## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.		
		dentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009	
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	nt plan
В	Γhis return/report is for:	first return/report	final retur	n/report		_	
		an amended return/report	short plan	year return/report (less than 12 mo	nths)		
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC prograi	m
	<b>3</b> · · ·	special extension (enter description	on)			ш	
Da	rt II Basic Plan Infor	mation—enter all requested inform					
		mation—enter all requested inform	lation		1h	Three-digit	
	Name of plan	ATES, PA DEFINED BENEFIT PLAN	J		טו	plan number	
· / \L	T BENOTI ON OLOGOT NOCOCII	ATEO, TABELLAED BENELTI TEA	•			(PN) <b>•</b>	002
					1c	Effective date of	plan
						01/01/20	
	•	ress (employer, if for single-employer	r plan)		2b	Employer Identifi	
PALI	I BEACH UROLOGY ASSOCIA	ATES, PA				(EIN) 65-0185	
00.47	OTATE DOAD 7 OUTE 404				2c	Plan sponsor's te	
	STATE ROAD 7, SUITE 101 LINGTON, FL 33449				2d	561-790 Business code (s	
					24	621111	see mandenons)
		l address (if same as Plan sponsor, e	enter "Same	9")	3b	Administrator's E	IN
PALI	I BEACH UROLOGY ASSOCIA	ATES, PA 3347 STATE WELLINGTO			_	65-0185	
		WELLINGTO	JIN, I L 334	43	3c	Administrator's to 561-790	
4 1	the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4h	EIN	-2111
		er from the last return/report. Sponso		port med for this plant, effect the	40	EIIN	
					4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		34
b	Total number of participants a	t the end of the plan year			5b		37
С	Total number of participants w	vith account balances as of the end o	f the plan y	ear (defined benefit plans do not			
					5c		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b		he annual examination and report of					X Yes □ No
		(See instructions on waiver eligibility					X Yes   No
Pa	rt III Financial Inform	ner 6a or 6b, the plan cannot use F	01111 5500-	SF and must mistead use Form 55	υυ.		
7	Plan Assets and Liabilities			(a) Baninning of Year		(la) <b>F</b> := al	of Voor
-			<b>-</b> -	(a) Beginning of Year 456044	+	(b) End	694056
	Total plan assets		. 7a		_		
b	·	71. ( 1' 7-)		45004			0
<u></u>		7b from line 7a)	. 7с	456044	-		694056
8	Income, Expenses, and Trans			(a) Amount		(b) T	otal
а	Contributions received or received (1) Employers	eivable from:	. 8a(1)	150000			
	• • • • • • • • • • • • • • • • • • • •				_		
		\$)					
b	, ,		1	92877	,		
_	` ,	8a(2), 8a(3), and 8b)		32011			242877
c d		rollovers and insurance premiums	. 00				242011
u			. 8d				
е	Certain deemed and/or correct	etive distributions (see instructions)	8e				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	4865	5		
g	Other expenses		8g				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)					4865
i		e 8h from line 8c)					238012
i		ee instructions)					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Charact	eristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period descri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repon line 10a.)			X				
С	Was the plan covered by a fidelity bond?	10с	X				-	70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	ee		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))					XY	es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th	e Code or se	ection 3	302 of	ERISA?	Υ	es >	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li		Г					
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year		-	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		-	12d	<b>_</b>	П		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Y	es >	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?					Y	es >	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to	)		-		
1	3c(1) Name of plan(s):		13	<b>c(2)</b> EI	N(s)	130	( <b>3</b> ) P	N(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable ca	use is	establ	ished.			
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this f, it is true, correct, and complete.							
פוכי	Filed with authorized/valid electronic signature. 10/06/2010 LARRY BI	JTCHER						
SIGI HER		me of individ	ual sig	ning as	s plan adr	ninistrato	r	

Date

Enter name of individual signing as employer or plan sponsor

## **SCHEDULE SB** (Form 5500)

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

						File as a	an attachn	ment to Form	5500 or	5500-	SF.					
Fo	cale	ndar p	olan year 2009	or fiscal plan y	ear	beginning 01	1/01/2009				and endi	ng 12/31	1/200	9		
•	Rour	nd off	amounts to r	nearest dollar.												
<b>•</b>	Caut	ion: A	penalty of \$1	,000 will be ass	ess	ed for late filing o	f this repo	rt unless reas	onable ca	use is	establishe	ed.				
		of pla		SSOCIATES, F	ΑΕ	DEFINED BENEFI	IT PLAN			В	Three-dig			•	002	
											piarriam	501 (1.11)		<u>,                                      </u>		
C	Plan s	nonse	nr's name as s	hown on line 2:	a of	Form 5500 or 550	00-SF			D	Employer I	dentificati	on N	umber (	(FIN)	
				SSOCIATES, F		1 0111 0000 01 000					0185096	aominaan	01111	aniboi (	(= •)	
E	Гуре с	of plan	: X Single	Multiple-A		Multiple-B	F	Prior year pla	an size: 🛚	100	or fewer	101-50	00	More t	than 500	
P	art I	В	asic Inforn	nation												
1			valuation date		/lon	th <u>12</u> D	Day31_	Year <u>1</u>	2009	_						
2	Ass	ets:														
	а	Mark	ket value									. 2a				543902
	b	Actu	arial value									. 2b				543902
3	Fur	ding 1	target/participa	ant count break	wob	/n			<b>(1)</b> N	lumbe	r of particip	ants		(2)	Funding Targe	t
	а	For	retired particip	ants and benef	icia	ries receiving pay	ment	3a				0				0
	b	For	terminated ve	sted participant	S			3b				7				2709
	С	For	active particip	ants:												
		(1)	Non-vested b	enefits				3c(1)								7456
		(2)	Vested benef	fits				3c(2)								575847
		(3)	Total active					3c(3)				30				583303
	d	Tota	al					3d				37				586012
4	If th	e plar	n is at-risk, che	eck the box and	cor	mplete items (a) a	ınd (b)									
	а	Fund	ding target dis	regarding preso	ribe	ed at-risk assumpt	ions			<u> </u>		. 4a				
	b					nptions, but disreg						4b				
5	Effe											. 5				6.72 %
6												. 6				208291
Sta			Enrolled Actu									1 - 1				
	accorda	ance wit	th applicable law a		opin	nis schedule and accom nion, each other assump nce under the plan.										
	SIGN													09/16/2	2010	
Г	ıLKI	_		0:	4	of octus				_						
LAV	/REN	CE S.	BUTCHER	Signa	ture	e of actuary				_				Date 08-058	343	
RSN	и мс	GLAD	REY RETIREI	Type or pr MENT RESOUR		name of actuary						Most re		enrollm 12-462-	nent number -6656	
			ACKER, SUIT 0606-1921		irm	name				_	Te	lephone r	numb	er (inclu	uding area cod	e)
				Add	ess	of the firm				=						
		•	as not fully refl	ected any regul	atio	n or ruling promul	lgated und	ler the statute	in comple	eting tl	nis schedu	e, check	the b	ox and	see	
ınstr	uction	S														_

Page <b>2-</b> 1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding bala	ances						
	•			-			(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		-	•		cable adjustments (Item 13 fr			4	46230			0
8	Portion (	used to d	offset prior year's	funding red	quirement (Item 35 from prior	year)		4	46230			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of 31.70 %							
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	<b>a</b> Exce	ss contr	ibutions (Item 38	from prior	year)							159840
	<b>b</b> Intere	est on (a	a) using prior year	's effective	e rate of6.54 %							10454
					year to add to prefunding balar							170294
	<b>d</b> Porti	on of (c)	to be added to p	efunding b	palance							81628
12					emed elections							
13	Balance	at begin	nning of current ye	ar (item 9	+ item 10 + item 11d – item 1	2)			0			81628
	art III		ding percenta									
14											14	77.95 %
15					ge						15	102.80 %
16					s of determining whether carry				to reduce	)		
	-		• •				-	•			16	100.00 %
17	If the cui	rrent val	ue of the assets o	f the plan	is less than 70 percent of the	funding tare	get, enter s	uch percentage			17	%
P	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contribu	tions ma	ade to the plan for	the plan y	rear by employer(s) and empl	oyees:						
(N	(a) Date IM-DD-YY		<b>(b)</b> Amount p employer		(c) Amount paid by employees	<b>(a)</b> D: (MM-DD-		<b>(b)</b> Amount pa employer(s		(0	-	nt paid by oyees
01	/01/2009			2149								
12	2/29/2009			26738								
07	//16/2010			57595								
09	/03/2010			63518								
						Totals ▶	18(b)		150000	18(c)		0
19	Discount	ted emp	loyer contributions	s – see ins	tructions for small plan with a	valuation d	late after th	ne beginning of the	year:			
	<b>a</b> Contri	butions	allocated toward	unpaid min	imum required contribution fr	om prior ye	ars		19a			0
	<b>b</b> Contri	butions	made to avoid res	strictions a	djusted to valuation date				19b			0
	<b>C</b> Contri	butions a	allocated toward mi	nimum req	uired contribution for current ye	ar adjusted	to valuation	date	19c			145443
20	Quarterly	y contrib	utions and liquidit	y shortfalls	3:							
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	<b>b</b> If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current year	made in a	timely man	ner?				Yes No
				-	ete the following table as app						_	<u> </u>
				<u> </u>	Liquidity shortfall as of en		r of this pla	n year				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1
						1			1			

Pa	rt V Assumptio	ons used to determine t	unding target and tar	rget n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %		3rd segment: 6.77 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	63
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed act	·	•	•		· · · · · · ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	ıctions r	egarding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instructi	ons regarding required	attachment.	X Yes No
27		or (and is using) alternative fur	9 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	tions f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29		contributions allocated toward	'		' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	m 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		adjusted, if applicable (see inst				31	213077
32	Amortization installme	ents:	·		Outstanding Bala	nce	Installment
	a Net shortfall amort	tization installment				68164	12876
	<b>b</b> Waiver amortization	on installment				0	0
33		approved for this plan year, en Day Year				33	0
34	0 1	ment before reflecting carryove	1 0			34	225953
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		87113	87113
36	Additional cash requir	rement (item 34 minus item 35	·)			36	138840
37		ed toward minimum required co	•	•		37	145443
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	6603
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	6 over it	em 37)	39	0
40	Unpaid minimum regu	uired contribution for all years				40	0

#### Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
01/01/2009	2,149	2009	6.72	2,293
12/29/2009	26,738	2009	6.72	26,748
07/16/2010	57,595	2009	6.72	55,608
09/03/2010	63,518	2009	6.72	60,794

### Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Palm Beach	Urology Associates, PA Defined Benefit Plan	EIN:	65-0185096
Plan Sponsor's Name	Palm Beach Urology Associates, PA	PN:	002
The weighted average reti	rement age is equal to the normal retirement age of63		
retirement age, including a	at each age and describe the methodology used to compute the description of the weight applied at each potential retirement ge is the later of age 63 or 5 years of plan page 15 descriptions.	age.	· ·

### Attachment to 2009 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Pa	lm Beach	Urology	Associat	es, PA	Defined	Benefit	Pl <b>ein:</b>	65-0185096	
Plan Sponsor's	Name Pal	m Beach	Urology	Associa	ates, PA		PN:	002	

				YEAR	S OF CREDITED	SERVICE			
Attained		Under 1			1 to 4			5 to 9	)
Age		Ave	erage		Ave	erage		Ave	erage
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25			-	1		-			- <del>-</del>
25 to 29				4					
30 to 34				5					
35 to 39				5					
40 to 44				3					
45 to 49				6					
50 to 54				4					
55 to 59				2					
60 to 64				0					
65 to 69				0					
70 & up				0					

				YEAF	RS OF CREDITED	SERVICE			
Attained		10 to 14			15 to 19			20 to 2	24
Age		Ave	rage	1	Ave	rage		Ave	erage
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25			<del>-</del>			-			-
25 to 29									
30 to 34									
35 to 39									
40 to 44									
45 to 49									
50 to 54									
55 to 59									
60 to 64									
65 to 69									
70 & up									

		YEARS OF CREDITED SERVICE											
Attained		25 to 29	9		30 to 34	4		35 to	39		40 &	up	
Age		Ave	rage		Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	
Under 25													
25 to 29													
30 to 34													
35 to 39													
40 to 44													
45 to 49													
50 to 54													
55 to 59													
60 to 64													
65 to 69													
70 & up													

#### Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

	Present Value of			
	Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
Shortfall	68,166	12/31/2009	6	12,876
		, - ,	-	,
	<del></del>			
	<del>                                     </del>		1	
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	+			
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## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachm	ent to Form	1 5500 or	5500-SF.			
For calendar plan year 2009 or fiscal plan year beginning	ng 01/0	01/2009		and endi	ng	12/	31/2009
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for la	te filing of this report	unless reas	onable ca	use is establishe	d.		
A Name of plan				B Three-digi	t		
				plan numb	er (PN)	<b>)</b>	002
Palm Beach Urology Associates, Pa	A Defined Ben	efit Pl	an				
C Plan sponsor's name as shown on line 2a of Form 55		TOTIC II		D Employer id	tontificat	ion Number (	CIND
The species of the second of t				Linployer it	Jennicai	ion muniosi (	EIN)
Palm Beach Urology Associates, PA	A			65-01850	096		
E Type of plan: X Single Multiple-A Multiple-	В	Prior year pla	an size: X	100 or fewer	101-50	00 More t	han 500
Part Basic Information							
1 Enter the valuation date: Month 1	2 Day 31	Year_	2009		•	***	
2 Assets:							A CONTRACTOR OF THE CONTRACTOR
a Market value					2a		543,902
b Actuarial value		·····			2b		543,902
3 Funding target/participant count breakdown			(1) Ni	umber of participa	ants	(2)	Funding Target
a For retired participants and beneficiaries rece	iving payment	. 3a			0		0
b For terminated vested participants		3b			7	•	2,709
C For active participants:			Part Mary Lands And	**************************************			
(1) Non-vested benefits		3c(1)		Separate Sep			7,456
(2) Vested benefits	****	3c(2)					575,847
(3) Total active					30		583,303
d Total					37		586,012
4 If the plan is at-risk, check the box and complete ite	ems (a) and (b)	***************************************					
a Funding target disregarding prescribed at-risk	assumptions	• • • • • • • • • • • • • • • • • • • •			4a		
<ul> <li>Funding target reflecting at-risk assumptions, tat-risk for fewer than five consecutive years at</li> </ul>	out disregarding trans nd disregarding loadir	sition rule for ng factor	r plans tha	nt have been	4b		
5 Effective interest rate					5		6.72 %
6 Target normal cost					6		208,291
Statement by Enrolled Actuary					"		
To the best of my knowledge, the information supplied in this schedule accordance with applicable law and regulations. In my opinion, each of combination, offer my best estimate of anticipated experience under the	ner assumption is reasonab	es, statements a le (taking into a	and attachme ccount the ex	nts, if any, is complete perience of the plan ar	and accura d reasonat	te. Each prescrib le expectations) :	ed assumption was applied in and such other assumptions, in
SIGN	3 1					//	,
HERE / CON /	ptil					9/16/1	
Signature of actua	ry					Date	
LAWRENCE S. BUTCHER						08-0584	13
Type or print name of a	ctuary				Most re	cent enrollme	nt number
RSM MCGLADREY RETIREMENT RESOURCES				<u> </u>	(3	312)462-	6656
191 NORTH WACKER, SUITE 1400				Tele	phone n	umber (includ	ding area code)
CHICAGO	IL 606	06-1921					
Address of the fire		********					
f the actuary has not fully reflected any regulation or ruling	promulgated under	the statute i	n completi	ing this schedule	, check t	ne box and s	ее П
nstructions							$\sqcup$

age	2-	
age	2-	

Pa	art II	Begir	ning of year	carryove	er and prefunding ba	lances							
							(a) (	Carryover balance		(b) i	Prefund	ing balan	ce
7		•			cable adjustments (Item 13			46,	230				0
8	Portion (	used to	offset prior year's	funding rec	uirement (Item 35 from pric	r year)		46,	230				0
9	Amount	remainii	ng (Item 7 minus i	tem 8)					0				0
10	Interest	on item	9 using prior year	's actual ret	turn of <u>31.70</u> %								
11	Prior yea	ar's exce	ess contributions t	o be added	to prefunding balance:								
	<b>a</b> Exce	ss conti	ributions (Item 38	from prior y	/ear)							159	9,840
	<b>b</b> Intere	est on (a	a) using prior year	s effective	rate of6.54_%							10	0,454
	<b>C</b> Total	availabl	e at beginning of c	urrent plan y	ear to add to prefunding bala	ance						170	0,294
	<b>d</b> Porti	on of (c)	to be added to p	refunding b	alance							8:	1,628
12	Reduction	n in bal	ances due to elec	tions or de	emed elections								
13	Balance	at begir	nning of current ye	ear (item 9 -	+ item 10 + item 11d - item	12)			0			8:	1,628
P	art III	Fun	ding percenta	ages									
14											14	77.	95 %
15			·		e						15	102.	
	Prior yea	ar's func	ling percentage fo	r purposes	of determining whether car	ryover/prefur	nding balar	nces may be used to			16	100.	
17					s less than 70 percent of the						17		%
	art IV		tributions an					, ,					
					ear by employer(s) and emp	Novees.							
	(a) Date		(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pai	d by	((	c) Amoi	ınt paid b	<u></u>
(N	IM-DD-YY	YYY)	employer	(s)	employees	(MM-DD-	·YYYY)	employer(s	)	·	emp	loyees	
0.2	L/01/2	009		2,149									
12	2/29/2	009		26,738									
0.	7/16/2	010		57,595									
0 9	9/03/2	010		63,518									
						Totals ▶	18(b)	15	0,000	18(c)			0
19	Discount	ed emp	loyer contributions	s - see inst	ructions for small plan with	a valuation o	date after th	· · · –					
	<b>a</b> Contri	butions	allocated toward	unpaid mini	mum required contribution f	rom prior yea	ars		19a				0
	<b>b</b> Contri	butions	made to avoid res	strictions ac	ljusted to valuation date				19b				0
	<b>C</b> Contri	butions a	allocated toward m	inimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			14!	5,443
20	Quarterly	y contrib	outions and liquidi	ty shortfalls	:								
	<b>a</b> Did th	e plan h	ave a "funding sh	ortfall" for t	he prior year?						[	Yes 2	X No
	<b>b</b> If 20a	is "Yes,	" were required q	uarterly inst	tallments for the current yea	ir made in a	timely man	ner?			[	Yes	No
	<b>C</b> If 20a	is "Yes,	" see instructions	and comple	ete the following table as ap	plicable:							
					Liquidity shortfall as of e	nd of Quarte		-					
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4t	h	
				İ		1			1				

Pa	rt V Assumptio	ns used to determine f	unding target and targe	t norma	l cost		
21	Discount rate:						
	<b>a</b> Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %		3rd segment: 6.77 %	,	N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	63
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribed	- separate	Substitut	e
Pa	rt VI Miscellane	ous items					
24	•	•	uarial assumptions for the curre	. ,	-		· ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruction	ns regardi	ng required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see inst	ructions re	garding required	attachment.	X Yes No
27	1	` "	nding rules, enter applicable co			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns for pr	ior years		
28	Unpaid minimum requ	uired contribution for all prior ye	ears			28	0
29			unpaid minimum required cont			29	0
30	Remaining amount of	unpaid minimum required cor	tributions (item 28 minus item 2	29)		30	0
Pa	rt VIII Minimum	required contribution t	for current year				
31		•	ructions)			31	213,077
32	Amortization installme	ents:	•		Outstanding Bala	ance	Installment
	a Net shortfall amort	ization installment				68,164	12,876
	<b>b</b> Waiver amortization	on installment				0	0
33			ter the date of the ruling letter o			33	0
34			er/prefunding balances (item 31			34	225,953
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		87,113	87,113
36	Additional cash requir	rement (item 34 minus item 35	)			36	138,840
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	sted to valu	uation date	37	145,443
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	6,603
39	Unpaid minimum requ	uired contribution for current ye	·)	39	0		
40	Unpaid minimum requ	uired contribution for all years.				40	0

#### Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
01/01/2009	2,149	2009	6.72	2,293
12/29/2009	26,738		6.72	26,748
07/16/2010	57,595	2009	6.72	55,608
09/03/2010	63,518	2009	6.72	60,794
05/05/2010	03,310	2007	0.72	00,751

#### Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Palm Beach	Urology Associates, PA Defined Benefit Plan	EIN:	65-0185096
Plan Sponsor's Name	Palm Beach Urology Associates, PA	PN:	002
The weighted average ret	irement age is equal to the normal retirement age of63		
retirement age, including a	at each age and describe the methodology used to compute the a description of the weight applied at each potential retirement age is the later of age 63 or 5 years of plan parents.	ige.	J

### Attachment to 2009 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name	Palm Bea	ach Urology	Associate	es, PA Define	ed Benefit	Pl <b>EiN:</b>	65-0185096	
Plan Sponso	r's Name	Palm Beach	Urology A	ssociates,	PA	PN:	002	

				YEAR	S OF CREDITED	SERVICE					
Attained		Under 1			1 to 4			5 to 9			
Age		Ave	erage		Average			Average			
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.		
Under 25			-	1		-			-		
25 to 29				4							
30 to 34				5							
35 to 39				5							
40 to 44				3							
45 to 49				6							
50 to 54				4							
55 to 59				2							
60 to 64				0							
65 to 69				0							
70 & up				0							

				YEA	RS OF CREDITED	SERVICE				
Attained		10 to 14			15 to 19			20 to 24		
Age		Ave	rage	1	Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

					YEARS	S OF CREDIT	TED SE	RVICE					
Attained		25 to 29	9		30 to 3	4		35 to	39		40 &	up	
Age		Ave	rage		Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	
Under 25													
25 to 29													
30 to 34													
35 to 39													
40 to 44													
45 to 49													
50 to 54													
55 to 59													
60 to 64													
65 to 69													
70 & up													

#### Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Type of Base Shortfall	68,166	12/31/2009	6	12,876
51101 61411	00,100	12/31/2007	<u> </u>	12,070
	+		+	
	+		1	
	+		+	
	<del>     </del>		1	
			†	
	+		+	
	+		+	
	<del></del>			
			1	
			1	
	+		+	
	+		+	
	<del></del>		1	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This Form is Open to Public Inspection

2009

OMB Nos. 1210-0110 1210-0089

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

SIGNA	art Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning	1/01/2	009 and ending		12/31/2009		
Α .	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
_	This return/report is for:	final retur			<b>_</b>		
_	an amended return/report		year return/report (less than 12 mor	nths)			
_	님 ' <b>片</b>	•	extension	10107	□ DEVC program		
C	Check box if filing under:     X   Form 5558		extension		DFVC program		
	special extension (enter description						
	Int II Basic Plan Information—enter all requested inform	ation			· · · · · · · · · · · · · · · · · · ·		
	Name of plan Palm Beach Urology Associates, PA			1b	Three-digit plan number		
	32				(PN) 002		
	Defined Benefit Plan			1c	Effective date of plan		
					01/01/2007		
2a	Plan sponsor's name and address (employer if for single-employer Palm Beach Urology Associates, PA	plan)		2b	Employer Identification Number		
	raim beach ofology Associates, ra			0-	(EIN) 65-0185096		
	2247 61 1 2 2 1 101			2C	Plan sponsor's telephone number (561) 790-2111		
	3347 State Road 7, Suite 101			2d	Business code (see instructions)		
	Wellington		FL 33449		621111		
3а	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN		
				30	Administrator's telephone number		
				JC	Administrator's telephone number		
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4-			
		·····		4c			
	5a Total number of participants at the beginning of the plan year			5a	34		
þ	b Total number of participants at the end of the plan year			5b	37		
С				5c			
C-							
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities	100 100 100 100 100 100 100 100 100 100	(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	456,04	4	694,056		
þ	Total plan liabilities	7b		0	0		
С	Net plan assets (subtract line 7b from line 7a)	7c	456,04	4	694,056		
8	Income, Expenses, and Transfers for this Plan Year	######################################	(a) Amount		(b) Total		
а	Contributions received or receivable from:		150 00	٠			
	(1) Employers	8a(1)	150,00	9	inds alog algunusus pala palabeta.		
	(2) Participants	8a(2)		74,070			
	(3) Others (including rollovers)						
b	Other income (loss)	8b	92,87	7			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		MANA	242,877		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7 A 7 A A A A A A A A A A A A A A A A A			
е	Certain deemed and/or corrective distributions (see instructions)	8e		107 96 76 V			
f	Administrative service providers (salaries, fees, commissions)	8f	4,86	5			
			4,00	4			
g	Other expenses (add lines 2d, 2c, 2f, and 2d)	8g			A O.C.		
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		65 55	4,865		
l :	Net income (loss) (subtract line 8h from line 8c)	8i	And the state of t	eggi sar	238,012		
J	Transfers to (from) the plan (see instructions)	8j					

	Form 5500-SF 2009	Page	: Z						
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the Lis	st of Plan Chara	cteris	stic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feati	ure codes from the Lis	t of Plan Chara	cteris	tic Cod	des in t	he instruction	ns:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ns within the time perionry Ty Correction Program	d described in	10a		Х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	, , , , , , , , , , , , , , , , , , ,			10c	Х				70,000
d		elity bond, that was cau	used by fraud	10d		Х	,		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  10e X								
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		Х			
•	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					A CONTROL OF THE PARTY OF THE P	The transfer of the second of	A CONTROL OF THE CONT	
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10ì			Company of the control of the contro	A MARIA CONTRACTOR AND	A A A A A A A A A A A A A A A A A A A
Pari	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see instru	ctions and com	plete	Sched	lule SB	(Form	X Ye	s No
12	Is this a defined contribution plan subject to the minimum funding req							Ye	s X No
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								_
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this plan y	Mont	tions	, and e	enter th Day	e date of th	e letter i Year	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule M				г				
b	b Enter the minimum required contribution for this plan year								
C	Enter the amount contributed by the employer to the plan for this plan					12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Par	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior year?						Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify th	ne pla	n(s) to	·		<del></del>	
	13c(1) Name of plan(s):			ļ. <u>.</u>	13c(2) EIN(s) 13c(3			(3) PN(s)	
				<u> </u>					
	tion: A penalty for the late or incomplete filing of this return/report								ala a di da
SB	er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well a ef, it is true, correct, and complete.	declare that I have ex as the electronic version	amined this return/ on of this return/	ırn/re repor	port, ii t, and	to the l	g, if applica best of my k	nowled	ge and
DEII	i, it is aloc, correct and complete.	Chalia	E.I.		4	7	Dan V.		
111 31 1000	SIGN 9/23/10 Echange K. Becker. HERE Streeture of plan administrator Date Enter name of individual signing as plan administrator								
HE	K⊑⊞ Simmature of plan administrator	Date   E	_mername of f	iuiviü	uai Sil	րուսայա	o pian autili	11-20-01-01	

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor

#### PALM BEACH UROLOGY ASSOCIATES, P.A. **DEFINED BENEFIT PLAN**

Summary of Plan Provisions Plan Year: 1/1/2009 to 12/31/2009

**Plan Effective Date** January 1, 2007

Plan Year From January 1 to December 31

**Eligibility** All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Union Employees, Nonresident Aliens and Leased Employees

**Normal Retirement Age** All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 63

Completion of 5 years of participation

**Normal Retirement Benefit** Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Group 1: Owners: 6.5% of avg compensation times years of

participation (max 13)

Group 2: Spouses of Owners: 0 percent of compensation times

credited service

Employees not included in the Group(s) above:

.5 percent of compensation times credited years

Credited years are plan years commencing with the year of entry and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

with a maximum of 30 years

Maximum benefit is \$16,250 per month

Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

# PALM BEACH UROLOGY ASSOCIATES, P.A. DEFINED BENEFIT PLAN

Summary of Plan Provisions Plan Year: 1/1/2009 to 12/31/2009

**Accrued Benefit** 

The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.

**Termination Benefit** 

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent				
1	0				
2	20				
3	40				
4	60				
5	80				
6	100				

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

**Top-Heavy Minimum Benefit** 

Top-heavy minimum benefits are provided under another plan of the

employer.

**Top-Heavy Status** 

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

**Death Benefit** 

Actuarial Equivalent of the accrued benefit earned to date of death

**Disability** 

Equal to present value of the accrued benefit