

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

Part II	Basic Plan Information—enter all requested information	
1a Name of plan CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan 01/01/1996	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CARDIOVASCULAR CONSULTANTS OF NEVADA 2300 CORPORATE CIR STE 100 HENDERSON, NV 89074-7725	2b Employer Identification Number (EIN) 88-0156903	
	2c Sponsor's telephone number 702-691-9116	
	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	DANIEL HUEBENER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2010	DANIEL HUEBENER
	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") CARDIOVASCULAR CONSULTANTS OF NEVADA 2300 CORPORATE CIR STE 100 HENDERSON, NV 89074-7725	3b Administrator's EIN 88-0156903 3c Administrator's telephone number 702-691-9116
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	154
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	112
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	54
d Subtotal. Add lines 6a , 6b , and 6c	6d	166
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	130
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2T 3D

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. CARDIOVASCULAR CONSULTANTS OF NEVADA	D Employer Identification Number (EIN) 88-0156903	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	441462	166	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
8737	11040

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

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

RAYMOND JAMES FINANCIAL SERVICES IN
ATTN CAROL JERVIS
880 CARILLON PKWY
ST PETERSBURG, FL 33733-2749

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8737	10790	REFERRAL/SERVICE FEE	3

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

TODD MATHEW SCHLAPPI
3400 ASHTON BLVD STE 180
LEHI, UT 84043-5309

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	250	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED FUND CONTRACT

b Balance at the end of the previous year	7b	2503570
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c Additions: (1) Contributions deposited during the year	7c(1)	381086	
	7c(2)		
	7c(3)	94807	
	7c(4)		
	7c(5)	358005	
▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER			

(6) Total additions	7c(6)	833898
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d Total of balance and additions (add b and c(6)).	7d	3337468
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	59905	
(2) Administration charge made by carrier	7e(2)	10144	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	357387	

▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER

(5) Total deductions	7e(5)	427436
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f Balance at the end of the current year (subtract e(5) from d)	7f	2910032
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS OF NEVADA	D Employer Identification Number (EIN) 88-0156903	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	26252	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARDIOVASCULAR CONSULTANTS OF NEVADA	D Employer Identification Number (EIN) 88-0156903	

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)	166622	182262
(2) Participant contributions	1b(2)	630	7000
(3) Other.....	1b(3)	0	0
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)	68971	118217
(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)	4472365	6209458
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2503570	2910032
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7212158	9426969

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7212158	9426969
---	-----------	---------	---------

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)	588086	
(B) Participants	2a(1)(B)	503474	
(C) Others (including rollovers)	2a(1)(C)	23112	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1114672
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	4589	
(F) Other	2b(1)(F)	94807	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99396
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	124507	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		124507
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1206099
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2544674

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	288695	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	14000	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		302695
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	27168	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		27168
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		329863

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2214811
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BAINBRIDGE, LITTLE & CO, CPA'S ,LLP

(2) EIN: 20-1800368

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

A Name of plan <u>CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARDIOVASCULAR CONSULTANTS OF NEVADA</u>	D Employer Identification Number (EIN) <u>88-0156903</u>

Part I	Distributions
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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	<u>0</u>
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): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(K) RETIREMENT PLAN AND TRUST**

Financial Statements

December 31, 2009

BAINBRIDGE, LITTLE & CO, CPAs, LLP
3620 N. Rancho Drive Suite 106
Las Vegas, NV 89130
Tel: (702) 243-2695
Fax: (702) 243-8734

**CARDIOVASCULAR CONSULTANTS OF NEVADA 401(k)
RETIREMENT PLAN AND TRUST
DECEMBER 31, 2009**

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BAINBRIDGE, LITTLE & CO., LLP

Certified Public Accountants

To the Administrative Committee
of the Cardiovascular Consultants of
Nevada 401(k) Retirement Plan and Trust

Independent Auditor's Report

We were engaged to audit the financial statements of Cardiovascular Consultants of Nevada 401(k) Retirement Plan and Trust as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and 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 6, which was certified by Principal Life Insurance Company, the Asset Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Asset Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Asset Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the Asset Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Asset Custodian, 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.

Bainbridge, Little & Co., CPAs, LLP

Las Vegas, Nevada
August 9, 2010

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

Assets	2009	2008
Investments, at fair value:		
Group annuity contract	\$ 2,764,530	\$ 2,378,391
Marketable securities	6,209,458	4,472,365
Participants' notes receivable	118,217	68,971
Contributions receivable:		
Employer contributions	182,262	166,622
Participants contributions	7,000	630
	<u>9,281,467</u>	<u>7,086,979</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets reflecting all investments at fair value	9,281,467	7,086,979
Adjustment from fair value to contract value for group annuity contract	<u>145,502</u>	<u>125,179</u>
Net assets available for benefits	<u><u>\$ 9,426,969</u></u>	<u><u>\$ 7,212,158</u></u>

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

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 1,206,099

Interest and dividends 223,903

Contributions:

Participant contributions 503,474

Employer contributions 588,086

Participants' rollover contributions 23,112

Total additions 2,544,674

Deductions:

Deductions from net assets attributed to:

Administration and transaction expenses 27,168

Benefits paid to participants 288,695

Corrective distributions 14,000

Total deductions 329,863

Net increase 2,214,811

Net assets available for benefits:

Beginning of year 7,212,158

End of year \$ 9,426,969

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

1. DESCRIPTION OF PLAN

The following description of the Cardiovascular Consultants of Nevada 401(k) Retirement Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a safe-harbor voluntary savings and retirement (defined contribution) plan that covers all employees of Cardiovascular Consultants of Nevada ("the Company") beginning on the first day of the quarter following ninety days of eligible service and who are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Plan provides that participants may contribute up to 75% of their compensation, up to the maximum contribution allowed by the Internal Revenue Service. Participants may increase or decrease their contribution percentages monthly. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company currently contributes 100% of the first 5% of compensation that a participant contributes to the Plan. The matching percentage is determined by the Company on a yearly basis based upon participant contribution percentages. Contributions by the Company that were forfeited by participants due to termination will reduce future matching contributions by the Company. As a safe-harbor plan, the Company contributes an additional 3% of compensation as a qualified nonelective contribution for all nonhighly compensated employees. Additional amounts may be contributed at the option of the Company.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings. Allocations are based on participant earnings on account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are used to reduce future company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting policy

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is 33.33% after each year of service. After three years of service, each participant is fully vested; however, each participant is immediately fully vested in the Company's 3% safe-harbor contribution. Participants also become fully vested upon death or permanent disability.

Investment options

Upon enrollment in the Plan, a participant may direct contributions in any of the provided investment alternatives.

Participants may change their investment options daily.

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

1. DESCRIPTION OF PLAN (CONTINUED)

Participant notes receivable

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes fund. Loan terms range from one to five years and are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of pooled separate accounts are valued at the net asset value of shares held by the Plan at year end.

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenues and expenses during the reporting period. Actual results could differ from those estimates.

Net change in fair value of investments

Net change in fair value of investments represents the total of realized and unrealized gains and losses.

Cost basis of investments

As permitted by Department of Labor Regulation 2520.103-11(d), Principal Life Insurance Company does not track the cost basis of investments.

Payment of benefits

Benefits are recorded when paid.

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment valuation and income recognition

The Plan has entered into investment and annuity contracts with Principal Life Insurance Company ("Principal"). Principal maintains contributions in marketable securities as directed by participants. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Principal. The investments are included in the financial statements at fair value as reported to the Plan by Principal. Fair market value represents contributions made under the contracts, plus earnings, less Plan withdrawals and administrative expenses. Participants' notes receivable are valued at cost which approximates fair value.

The group annuity contract (Principal Fixed Income Fund) is a benefit-responsive insurance contract with a fixed rate of interest, and is therefore required to be reported at fair value under investments with disclosure of an adjustment from fair value to contract value to arrive at the net assets available for benefits.

The Plan's investments in mutual funds of registered investment companies are stated at fair value. Assets are valued at quoted market prices, which represent the net asset value of shares held by the Plan.

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

3. TAX STATUS

The Prototype Plan adopted by the Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Prototype Plan, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statement.

4. GROUP ANNUITY CONTRACT

The Plan has a benefit-responsive group annuity contract ("annuity contract") issued by Principal Life Insurance Company ("Principal"). By definition, the annuity contract is an insurance contract, as a result, the Plan may transact according to the terms defined in the contract at any time. The terms and methods under which the contract may transact are defined in Article II, III, IV and V of the contract. The methodology for calculating the interest crediting rate is defined in Article I, Section II of the contract under the term "Composite Crediting Rate." Under the terms of the existing contract, the crediting rate is currently reset on semiannual basis.

The annuity contract is a single group annuity contract with a fixed rate of interest. It is not a portfolio of contracts whose yields are based on changes in fair value of the underlying assets as would be found in a stable value fund. As a result, the average yield earned by the plan is the yield earned (i.e. interest credited) on the group annuity contract. The interest rate history for the year ended December 31, 2009 is as follows:

Time Period

January 1, 2009 – June 30, 2009	3.50%
July 1, 2009 – December 31, 2009	3.15%

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

4. GROUP ANNUITY CONTRACT (CONTINUED)

Changes in future interest crediting rates will not effect the amount reported on the statement of net assets available for benefits representing adjustment for the portion of net assets attributable to fully-benefit responsive investment contracts from fair value to contract value as fair value is considered book value less an early withdrawal charge of 5% for the years ended December 31, 2009 and 2008. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and certain administrative expenses. Participants may ordinarily direct the withdrawal and transfer of all or a portion of their investment at contract value.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Principal. The Plan administrator believes the occurrence of such events, that would also limit the Plan's ability to transact at contract value with Plan participants, is not probable.

5. FAIR VALUE MEASUREMENTS

Under FASB ASC 820-10, fair value is defined as 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 in the principal or most advantageous market. FASB ASC 820-10 also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The standard describes three broad levels of inputs that may be used to measure fair value:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date. Level 1 has the highest priority in the hierarchy.

Level 2: Observable inputs other than quoted prices included within Level 1 for the assets or liabilities, either directly or indirectly observable. This include (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in markets that are not active; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This reflects the plan's own assumptions about the assumptions market participants would use to price an asset based on the best information available in the circumstances. Level 3 has the lowest priority in the hierarchy.

The following table provides information by level on the fair value of the Plan's investments as of December 31, 2009:

<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Group annuity contract	\$2,764,530	\$ -	\$ -	\$ 2,764,530
Participants' loans	118,217	-	-	118,217
Marketable securities	6,209,458	6,209,458	-	-
Total	<u>\$9,092,205</u>	<u>\$ 6,209,458</u>	<u>\$ -</u>	<u>\$ 2,882,747</u>

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

5. FAIR VALUE MEASUREMENTS (Continued)

The following table provides information on the effect of Level 3 Inputs on Net Assets as of December 31, 2009:

Investment Category	Beginning Balance	Total Gains or (Losses)	Interest Credited	Purchases, Issuances, Settlements	Ending Balance	Unrealized Gains or (Losses)
Group annuity contract	\$2,378,391	\$(20,322)	\$ 94,807	\$ 311,655	\$2,764,531	\$ (20,322)
Participants' loans	68,971	-	-	49,246	118,217	-
Total	<u>\$2,447,362</u>	<u>\$(20,322)</u>	<u>\$ 94,807</u>	<u>\$ 360,901</u>	<u>\$2,882,748</u>	<u>\$ (20,322)</u>

6. INFORMATION PREPARED AND CERTIFIED BY ASSET CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the Asset Custodian, Principal Life Insurance Company. Investments that represent 5% or more of the Plan's net assets available for benefits are identified with an "*".

Investments at fair value:	December 31,	
	2009	2008
Group Annuity Contract		
Principal Fixed Income 401(a)/(k)	\$ 2,764,530 *	\$ 2,378,391 *
Registered Investment Company		
The Bond Fund of America	818,690 *	725,462 *
Registered Investment Company		
Bond & Mortgage Securities	25,616	18,657
Registered Investment Company		
The Income Fund of America	143,072	189,677
Registered Investment Company		
Lifetime Strategy Inc R5 Fund	10,288	5,893
Registered Investment Company		
Lifetime 2015 R5 Fund	25,852	12,883
Registered Investment Company		
Lifetime 2020 R5 Fund	53,053	93,585
Registered Investment Company		
Lifetime 2025 R5 Fund	84,466	19,476
Registered Investment Company		
Lifetime 2030 R5 Fund	59,251	37,455
Registered Investment Company		
Lifetime 2035 R5 Fund	86,988	55,823
Registered Investment Company		
Lifetime 2040 R5 Fund	139,508	56,780
Registered Investment Company		
Lifetime 2045 R5 Fund	58,236	23,223
Registered Investment Company		
Lifetime 2050 R5 Fund	26,870	11,708

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

6. INFORMATION PREPARED AND CERTIFIED BY ASSET CUSTODIAN – CONT.

Investments at fair value:	December 31,	
	2009	2008
Registered Investment Company		
Lifetime 2055 R5 Fund	1,157	-
Registered Investment Company		
Fundamental Investors	519,745 *	345,234
Registered Investment Company		
The Growth Fund of America	1,351,151 *	963,713 *
Registered Investment Company		
The New Economy Fund	83,246	29,754
Registered Investment Company		
Washington Mutual Investor Fund	293,718	323,626
Registered Investment Company		
Large-Cap S7P 500 Index	13,856	7,975
Registered Investment Company		
Partners Small-Cap Value I	86,203	69,717
Registered Investment Company		
Mid-Cap S&P 400 Index	56,068	9,373
Registered Investment Company		
Small-Cap S&P 600 Index	50,696	4,334
Registered Investment Company		
Real Estate Securities	68,163	39,437
Registered Investment Company		
Partners Mid-Cap Growth	21,107	8,109
Registered Investment Company		
International Emerging Markets R5 Fund	8,039	-
Registered Investment Company		
Small-Cap World Fund	251,429	168,201
Registered Investment Company		
Capital World Growth and Income Fund	679,440 *	548,860 *
Registered Investment Company		
EuroPacific Growth Fund	436,307	281,387
Registered Investment Company		
New World Fund	221,673	96,842
Registered Investment Company		
Small Cap T Fund	107,362	-
Registered Investment Company		
MidCap Value Find	28,305	-
Registered Investment Company		
Capital Income Builder	399,903	325,181
Participants' Notes Receivable, interest rates ranging from 4.25% to 9.25%	118,217	68,971
	<u>\$ 9,092,205</u>	<u>\$ 6,919,727</u>

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 \$1,206,099, with the Plan investments earning \$223,903 in interest and dividends for the year.

**CARDIOVASCULAR CONSULTANTS OF NEVADA
401(k) RETIREMENT PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

7. ADMINISTRATIVE EXPENSES

The Company pays certain administrative expenses of the Plan. The Plan pays investment management and recordkeeping fees. Additionally, participants requesting loans are charged an initial \$40 fee and \$8 quarterly maintenance fees.

8. RELATED PARTY TRANSACTIONS

Currently, the Plan provides investments, investment management, and record keeping services through Principal Life Insurance Company, a party-in-interest. Fees relating to these services amounted to \$27,168 for the year ended December 31, 2009.

9. 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. In the event of termination, the Plan provides for 100% vesting of all participants' accounts.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the group annuity contract per the financial statements at December 31, 2009 and 2008 to Form 5500.

	2009	2008
Group annuity contract at fair value per the financial statements	\$ 2,764,530	\$ 2,378,391
Adjustment for 5% of investment contract	<u>145,502</u>	<u>125,179</u>
Group annuity contract at contract value per the Form 5500	<u>\$ 2,910,032</u>	<u>\$ 2,503,570</u>

SUPPLEMENTARY INFORMATION

CARDIOVASCULAR CONSULTANTS OF NEVADA 401(k) RETIREMENT PLAN AND TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

Form 5500 Schedule H-Part IV, Line 4(i)

Employer Identification # 88-0156903

Plan # 002

(a)	(b) Identity of Issuer	(c) Description	(d) Cost	(e) Current Value
*	Principal Life Insurance Company	Principal Fixed Income 401(a)/(k) Registered Investment Company	N/A	\$ 2,910,032
	The American Funds	The Bond Fund of America Registered Investment Company	N/A	818,690
*	Princor Financial Services	Bond & Mortgage Securities Registered Investment Company	N/A	25,616
	The American Funds	The Income Fund of America Registered Investment Company	N/A	143,072
*	Princor Financial Services	Lifetime Strategy Inc R5 Fund Registered Investment Company	N/A	10,288
*	Princor Financial Services	Lifetime 2015 R5 Fund Registered Investment Company	N/A	25,852
*	Princor Financial Services	Lifetime 2020 R5 Fund Registered Investment Company	N/A	53,053
*	Princor Financial Services	Lifetime 2025 R5 Fund Registered Investment Company	N/A	84,466
*	Princor Financial Services	Lifetime 2030 R5 Fund Registered Investment Company	N/A	59,251
*	Princor Financial Services	Lifetime 2035 R5 Fund Registered Investment Company	N/A	86,988
*	Princor Financial Services	Lifetime 2040 R5 Fund Registered Investment Company	N/A	139,508
*	Princor Financial Services	Lifetime 2045 R5 Fund Registered Investment Company	N/A	58,236
*	Princor Financial Services	Lifetime 2050 R5 Fund Registered Investment Company	N/A	26,870
*	Princor Financial Services	Lifetime 2055 R5 Fund Registered Investment Company	N/A	1,157
	The American Funds	Fundamental Investors Registered Investment Company	N/A	519,745
	The American Funds	The Growth Fund of America Registered Investment Company	N/A	1,351,151
	The American Funds	The New Economy Fund Registered Investment Company	N/A	83,246
	The American Funds	Washington Mutual Investor Fund Registered Investment Company	N/A	293,718
*	Princor Financial Services	Large-Cap S7P 500 Index Registered Investment Company	N/A	13,856
*	Princor Financial Services	Partners Small-Cap Value I Registered Investment Company	N/A	86,203
*	Princor Financial Services	Mid-Cap S&P 400 Index Registered Investment Company	N/A	56,068
*	Princor Financial Services	Small-Cap S&P 600 Index Registered Investment Company	N/A	50,696
*	Princor Financial Services	Real Estate Securities Registered Investment Company	N/A	68,163
*	Princor Financial Services	Partners Mid-Cap Growth Registered Investment Company	N/A	21,107
*	Princor Financial Services	International Emerging Markets R5 Fund	N/A	8,039
* Indicates party-in-interest transaction				

(See Independent Auditor's Report)

CARDIOVASCULAR CONSULTANTS OF NEVADA 401(k) RETIREMENT PLAN AND TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

DECEMBER 31, 2009

Form 5500 Schedule H-Part IV, Line 4(i)

Employer Identification # 88-0156903

Plan # 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
		Registered Investment Company		
	The American Funds	Small-Cap World Fund	N/A	251,429
		Registered Investment Company		
	The American Funds	Capital World Growth and Income Fund	N/A	679,440
		Registered Investment Company		
	The American Funds	EuroPacific Growth Fund	N/A	436,307
		Registered Investment Company		
*	Professional Pensions, Inc.	New World Fund	N/A	221,673
		Registered Investment Company		
	Fidelity Investments	Small Cap T Fund	N/A	107,362
		Registered Investment Company		
	Columbia Funds	MidCap Value Find	N/A	28,305
		Registered Investment Company		
	The American Funds	Capital Income Builder	N/A	399,903
	Participant Loans	Participants' Notes Receivable, interest	N/A	118,217
		rates ranging from 4.25% to 9.25%		
*	Indicates party-in-interest transaction			<u>\$ 9,237,707</u>

(See Independent Auditor's Report)

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

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

CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K)
 RETIREMENT PLAN
 EIN 88 0156903
 PLAN NUMBER 002
 PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company American Funds Wash Mut A Fd	\$ 0.00	\$ 293,717.81
	The American Funds	Registered Investment Company Am Fnd Inc Fund Of Am A Fund	\$ 0.00	\$ 143,072.32
	The American Funds	Registered Investment Company American Funds Sm Cap Wld A Fd	\$ 0.00	\$ 251,428.74
	The American Funds	Registered Investment Company Am Fnd Europacific Gth A Fund	\$ 0.00	\$ 436,307.04
	The American Funds	Registered Investment Company Am Fnd Gth Fnd Of Am A Fun	\$ 0.00	\$ 1,351,151.12
	The American Funds	Registered Investment Company American Fd Bnd Fnd Of Am A Fd	\$ 0.00	\$ 818,690.43
	The American Funds	Registered Investment Company American Fnd FdmntL Inv A Fund	\$ 0.00	\$ 519,745.25
	The American Funds	Registered Investment Company American Fd Cap Inc Bld A Fund	\$ 0.00	\$ 399,902.87
	The American Funds	Registered Investment Company American Funds New Ecmy A Fnd	\$ 0.00	\$ 83,246.03
	Fidelity Investments	Registered Investment Company FIDELITY ADV SMALL CAP T FUND	\$ 0.00	\$ 107,362.53
	The American Funds	Registered Investment Company Am Fd Cap Wld Gth and In A Fnd	\$ 0.00	\$ 679,440.11
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	\$ 0.00	\$ 2,910,031.76
*	Princor Financial Services	Registered Investment Company PRIN INTL EMERG MKTS R5 FUND	\$ 0.00	\$ 8,038.92
*	Princor Financial Services	Registered Investment Company Prin LgCap S&P 500 Idx R5 Fund	\$ 0.00	\$ 13,856.35
*	Princor Financial Services	Registered Investment Company Prin MidCap S&P 400 Idx R5 Fd	\$ 0.00	\$ 56,067.90

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

CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K)
 RETIREMENT PLAN
 EIN 88 0156903
 PLAN NUMBER 002
 PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Princor Financial Services	Registered Investment Company Prin SmCap S&P 600 Idx R5 Fund	\$ 0.00	\$ 50,696.07
*	Princor Financial Services	Registered Investment Company Prin Real Estate Secs R5 Fund	\$ 0.00	\$ 68,163.07
*	Princor Financial Services	Registered Investment Company Prin Bond & Mtg Secs R5 Fund	\$ 0.00	\$ 25,616.03
*	Princor Financial Services	Registered Investment Company Prin MidCap Growth III R5 Fund	\$ 0.00	\$ 21,107.10
	Professional Pensions, Inc.	Registered Investment Company American Funds New World A	\$ 0.00	\$ 221,672.68
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2020 R5 Fund	\$ 0.00	\$ 53,052.67
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2030 R5 Fund	\$ 0.00	\$ 59,251.01
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2040 R5 Fund	\$ 0.00	\$ 139,508.45
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2050 R5 Fund	\$ 0.00	\$ 26,870.18
*	Princor Financial Services	Registered Investment Company Prin LifeTime Str Inc R5 Fund	\$ 0.00	\$ 10,287.54
*	Princor Financial Services	Registered Investment Company Prin SmallCap Value I R5 Fund	\$ 0.00	\$ 86,203.23
	Columbia Funds	Registered Investment Company COLUMBIA MIDCAP VALUE A FUND	\$ 0.00	\$ 28,304.74
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2015 R5 Fund	\$ 0.00	\$ 25,852.41
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2025 R5 Fund	\$ 0.00	\$ 84,465.79
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2035 R5 Fund	\$ 0.00	\$ 86,987.70

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

CARDIOVASCULAR CONSULTANTS OF NEVADA 401(K)
RETIREMENT PLAN
EIN 88 0156903
PLAN NUMBER 002
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Princor Financial Services	Registered Investment Company Prin LifeTime 2045 R5 Fund	\$ 0.00	\$ 58,235.55
*	Princor Financial Services	Registered Investment Company PRIN LIFETIME 2055 R5 FUND	\$ 0.00	\$ 1,156.76
	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.25%	\$ 0.00	\$ 118,217.00

