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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MEDICAL ASSOCIATES OF BREVARD, LLC

P.O. BOX 361095
MELBOURNE, FL 32936

2b Employer Identification Number (EIN)
59-3360315

2c Sponsor's telephone number
321-253-2900

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.	10/01/2010	GERARD BESSETTE
	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")
MEDICAL ASSOCIATES OF BREVARD, LLC

P.O. BOX 361095
MELBOURNE, FL 32936

3b Administrator's EIN
59-3360315

3c Administrator's telephone number
321-253-2900

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**	131
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**	121
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	141
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	116
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:
2E 2F 2G 2J 2K 3B 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)	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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDICAL ASSOCIATES OF BREVARD, LLC

D Employer Identification Number (EIN)
59-3360315

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Enter name and EIN or address of person who provided you disclosure 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)

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(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?
15 37 64 63 60	RECORDKEEPER	1500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(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?
55	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	15189	Yes [ ] No [X]

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

GRAHAM, COTTRILL, JACKSON & HOSTETT

110 EAST HILLCREST STREET
ORLANDO, FL 32801

(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?
10 50	AUDITOR	13250	Yes [ ] No [X]	Yes [ ] No [X]	0	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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDICAL ASSOCIATES OF BREVARD, LLC

D Employer Identification Number (EIN)
59-3360315

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)	12147	
(2) Participant contributions	1b(2)	23829	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	3906296	6070290
(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	3942272	6070290
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3942272	6070290

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)	308029	
	(B) Participants	2a(1)(B)	614494	
	(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)		922523
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	101870	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		101870
	(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)		0

		(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)		1169781
c Other income	2c		177
d Total income. Add all **income** amounts in column (b) and enter total	2d		2194351
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51583	
(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)		51583
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	14750	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14750
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		66333
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2128018
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRAHAM, COTTRILL, JACKSON & HOSTETT (2) EIN: 20-0422502

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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDICAL ASSOCIATES OF BREVARD, LLC

D Employer Identification Number (EIN)
59-3360315

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): 04-3581074

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):

GRAHAM, COTTRILL, JACKSON & HOSTETTER, LLP
CERTIFIED PUBLIC ACCOUNTANTS
110 EAST HILLCREST STREET
ORLANDO, FLORIDA 32801

(407) 843-1681
(800) 342-2720
FACSIMILE (407) 423-3156
www.gccpa.com

The Board of Trustees
Medical Associates of Brevard, LLC 401(k) Plan
Melbourne, Florida

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the statements of net assets available for plan benefits – modified cash basis of Medical Associates of Brevard, LLC 401(k) Plan ("the Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits – modified cash basis for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, on pages 7 and 8. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by ING Institutional Plan Services, LLC as agent for Reliance Trust Company ("the Trustee"), 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. The Plan administrator has obtained a certification from the Trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

As described in Note B, the financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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 supplemental 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Graham, Cottrill, Jackson & Hostetter, LLP

GRAHAM, COTTRILL, JACKSON & HOSTETTER, LLP
Orlando, Florida

September 29, 2010

MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS –
MODIFIED CASH BASIS

ASSETS

	December 31, 2009	December 31, 2008
INVESTMENTS, AT FAIR VALUE	$ 6,070,290	$ 3,906,296
RECEIVABLES:		
Employer contributions	—	12,147
Participant contributions	—	23,829
Total receivables	6,070,290	35,976
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 6,070,290	$ 3,942,272

The Accompanying Notes Are An Integral
Part Of These Financial Statements

MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS –
MODIFIED CASH BASIS
For The Year Ended December 31, 2009

INVESTMENT INCOME:	
Interest and dividend income	$ 101,870
Net appreciation in fair value of investments	1,169,958
Total investment income	1,271,828
CONTRIBUTIONS:	
Employer	308,029
Participants	614,494
Total contributions	922,523
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	51,583
Professional fees	13,250
Investment advisory and management fees	1,500
Total deductions	66,333
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	2,128,018
NET ASSETS AVAILABLE FOR PLAN BENEFITS – Beginning of year	3,942,272
NET ASSETS AVAILABLE FOR PLAN BENEFITS – End of year	$ 6,070,290

The Accompanying Notes Are An Integral
Part Of These Financial Statements

NOTE A – DESCRIPTION OF PLAN

The following description of Medical Associates of Brevard, LLC 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a profit sharing (defined contribution) plan covering all full-time employees of Medical Associates of Brevard, LLC ("the Company") who have reached age twenty-one and have completed one year of service, as defined in the Plan Document. Employees may make elective deferrals (401(k)) of up to eighty-five percent of compensation as defined in the Plan Document or the maximum annual deferral determined by the Internal Revenue Service ("IRS"). The Plan also contains a Roth feature to which employees can make contributions up to the maximum permitted by the IRS. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and various provisions of the Internal Revenue Code ("IRC").

Effective January 1, 2009, the Plan was amended and restated to bring the Plan into compliance with the Economic Growth and Tax Reconciliation Act of 2001 and other legislative and regulatory changes.

Contributions

Each pay period the Company contributes a safe harbor matching amount equal to one hundred percent of participant elective deferrals, not to exceed four percent of each participant's eligible compensation, for the Plan year. The contribution is limited by the maximum allowable deduction as determined by the IRC. The Company may also make discretionary non-elective contributions to the Plan which are not limited to the amount of net profits. The annual additions to a participant's elective deferral account, Roth account, and employer contribution accounts for a Plan year shall not exceed the maximum permissible amount.

Participant accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's contributions, Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined in the Plan Document.

Vesting

Participants are immediately one hundred percent vested upon entry into the Plan in their respective salary deferrals, Roth contributions, and the Company's safe harbor matching contributions. Vesting in the Company's discretionary non-elective contribution, plus earnings thereon, is based on years of continuous service. A participant is one hundred percent vested after six years of credited service.

Payment of benefits

Upon termination of service, a participant may receive the value of his or her vested account in a lump-sum amount.

In-service withdrawals

Participants can receive a distribution from certain of their accounts for any reason, as defined in the Plan Document.

Hardship withdrawals

Eligible participants can receive a distribution from their accounts in the event of a financial hardship due to an immediate and heavy financial need, as defined in the Plan Document.

Forfeitures

Forfeited amounts of terminated participants who are not one hundred percent vested in employer contributions may be used to reduce future employer contributions or pay plan expenses. Forfeited amounts used to reduce Plan expenses totaled $13,250 for the year ended December 31, 2009. Forfeited amounts available to reduce future employer contributions or pay Plan expenses totaled $30,137 and $42,364 at December 31, 2009 and 2008, respectively.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting
The accompanying financial statements have been prepared using the modified cash basis of accounting. Under this basis, revenues are generally recognized as collected, contributions are recognized as salary is earned, expenses are generally recognized as paid, and investments are presented at their fair market values. This basis differs from accounting principles generally accepted in the United States of America primarily because the Plan has not recognized balances, and the related effect on earnings, of investment income receivable, distributions and accrued expenses payable, if any.

Investment valuation
Investments are reported 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 D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 plan benefits – modified cash basis.

Use of estimates
The Plan administrator uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and reported revenues and expenditures. Significant estimates used in preparing these financial statements include those related to the fair value of investments. Actual results could differ from those estimates.

NOTE C – INVESTMENTS AND ADMINISTRATION OF PLAN ASSETS

The investments of the Plan are held by ING Institutional Plan Services, LLC as agent for Reliance Trust Company ("the Trustee"), who also provides administrative services for the Plan. The Trustee invests the assets of the Plan at the direction of Plan participants, as defined by the Trust Agreement.

The Trustee values the funds daily, allocates the increment since the last valuation among the participants, and makes disbursements to participants and beneficiaries of the Plan at the direction of the Plan's administrative committee and Plan participants. Information included in the accompanying financial statements and supplemental schedule regarding investments, transactions therein, and investment income or loss was obtained from the Trustee and certified to as complete and accurate.

The following investments represent five percent or more of the Plan's net assets:

	December 31, 2009	December 31, 2008
American Europacific Growth R3, 16,163 and 12,551 shares, respectively	$ 609,021	$ 345,894
American Growth Fund R3, 26,840 and 21,102 shares, respectively	$ 722,808	$ 426,264
American Investment Co R3, 18,033 and 14,329 shares, respectively	$ 467,058	$ 299,763
Legg Western Global Hi Yield Bond, 46,602 and 11,122 shares, respectively	$ 317,824	$ 54,610

NOTE C – INVESTMENTS AND ADMINISTRATION OF PLAN ASSETS (Continued)

	December 31, 2009	December 31, 2008
Washington Mutual Investor R3, 38,427 and 30,570 shares, respectively	$ 941,846	$ 651,147
Western Asset Money Market, 483,478 and 483,716 shares, respectively	$ 483,478	$ 483,716
Fidelity Adv Free 2020 T, 43,000 and 36,994 shares, respectively	$ 464,401	$ 316,672
Fidelity Adv Free 2030 T, 34,091 and 27,552 shares, respectively	$ 368,526	$ 231,434
Legg Battery S&P 500 Index, 19,922 and 44,168 shares, respectively	$ 223,321	$ 400,166

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought, sold and held during the year) in registered investment companies, appreciated in value by $1,169,958. The value of the Plan's investments in the participant-directed money fund account does not appreciate or depreciate and remains constant at $1 per share.

NOTE D – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *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 FASB ASC 820 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: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • 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 methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Registered investment companies: Valued at the closing price reported on the active market on which the individual securities are traded.

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

The preceding method 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 method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 6,070,290	$ —	$ —	$ 6,070,290
Total assets at fair value	$ 6,070,290	$ —	$ —	$ 6,070,290

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 3,906,296	$ —	$ —	$ 3,906,296
Total assets at fair value	$ 3,906,296	$ —	$ —	$ 3,906,296

NOTE E – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants shall become one hundred percent vested upon termination of the Plan.

NOTE F – TAX STATUS

The Trustee obtained a favorable determination letter from the IRS for its prototype plan dated June 5, 2002. Although the Plan has not been specifically reviewed by the IRS, and the Plan has been amended since receiving the determination letter, the Plan Sponsor believes that the Plan qualifies pursuant to the applicable sections of the IRC and operates as designed per the prototype document.

NOTE G – PARTY-IN-INTEREST

Graham, Cottrill, Jackson & Hostetter, LLP provides auditing services to the Plan. Fees paid by the Plan for auditing services qualify as party-in-interest transactions and totaled $13,250 for the year ended December 31, 2009.

NOTE H – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through September 29, 2010, the date which the financial statements were available for issue.

MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN

December 31, 2009

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR: MEDICAL ASSOCIATES OF BREVARD, LLC
EMPLOYER ID: 59-3360315
PLAN NUMBER: 001
PLAN NAME: MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
	ALLIANCEBERNSTEIN 2045A	REGISTERED INVESTMENT COMPANY	$ —	$ 1,333
	AMERICAN EUROPACIFIC GROWTH R3	REGISTERED INVESTMENT COMPANY	$ —	$ 609,021
	AMERICAN GROWTH FUND R3	REGISTERED INVESTMENT COMPANY	$ —	$ 722,808
	AMERICAN INVESTMENT CO R3	REGISTERED INVESTMENT COMPANY	$ —	$ 467,058
	AMER NEW PERSP R3	REGISTERED INVESTMENT COMPANY	$ —	$ 122,262
	FIDELITY ADV FREE 2010 T	REGISTERED INVESTMENT COMPANY	$ —	$ 1,319
	FIDELITY ADV FREE 2015 T	REGISTERED INVESTMENT COMPANY	$ —	$ 27,523
	FIDELITY ADV FREE 2020 T	REGISTERED INVESTMENT COMPANY	$ —	$ 464,401
	FIDELITY ADV FREE 2025 T	REGISTERED INVESTMENT COMPANY	$ —	$ 194,990
	FIDELITY ADV FREE 2030 T	REGISTERED INVESTMENT COMPANY	$ —	$ 368,526
	FIDELITY ADV FREE 2035 T	REGISTERED INVESTMENT COMPANY	$ —	$ 2,337
	FIDELITY ADV FREE 2040 T	REGISTERED INVESTMENT COMPANY	$ —	$ 3,444
	FIDELITY ADV MID CAP FUND	REGISTERED INVESTMENT COMPANY	$ —	$ 276,069
	FRANKLIN FLEX CAP GRTH R	REGISTERED INVESTMENT COMPANY	$ —	$ 5,558
	INVESCO REAL ESTATE FUND	REGISTERED INVESTMENT COMPANY	$ —	$ 34,986
	LEGG BATTERY EM MKTS TRST	REGISTERED INVESTMENT COMPANY	$ —	$ 299,959
	LEGG BATTERY S&P 500 IND	REGISTERED INVESTMENT COMPANY	$ —	$ 223,321
	LEGG WESTERN ASSET CORE BOND	REGISTERED INVESTMENT COMPANY	$ —	$ 44,923
	LEGG WESTERN ASSET GOVT SECUR	REGISTERED INVESTMENT COMPANY	$ —	$ 102,975
	LEGG WESTERN GLOBAL HI YIELD BOND	REGISTERED INVESTMENT COMPANY	$ —	$ 317,824
	LORD ABBETT FUNDAMNTL P	REGISTERED INVESTMENT COMPANY	$ —	$ 138,207
	LORD ABBETT SM CAP BLND P	REGISTERED INVESTMENT COMPANY	$ —	$ 59,282
	MFS UTILITIES	REGISTERED INVESTMENT COMPANY	$ —	$ 16,102

MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN
December 31, 2009

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
	OPPENHEIMER QUEST OPP VALUE-A	REGISTERED INVESTMENT COMPANY	$ —	$ 77,800
	OPPENHEIMER INTL BOND-A	REGISTERED INVESTMENT COMPANY	$ —	$ 62,938
	WASHINGTON MUTUAL INVESTOR R3	REGISTERED INVESTMENT COMPANY	$ —	$ 941,846
	WESTERN ASSET MONEY MARKET	REGISTERED INVESTMENT COMPANY	$ —	$ 483,478

5500 PLAN 001 PLAN YEAR 20090101 20091231

MEDICAL ASSOCIATES OF BREVARD LLC 401(K) PLAN PLAN #:001 59-3513741

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
AllianceBernstein 2045 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,303.15	1,332.68
Amer Euro Grwth R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	619,703.67	609,021.18
Amer Growth Fund R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	746,495.63	722,808.13
Amer Invest Co R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	528,485.56	467,057.91
Amer New Persp R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	128,261.28	122,262.46
Fidelity Adv Free 2010 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,310.39	1,318.88
Fidelity Adv Free 2015 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	22,886.26	27,523.22
Fidelity Adv Free 2020 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	371,154.21	464,400.55
Fidelity Adv Free 2025 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	155,225.01	194,989.80
Fidelity Adv Free 2030 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	287,173.56	368,526.02
Fidelity Adv Free 2035 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,169.06	2,336.99
Fidelity Adv Free 2040 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3,319.94	3,444.04
Fidelity Adv Mid Cap Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	341,373.57	276,068.76
Franklin Flex Cap Grth R	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,098.38	5,557.73
Invesco Real Estate Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	26,873.60	34,986.11
Legg Battery Em Mkts Trst	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	193,442.43	299,959.11
Legg Battery S&P 500 Ind	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	235,041.84	223,320.52
Legg West Asset Core Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	45,469.62	44,922.60
Legg West Asst Govt Secur	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	101,332.01	102,974.77
Legg Wstrn Glb HiYld Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	299,326.70	317,824.28
Lord Abbett Fundamntl P	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	108,637.54	138,206.70
Lord Abbett Sm Cap Blnd P	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	49,873.64	59,282.02
MFS Utilities	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,342.51	16,103.19
Oppen Quest Opp Value-A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	75,751.00	77,799.99
Oppenheimer Intl Bond-A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	62,846.84	62,937.73
Wash Mutual Investors R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,101,935.40	941,846.21
Western Asst Money Market	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	483,477.87	483,477.87