes in Net Assets Available for Benefits

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN

	For the Year Ended December 31, 2009
ADDITIONS	
Additions to net assets available for benefits attributed to:	
Investment income	
Net appreciation in fair value of investments	$ 2,353,342
Interest income	566,326
Interest on participant loans	24,884
Total Investment Income	2,944,552
Contributions	
Employer	1,488,442
Employee	263,811
Total Contributions	1,752,253
Total Additions	4,696,805
DEDUCTIONS	
Deductions from net assets available for benefits attributed to:	
Benefits paid to participants	132,234
Administrative expenses	122,957
Deemed distributions of participant loans	2,355
Total Deductions	257,546
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,439,259
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	13,851,332
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 18,290,591

The Accompanying Notes Are an Integral Part of These Financial Statements

Notes to the Financial Statements

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
December 31, 2009 and 2008

NOTE 1. DESCRIPTION OF PLAN

This summary of significant accounting policies of Urology San Antonio, P.A. 401(k) Profit Sharing Plan (the "Plan") is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representation of the Plan's management, who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in preparing the financial statements.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a new comparability plan covering all employees of Urology San Antonio, P.A. (the "Employer") who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Employee - Participants can contribute either in whole percentages from 1% to 100%, or in whole dollar amounts of pre-tax annual compensation, as defined in the Plan up to the annual dollar limit allowed by the Internal Revenue Code. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions up to the maximum amount allowable under the Internal Revenue Code.

Matching - The Employer may make a discretionary contribution. For the year ended December 31, 2009, the Employer made monthly matching contributions. The monthly match was 4% of eligible participant's elective deferrals. Participants are eligible to receive the matching contribution provided they are employed on the last day of the month and making pre-tax salary deferral contributions. Matching contributions totaled $131,793 for the year ended December 31, 2009.

Profit Sharing (Non-Elective) - The Employer makes a non-elective contribution on behalf of each allocation group as defined in the Plan document. The Employer made quarterly non-elective contributions during the year ended December 31, 2009. Profit sharing (non-elective) contributions totaled $1,356,649 for the year ended December 31, 2009.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Rollovers

The Plan permits rollovers from qualified plans. For the year ended December 31, 2009, rollovers totaled $0.

Participant Accounts

Each participant's account is credited with the participant's contribution and the allocation of (a) the Employer's discretionary matching contribution, (b) the Employer's profit sharing (non-elective) contribution and, (c) Plan earnings. Each participant's account is charged with an allocation of administrative expenses based on their account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Employer contributions plus earnings thereon is based on years of credited service. A participant is 100% vested after six years of credited service as follows:

Years of Service	Vesting Percentage
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participant Loans

Participants may borrow a minimum of $1,000 up to a maximum of 50% of their vested account balance or $50,000, whichever is less. The loans are secured by the balance in the participant's account, must be repaid within five years, and have interest rates ranging from 4.25% to 9.25%. Principal and interest is repaid rateably through payroll deductions. Participants are assessed monthly administrative fees of $15 for loans.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Investment Options

Upon enrollment in the Plan, participants may direct contributions in whole percentage increments among various investment alternatives with varying levels of risk.

Payment of Benefits

Upon termination of service, retirement, disability, death or other qualifying event, a participant may receive either a lump-sum distribution of an amount equal to the value of the participant's vested interest in his or her account, or may receive substantially equal monthly, quarterly, semi-annual or annual cash installments over a period of time not extending beyond the participant's life or lives of the designated beneficiaries paid by a nontransferable immediate or deferred annuity.

Forfeitures

Forfeitures may be used to reduce, at the administrators' discretion, the Employer matching contribution and/or profit sharing contribution. The Plan Administrators may elect to use all or a portion of forfeitures to pay administration costs of the Plan. Remaining forfeitures totaled $0 as of December 31, 2009; $43,170 was used during the year ended December 31, 2009.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. 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 4 for discussion of fair value measurements.

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. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrators to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Plan Expenses

The Plan document allows for all expenses to be paid out of the Plan and allocated to participant accounts. During the year ended December 31, 2009, the Plan sponsor paid third party administrator fees and audit fees.

Reclassifications

In 2008, accrued interest on bonds was presented as a separate line item in the financial statements. For 2009, accrued interest is included in the investment value of the bonds at year-end.

NOTE 3. INVESTMENTS

The Plan has one investment asset, a money market investment of $985,183, which is in excess of 5% of Plan assets as of December 31, 2009.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,353,342 as follows:

Common stocks	$	2,657,116
Registered investment companies		(81,744)
U.S. government securities		(82,053)
Bonds		(139,977)
	$	2,353,342

NOTE 4. FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosure Topic of the FASB Accounting Standards Codification (formerly FASB Statement No. 157, *Fair Value Measurements*) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FAS ASC 820-10 (formerly FASB Statement No. 157) are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, bonds, registered investment companies, money market and U.S. government securities: Valued at the closing price reported on the active markets on which the individual securities are traded.

NOTE 4. FAIR VALUE MEASUREMENT (CONTINUED)

Participant loans: Valued at amortized cost, which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments and loans at fair value:

	Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 11,695,946	$ -	$ -	$ 11,695,946
U.S. government securities	2,236,148	-	-	2,236,148
Bonds	2,199,446	-	-	2,199,446
Money market	985,183	-	-	985,183
Participant loans	-	-	390,441	390,441
Total at Fair Value	$ 17,116,723	$ -	$ 390,441	$ 17,507,164

	Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 6,861,840	$ -	$ -	$ 6,861,840
U.S. government securities	2,501,345	-	-	2,501,345
Bonds	2,234,106	-	-	2,234,106
Money market	1,038,472	-	-	1,038,472
Participant loans	-	-	380,510	380,510
Registered investment companies	100,229	-	-	100,229
Total at Fair Value	$ 12,735,992	$ -	$ 380,510	$ 13,116,502

NOTE 4. FAIR VALUE MEASUREMENT (CONTINUED)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets:

	Participant Loans
Balance at December 31, 2007	$ 418,383
Purchases, sales, issuances and settlements (net)	(37,873)
Balance at December 31, 2008	380,510
Purchases, sales, issuances and settlements (net)	9,931
Balance at December 31, 2009	$ 390,441

NOTE 5. ADMINISTRATIVE EXPENSES

Administrative expenses consisted of the following at December 31, 2009:

Investment consulting fees	$ 113,304
Loan fees	9,653
	$ 122,957

NOTE 6. TAX STATUS

The Internal Revenue Service has determined and informed the Employer by a letter dated August 24, 2004, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter to comply with EGTRRA. However, the Plan Administrators and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. 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 statements of net assets available for benefits.

NOTE 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 11, 2010, the date the financial statements were available to be issued.

NOTE 10. RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits on the financial statements to the Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for Plan benefits on the financial statements	$ 18,290,591	$ 13,851,332
Less: Employee receivable	-	(20,343)
Net Assets Available for Plan Benefits on Form 5500	$ 18,290,591	$ 13,830,989

The following is a reconciliation of contributions made on the financial statements to the Form 5500:

Employee contributions on the financial statements	$ 263,811
Plus: 2008 Employee receivable	20,343
Participant Contributions on Form 5500	$ 284,154

Additional Information

Schedule H, Line 4i - Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
EIN 74-1834707, Plan 001
December 31, 2009

(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
	Abbott Laboratories	Common Stock	1,702	$ 84,708	$ 91,891
	Accenture PLC	Common Stock	535	19,314	22,202
	Adobe Systems	Common Stock	1,322	46,474	48,623
	Aegon NV	Common Stock	5,059	20,678	32,428
	Airgas Inc	Common Stock	800	34,419	38,080
	Alcatel-Lucent ADS	Common Stock	14,523	33,548	48,216
	Aloca Inc	Common Stock	8,600	130,129	138,632
	Amazon Com Inc	Common Stock	511	54,096	68,740
	American Express Co	Common Stock	4,075	102,881	165,119
	American Express Co 7.25% 05/20/14	Bond	77,000	79,243	86,884
	American Tower Cp Class A	Common Stock	1,246	44,698	53,840
	Analog Devices Inc	Common Stock	2,828	74,769	89,308
	Anglogold Ashanti Limited	Common Stock	1,740	57,949	69,913
	Apple Inc	Common Stock	738	100,334	155,520
	AT&T Inc 5.5% 02/01/18	Bond	83,000	83,959	86,604
	Axis Capital Holdings LTD	Common Stock	1,024	30,874	29,091
	Baidu Inc ADS	Common Stock	193	76,740	79,367
	Bally Technologies	Common Stock	1,000	34,182	41,290
	Bank New York Mellon	Common Stock	4,100	110,282	114,677
	Bank of America Corp	Common Stock	4,000	110,614	60,240
	Bank of America Corp 3.125% 06/15/12	Bond	105,000	109,335	108,801
	Barrick Gold Corp	Common Stock	2,515	78,804	99,040
	Belgacom SA Unspon ADR	Common Stock	3,659	29,066	26,893
	Berkshire Hathaway	Common Stock	12	38,326	39,432
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Schedule H, Line 4i - Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
EIN 74-1834707, Plan 001
December 31, 2009

(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
	BP Capital Markets PLC 11/07/13	Bond	98,000	105,766	106,745
	BP PLC	Common Stock	1,306	56,588	75,709
	Bristol-Myers Squibb Co	Common Stock	5,050	106,017	127,513
	Cameo Corp	Common Stock	1,079	22,269	34,711
	Carnival Corp	Common Stock	3,077	82,128	97,510
	Carrefour SA Unpson ADR	Common Stock	6,427	57,394	60,928
	CDN Pacific	Common Stock	870	32,506	46,980
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	Darden Restaurants	Common Stock	1,140	42,377	39,980
	Deere & Co	Common Stock	388	10,545	20,986
	Dell	Common Stock	7,614	126,120	109,337
	Devon Energy Corp New	Common Stock	1,781	112,390	130,904
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	Glaxosmithkline Capital 4.85% 05/15/13	Bond	81,000	84,952	86,949
	Gold Fields LTD	Common Stock	4,435	50,266	58,143
	Goldman Sachs Group	Common Stock	572	70,356	96,576
	Goldman Sachs Group Inc TLGP 3.25% 06/15/12	Bond	105,000	109,693	109,088
	Goldman Sachs Group Inc TLGP 6.15% 04/01/18	Bond	81,000	88,359	86,710
	Google Inc	Common Stock	283	108,958	175,454
	Hachijuni Bank LTD ADR	Common Stock	515	30,555	30,231
	Hewlett-Packard Co 4.25% 02/24/12	Bond	83,000	87,622	87,062
	Hittie Microwave Corp	Common Stock	1,065	41,545	43,420
	HSBC Holdings PLC	Common Stock	1,149	64,533	65,596
	Hubbell Inc	Common Stock	456	14,144	21,568
	Idexx Labs	Common Stock	820	34,027	43,829
	Impala Platinum Hldgs	Common Stock	1,163	20,469	31,750
	Informatica Corp	Common Stock	2,160	34,308	55,901
	Intercontinentalexchange, Inc	Common Stock	345	31,584	38,744
	Intl Business Machines Corp	Common Stock	1,039	108,218	136,005
	Intuitive Surgical Inc	Common Stock	145	23,214	43,997
	Ishare Silver trust	Common Stock	610	10,237	10,089
	Ishares MSCI Aust Index Fund	Common Stock	888	13,807	20,282
	Ishares SP Smallcap 600 Index	Common Stock	1,013	43,476	55,431
	Ivanhoe Mines	Common Stock	2,475	15,666	36,160
	Jacobs Engineering Group Inc	Common Stock	795	33,198	29,900

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	Johnson & Johnson	Common Stock	1,765	104,862	113,684
	Johnson Controls Inc	Common Stock	4,749	61,216	129,363
	JP Morgan Chase & Co	Common Stock	4,765	130,263	198,558
	JP Morgan Chase & Co 4.65% 06/01/14	Bond	103,000	103,367	108,504
	Juniper Networks	Common Stock	1,475	32,029	39,338
	Kao Corp	Common Stock	2,800	55,589	65,408
	Kinross Gold Corp New	Common Stock	3,808	69,519	70,067
	Korea Electric Power Corp	Common Stock	3,385	35,381	49,218
	Magna Intl A com	Common Stock	905	33,770	45,775
	Mastercard Inc	Common Stock	399	76,043	102,136
	McDonalds Corp	Common Stock	2,508	139,645	156,599
	McGraw Hill Companies	Common Stock	3,721	125,606	124,691
	Medtronic Inc	Common Stock	900	28,465	39,582
	Merck & Co Inc New Com	Common Stock	2,185	73,308	79,840
	Merrill Lynch & Co 5.45% 02/05/13	Bond	104,000	95,433	109,436
	Micros Syst	Common Stock	1,440	32,586	44,683
	Microsoft Corp	Common Stock	4,272	99,120	130,211
	Mitsui Co	Common Stock	3,058	41,139	38,990
	Money Market	MM	985,183	985,183	985,183
	Monsanto Co	Common Stock	278	23,325	22,727
	Monster Worldwide Inc	Common Stock	9,624	155,534	167,458
	Newcrest Mining LTD	Common Stock	1,556	39,525	49,247
	Nexen Inc	Common Stock	2,620	51,937	62,697
	Nike Inc	Common Stock	1,225	65,695	80,936
	Nintendo Co	Common Stock	1,224	40,080	36,500

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	Nippon Telg & Tel	Common Stock	4,927	99,377	97,259
	Noble Energy Inc	Common Stock	565	34,519	40,239
	Nokia Corp	Common Stock	4,693	66,837	60,305
	Nordstrom Inc	Common Stock	468	16,318	17,587
	Norfolk Southern Corp	Common Stock	1,275	63,242	66,836
	Northrop Grumman CP	Common Stock	375	20,796	20,944
	Novartis	Common Stock	1,632	68,939	88,830
	Novellus Systems Inc	Common Stock	4,067	94,934	94,924
	NRG Energy Inc	Common Stock	654	15,533	15,441
	Nucor Corp	Common Stock	990	40,994	46,184
	Omnicom Group	Common Stock	916	41,811	35,861
	Panasonic Corp	Common Stock	2,317	33,901	33,249
	Perrigo Co	Common Stock	1,350	35,886	53,771
	Petroleo Bras SA ADS	Common Stock	2,120	68,198	101,082
	Philip Morris Intl Inc	Common Stock	635	25,479	30,601
	Potash CP Of Saskatchewan	Common Stock	297	29,237	32,225
	PPG Industries Inc	Common Stock	664	36,832	38,871
	Praxair	Common Stock	803	57,721	64,489
	Priceline.com Inc	Common Stock	309	65,515	67,489
	Procter & Gamble	Common Stock	700	35,652	42,441
	Qualcomm Inc	Common Stock	2,606	115,206	120,554
	Quality Systems Inc	Common Stock	715	27,697	44,902
	Quanta Services Inc	Common Stock	1,965	45,265	40,951
	Raytheon Co	Common Stock	420	19,064	21,638
	Rexam PLC	Common Stock	619	15,086	14,726

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	Rio Tinto Finance 8.95% 05/01/14	Bond	93,000	101,465	111,442
	Rohm Co	Common Stock	717	22,452	23,668
	Royal Dutch Shell PLC	Common Stock	2,063	93,688	120,942
	Sanofi Aventis Spon	Common Stock	2,270	71,982	89,143
	Schlumberger LTD	Common Stock	344	17,764	22,391
	Sega Sammy Holdings Spons	Common Stock	14,335	33,544	43,722
	Sekisui House LTD	Common Stock	3,773	33,617	34,787
	Seven & Hldgs Co	Common Stock	1,719	79,702	71,167
	Shiseido LTD	Common Stock	3,457	56,073	66,616
	Siemens Aktiengesellschaft	Common Stock	654	42,924	59,972
	Signature Bank	Common Stock	1,320	37,746	42,108
	SK Telecom	Common Stock	5,257	80,985	85,479
	Societe General Spn	Common Stock	1,775	25,581	24,939
	SPDR Gold TR Gold SHS	Common Stock	755	71,581	81,019
	SPX CP	Common Stock	735	35,356	40,205
	St Jude Medical Inc	Common Stock	650	23,339	23,907
	Staples Inc	Common Stock	4,700	105,259	115,573
	Starwood Hotels and Resorts Worldwide	Common Stock	698	13,780	25,526
	Stericycle Inc	Common Stock	720	33,773	39,722
	Strayer Education	Common Stock	185	34,064	39,316
	Sumitomo Mitsu Finl	Common Stock	6,529	28,009	32,188
	Swisscom AG	Common Stock	1,306	35,066	49,576
	Sybase Inc	Common Stock	1,020	41,533	44,268
	Sysco Corp	Common Stock	1,157	26,664	32,327
	T Rowe Price Group	Common Stock	860	34,547	45,795

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	TDK CP	Common Stock	488	21,350	29,841
	Technip-Coflexip	Common Stock	433	16,800	30,418
	Telecom Italia	Common Stock	7,253	66,789	79,783
	The DirectTV Group CL A	Common Stock	509	12,673	16,975
	Time Warner Cable Inc 5.85% 05/01/17	Bond	104,000	103,504	109,270
	Transocean LTD	Common Stock	1,667	135,625	138,028
	Tyco Electronics LTD	Common Stock	3,954	58,538	103,582
	Tyco International LTD, Bermuda	Common Stock	3,510	112,848	125,237
	U.S. Treasury Note 3.125% 5/15/19	U.S. Government Security	130,000	123,660	123,114
	UBS AG	Common Stock	2,374	27,881	36,821
	Under Armour Inc	Common Stock	1,415	34,456	38,587
	Union Pacific Corp	Common Stock	1,986	110,077	126,905
	United Utilities Group	Common Stock	2,999	44,385	48,644
	US Bancorp	Common Stock	2,634	48,085	59,291
	US Treasury Note 3.375% 11/15/19	U.S. Government Security	221,000	219,145	212,575
	US Treasury Note 4% 11/15/12	U.S. Government Security	325,000	352,271	347,165
	US Treasury Note 4.25% 08/15/13	U.S. Government Security	260,000	287,424	280,556
	US Treasury Note 4.875% 08/15/16	U.S. Government Security	194,000	222,040	213,340
	V F Corporation	Common Stock	600	35,528	43,944
	V W Grainger Inc	Common Stock	435	41,615	42,121
	Valero Energy Corp	Common Stock	5,100	110,700	85,425
	Verizon Global 4.375% 06/01/13	Bond	82,000	86,166	86,045
	Visa Inc	Common Stock	1,069	64,156	93,495
	Vodafone Group PLC	Common Stock	3,161	73,662	72,987
	Wachovia Corp 5.25% 08/01/14	Bond	87,000	78,100	90,068

Schedule H, Line 4i -
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	Wacoal CP	Common Stock	733	44,801	40,212
	Walgreen Co	Common Stock	3,304	98,038	121,323
	Wal-Mart Stores Inc	Common Stock	1,263	58,986	67,507
	Walt Disney	Common Stock	3,500	66,690	112,875
	Walt Disney Company 6.375% 03/01/12	Bond	99,000	108,713	108,138
	Wells Fargo & Co	Common Stock	4,465	115,828	120,510
	Wells Fargo & Co (Preferred Stock)	Common Stock	962	19,998	24,723
	Western Un Co	Common Stock	6,125	81,194	115,456
	Wolters Kluwer NV Spon	Common Stock	2,833	48,736	61,901
	Wyeth 5.5% 02/01/14	Bond	100,000	107,435	108,947
	XTO Energy 6.25% 08/01/17	Bond	79,000	81,718	89,455
	Yahoo Inc	Common Stock	5,079	75,403	85,226
	Zimmer Hldgs Inc	Common Stock	650	26,553	38,422
	Participant Loans	Interest Rates	4.25% - 9.25%	-	390,441
				$ 15,258,520	$ 17,507,164

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	Abbott Laboratories	Common Stock	1,702	$ 84,708	$ 91,891
	Accenture PLC	Common Stock	535	19,314	22,202
	Adobe Systems	Common Stock	1,322	46,474	48,623
	Aegon NV	Common Stock	5,059	20,678	32,428
	Airgas Inc	Common Stock	800	34,419	38,080
	Alcatel-Lucent ADS	Common Stock	14,523	33,548	48,216
	Aloca Inc	Common Stock	8,600	130,129	138,632
	Amazon Com Inc	Common Stock	511	54,096	68,740
	American Express Co	Common Stock	4,075	102,881	165,119
	American Express Co 7.25% 05/20/14	Bond	77,000	79,243	86,884
	American Tower Cp Class A	Common Stock	1,246	44,698	53,840
	Analog Devices Inc	Common Stock	2,828	74,769	89,308
	Anglogold Ashanti Limited	Common Stock	1,740	57,949	69,913
	Apple Inc	Common Stock	738	100,334	155,520
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	Glaxosmithkline Capital 4.85% 05/15/13	Bond	81,000	84,952	86,949
	Gold Fields LTD	Common Stock	4,435	50,266	58,143
	Goldman Sachs Group	Common Stock	572	70,356	96,576
	Goldman Sachs Group Inc TLGP 3.25% 06/15/12	Bond	105,000	109,693	109,088
	Goldman Sachs Group Inc TLGP 6.15% 04/01/18	Bond	81,000	88,359	86,710
	Google Inc	Common Stock	283	108,958	175,454
	Hachijuni Bank LTD ADR	Common Stock	515	30,555	30,231
	Hewlett-Packard Co 4.25% 02/24/12	Bond	83,000	87,622	87,062
	Hittie Microwave Corp	Common Stock	1,065	41,545	43,420
	HSBC Holdings PLC	Common Stock	1,149	64,533	65,596
	Hubbell Inc	Common Stock	456	14,144	21,568
	Idexx Labs	Common Stock	820	34,027	43,829
	Impala Platinum Hldgs	Common Stock	1,163	20,469	31,750
	Informatica Corp	Common Stock	2,160	34,308	55,901
	Intercontinentalexchange, Inc	Common Stock	345	31,584	38,744
	Intl Business Machines Corp	Common Stock	1,039	108,218	136,005
	Intuitive Surgical Inc	Common Stock	145	23,214	43,997
	Ishare Silver trust	Common Stock	610	10,237	10,089
	Ishares MSCI Aust Index Fund	Common Stock	888	13,807	20,282
	Ishares SP Smallcap 600 Index	Common Stock	1,013	43,476	55,431
	Ivanhoe Mines	Common Stock	2,475	15,666	36,160
	Jacobs Engineering Group Inc	Common Stock	795	33,198	29,900

Schedule H, Line 4i -
Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
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December 31, 2009

(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
	Johnson & Johnson	Common Stock	1,765	104,862	113,684
	Johnson Controls Inc	Common Stock	4,749	61,216	129,363
	JP Morgan Chase & Co	Common Stock	4,765	130,263	198,558
	JP Morgan Chase & Co 4.65% 06/01/14	Bond	103,000	103,367	108,504
	Juniper Networks	Common Stock	1,475	32,029	39,338
	Kao Corp	Common Stock	2,800	55,589	65,408
	Kinross Gold Corp New	Common Stock	3,808	69,519	70,067
	Korea Electric Power Corp	Common Stock	3,385	35,381	49,218
	Magna Intl A com	Common Stock	905	33,770	45,775
	Mastercard Inc	Common Stock	399	76,043	102,136
	McDonalds Corp	Common Stock	2,508	139,645	156,599
	McGraw Hill Companies	Common Stock	3,721	125,606	124,691
	Medtronic Inc	Common Stock	900	28,465	39,582
	Merck & Co Inc New Com	Common Stock	2,185	73,308	79,840
	Merrill Lynch & Co 5.45% 02/05/13	Bond	104,000	95,433	109,436
	Micros Syst	Common Stock	1,440	32,586	44,683
	Microsoft Corp	Common Stock	4,272	99,120	130,211
	Mitsui Co	Common Stock	3,058	41,139	38,990
	Money Market	MM	985,183	985,183	985,183
	Monsanto Co	Common Stock	278	23,325	22,727
	Monster Worldwide Inc	Common Stock	9,624	155,534	167,458
	Newcrest Mining LTD	Common Stock	1,556	39,525	49,247
	Nexen Inc	Common Stock	2,620	51,937	62,697
	Nike Inc	Common Stock	1,225	65,695	80,936
	Nintendo Co	Common Stock	1,224	40,080	36,500

Schedule H, Line 4i - Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
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December 31, 2009

(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
	Nippon Telg & Tel	Common Stock	4,927	99,377	97,259
	Noble Energy Inc	Common Stock	565	34,519	40,239
	Nokia Corp	Common Stock	4,693	66,837	60,305
	Nordstrom Inc	Common Stock	468	16,318	17,587
	Norfolk Southern Corp	Common Stock	1,275	63,242	66,836
	Northrop Grumman CP	Common Stock	375	20,796	20,944
	Novartis	Common Stock	1,632	68,939	88,830
	Novellus Systems Inc	Common Stock	4,067	94,934	94,924
	NRG Energy Inc	Common Stock	654	15,533	15,441
	Nucor Corp	Common Stock	990	40,994	46,184
	Omnicom Group	Common Stock	916	41,811	35,861
	Panasonic Corp	Common Stock	2,317	33,901	33,249
	Perrigo Co	Common Stock	1,350	35,886	53,771
	Petroleo Bras SA ADS	Common Stock	2,120	68,198	101,082
	Philip Morris Intl Inc	Common Stock	635	25,479	30,601
	Potash CP Of Saskatchewan	Common Stock	297	29,237	32,225
	PPG Industries Inc	Common Stock	664	36,832	38,871
	Praxair	Common Stock	803	57,721	64,489
	Priceline.com Inc	Common Stock	309	65,515	67,489
	Procter & Gamble	Common Stock	700	35,652	42,441
	Qualcomm Inc	Common Stock	2,606	115,206	120,554
	Quality Systems Inc	Common Stock	715	27,697	44,902
	Quanta Services Inc	Common Stock	1,965	45,265	40,951
	Raytheon Co	Common Stock	420	19,064	21,638
	Rexam PLC	Common Stock	619	15,086	14,726

Schedule H, Line 4i - Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
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(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
	Rio Tinto Finance 8.95% 05/01/14	Bond	93,000	101,465	111,442
	Rohm Co	Common Stock	717	22,452	23,668
	Royal Dutch Shell PLC	Common Stock	2,063	93,688	120,942
	Sanofi Aventis Spon	Common Stock	2,270	71,982	89,143
	Schlumberger LTD	Common Stock	344	17,764	22,391
	Sega Sammy Holdings Spons	Common Stock	14,335	33,544	43,722
	Sekisui House LTD	Common Stock	3,773	33,617	34,787
	Seven & Hldgs Co	Common Stock	1,719	79,702	71,167
	Shiseido LTD	Common Stock	3,457	56,073	66,616
	Siemens Aktiengesellschaft	Common Stock	654	42,924	59,972
	Signature Bank	Common Stock	1,320	37,746	42,108
	SK Telecom	Common Stock	5,257	80,985	85,479
	Societe General Spn	Common Stock	1,775	25,581	24,939
	SPDR Gold TR Gold SHS	Common Stock	755	71,581	81,019
	SPX CP	Common Stock	735	35,356	40,205
	St Jude Medical Inc	Common Stock	650	23,339	23,907
	Staples Inc	Common Stock	4,700	105,259	115,573
	Starwood Hotels and Resorts Worldwide	Common Stock	698	13,780	25,526
	Stericycle Inc	Common Stock	720	33,773	39,722
	Strayer Education	Common Stock	185	34,064	39,316
	Sumitomo Mitsu Finl	Common Stock	6,529	28,009	32,188
	Swisscom AG	Common Stock	1,306	35,066	49,576
	Sybase Inc	Common Stock	1,020	41,533	44,268
	Sysco Corp	Common Stock	1,157	26,664	32,327
	T Rowe Price Group	Common Stock	860	34,547	45,795

Schedule H, Line 4i - Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
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(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
	TDK CP	Common Stock	488	21,350	29,841
	Technip-Coflexip	Common Stock	433	16,800	30,418
	Telecom Italia	Common Stock	7,253	66,789	79,783
	The DirectTV Group CL A	Common Stock	509	12,673	16,975
	Time Warner Cable Inc 5.85% 05/01/17	Bond	104,000	103,504	109,270
	Transocean LTD	Common Stock	1,667	135,625	138,028
	Tyco Electronics LTD	Common Stock	3,954	58,538	103,582
	Tyco International LTD, Bermuda	Common Stock	3,510	112,848	125,237
	U.S. Treasury Note 3.125% 5/15/19	U.S. Government Security	130,000	123,660	123,114
	UBS AG	Common Stock	2,374	27,881	36,821
	Under Armour Inc	Common Stock	1,415	34,456	38,587
	Union Pacific Corp	Common Stock	1,986	110,077	126,905
	United Utilities Group	Common Stock	2,999	44,385	48,644
	US Bancorp	Common Stock	2,634	48,085	59,291
	US Treasury Note 3.375% 11/15/19	U.S. Government Security	221,000	219,145	212,575
	US Treasury Note 4% 11/15/12	U.S. Government Security	325,000	352,271	347,165
	US Treasury Note 4.25% 08/15/13	U.S. Government Security	260,000	287,424	280,556
	US Treasury Note 4.875% 08/15/16	U.S. Government Security	194,000	222,040	213,340
	V F Corporation	Common Stock	600	35,528	43,944
	V W Grainger Inc	Common Stock	435	41,615	42,121
	Valero Energy Corp	Common Stock	5,100	110,700	85,425
	Verizon Global 4.375% 06/01/13	Bond	82,000	86,166	86,045
	Visa Inc	Common Stock	1,069	64,156	93,495
	Vodafone Group PLC	Common Stock	3,161	73,662	72,987
	Wachovia Corp 5.25% 08/01/14	Bond	87,000	78,100	90,068

Schedule H, Line 4i -
Schedule of Assets Held at End of Year

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN
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(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
	Wacoal CP	Common Stock	733	44,801	40,212
	Walgreen Co	Common Stock	3,304	98,038	121,323
	Wal-Mart Stores Inc	Common Stock	1,263	58,986	67,507
	Walt Disney	Common Stock	3,500	66,690	112,875
	Walt Disney Company 6.375% 03/01/12	Bond	99,000	108,713	108,138
	Wells Fargo & Co	Common Stock	4,465	115,828	120,510
	Wells Fargo & Co (Preferred Stock)	Common Stock	962	19,998	24,723
	Western Un Co	Common Stock	6,125	81,194	115,456
	Wolters Kluwer NV Spon	Common Stock	2,833	48,736	61,901
	Wyeth 5.5% 02/01/14	Bond	100,000	107,435	108,947
	XTO Energy 6.25% 08/01/17	Bond	79,000	81,718	89,455
	Yahoo Inc	Common Stock	5,079	75,403	85,226
	Zimmer Hldgs Inc	Common Stock	650	26,553	38,422
	Participant Loans	Interest Rates	4.25% - 9.25%	-	390,441
				$ 15,258,520	$ 17,507,164

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrators to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Plan Expenses

The Plan document allows for all expenses to be paid out of the Plan and allocated to participant accounts. During the year ended December 31, 2009, the Plan sponsor paid third party administrator fees and audit fees.

Reclassifications

In 2008, accrued interest on bonds was presented as a separate line item in the financial statements. For 2009, accrued interest is included in the investment value of the bonds at year-end.

NOTE 3. INVESTMENTS

The Plan has one investment asset, a money market investment of $985,183, which is in excess of 5% of Plan assets as of December 31, 2009.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,353,342 as follows:

Common stocks	$	2,657,116
Registered investment companies		(81,744)
U.S. government securities		(82,053)
Bonds		(139,977)
	$	2,353,342