Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RADIOLOGY ASSOCIATES, L.L.P. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 04/01/1982

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

4444 CORONA, SUITE 200
CORPUS CHRISTI, TX 78465-5608

P.O. BOX 5608
CORPUS CHRISTI, TX 78465-5608

2b Employer Identification Number (EIN)
74-1087689

2c Sponsor's telephone number
361-882-7432

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.	10/11/2010	ELLIS KEITT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RADIOLOGY ASSOCIATES, LLP

4444 CORONA, SUITE 200
CORPUS CHRISTI, TX 78465-5608

3b Administrator's EIN
74-1087689

3c Administrator's telephone number
361-882-7432

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	194
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**	156
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	175
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
RADIOLOGY ASSOCIATES, L.L.P. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY ASSOCIATES, LLP

D Employer Identification Number (EIN)
74-1087689

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

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

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

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

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

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

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

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

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

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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	14400	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

APPROPRIATE BALANCE FINL SVCS

(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?
26 50	NONE	10935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIVERSIFIED PORTFOLIO MGT LLC

20-4023105

(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?
26 50	NONE	7024	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	4184	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
CHARLES SCHWAB & CO INC AND AFFIL	59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT	

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
RADIOLOGY ASSOCIATES, L.L.P. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RADIOLOGY ASSOCIATES, LLP

D Employer Identification Number (EIN)
74-1087689

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB STABLE VALUE FUND

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625180-001	C	889848

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
RADIOLOGY ASSOCIATES, L.L.P. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY ASSOCIATES, LLP

D Employer Identification Number (EIN)
74-1087689

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)	8371	
(2) Participant contributions	1b(2)	11727	
(3) Other	1b(3)	534	
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)	70526	85756
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	252830	256638
(9) Value of interest in common/collective trusts	1c(9)	1822608	889848
(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)	4179678	7391734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6001459	7330265

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12347733	15954241
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12347733	15954241

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)	336993	
	(B) Participants	2a(1)(B)	609627	
	(C) Others (including rollovers)	2a(1)(C)	1366	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		947986
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	15012	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15012
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	118545	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		118545
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		122218
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1386357
c Other income	2c		1191092
d Total income. Add all **income** amounts in column (b) and enter total	2d		3781210
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	130130	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		130130
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	44572	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44572
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		174702
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3606508
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: COLLIER, JOHNSON & WOODS, PC (2) EIN: 74-2520265

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
RADIOLOGY ASSOCIATES, L.L.P. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY ASSOCIATES, LLP

D Employer Identification Number (EIN)
74-1087689

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RADIOLOGY ASSOCIATES L.L.P
401(K) PROFIT SHARING PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2009

RADIOLOGY ASSOCIATES L.L.P
401(K) PROFIT SHARING PLAN

TABLE OF CONTENTS

	PAGE
Independent Auditor's Report	1
Financial Statements:	
Statement of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-13
Supplementary Schedules:	
Schedule 1 - Schedule of Assets Held for Investment at December 31, 2009	15-16
Schedule 2 - Schedule of Assets Held for Investment December 31, 2008	17-18
Schedule 3 - Schedule of Reportable Transactions at December 31, 2009	19

COLLIER, JOHNSON & WOODS, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

555 N. Carancahua, Suite 1000
Corpus Christi, Texas 78401-0839
361-884-9347 Fax 361-884-9422
www.cjw-cpa.com

INDEPENDENT AUDITOR'S REPORT

October 11, 2010

Radiology Associates, L.L.P. 401(K) Profit Sharing Plan
Corpus Christi, Texas

We were engaged to audit the financial statements of Radiology Associates, L.L.P. 401(K) Profit Sharing Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2009 and 2008 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by Section 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 3, which was certified by The Charles Schwab Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the December 31, 2009 and 2008 financial statements and supplementary schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee, as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the Plan administrator by the trustee 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Collier, Johnson & Woods

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2009	**2008**
Assets:		
Investments at Fair Value (Note 5):		
Common and Collective Trusts (Note 6)	889,848	1,822,608
Mutual Funds	7,391,734	4,179,678
Self-Directed Retirement Accounts	7,416,021	6,071,985
Participant Loans	256,638	252,830
Total Investments	15,954,241	12,327,101
Receivables:		
Employer Contribution	--	8,371
Employee Contribution	--	11,727
Other Receivables	--	534
Net Assets Available for Benefits at Fair Value	15,954,241	12,347,733
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contract (Note 6)	(6,098)	88,484
Total Assets	15,948,143	12,436,217
Liabilities	--	--
NET ASSETS AVAILABLE FOR BENEFITS	15,948,143	12,436,217

See Notes to Financial Statements.

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEAR ENDED DECEMBER 31,	
	2009	**2008**
Additions to Net Assets Attributed to:		
Investment Income:		
Realized and Unrealized Gain (Loss) on Investments (Note 5)	2,424,710	(4,730,931)
Dividends	277,943	454,918
Interest	35,989	33,461
Total Investment Income (Loss)	2,738,642	(4,242,552)
Contributions:		
Participants	609,627	603,806
Employer	336,993	348,679
Rollover	1,366	--
Total Contributions	947,986	952,485
Total Additions (Decreases)	3,686,628	(3,290,067)
Deductions to Net Assets Attributed to:		
Benefits Paid to Participants	130,130	1,299,693
Administrative Fees	44,572	56,325
Total Deductions	174,702	1,356,018
Net Increase (Decrease) in Net Assets Available for Benefits	3,511,926	(4,646,085)
Net Assets Available for Benefits, Beginning of Year	12,436,217	17,082,302
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	15,948,143	12,436,217

See Notes to Financial Statements.

RADIOLOGY ASSOCIATES, L.L.P
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1 - DESCRIPTION OF PLAN

The financial statements of the Radiology Associates, L.L.P. 401(k) Profit Sharing Plan (the "Plan") have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee retirement plans and in accordance with the terms of the trust agreement. The Plan is designed to hold and invest Plan assets for retirement benefits of the Plan participants. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory defined contribution plan covering all employees of Radiology Associates, L.L.P., who have attained the age of 19 and completed one year of service. The Plan became effective April 1, 1982. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Company contributes on behalf of each participant an amount elected by the participant in his or her salary modification agreement. The Plan provides for discretionary employer matching contributions. Additionally, the Plan provides for discretionary employer contributions. Amounts forfeited during the Plan year shall be used to reduce matching contributions.

Participant Accounts

Each participant's account is credited with an allocation of participant contributions, the employer contribution and Plan earnings. Allocations of discretionary employer contributions, if any, will be allocated to participants, based on the ratio of each participant's compensation to total compensation of all eligible participants. Allocations of Plan earnings are based upon the ratio of each participant's average account balance to the total of all participants' average account balances, except for self-directed accounts. Each self-directed account is allocated its earnings on its separately maintained brokerage account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Note 1 - DESCRIPTION OF PLAN - (Continuation)

Vesting

Participants are immediately vested in elective contributions, rollover contributions, and transfer contributions, plus or minus any earnings or losses. Any contribution not listed in the previous sentence will vest as follows:

YEARS OF SERVICE	VESTING PERCENTAGE
1	0%
2	40%
3	60%
4	80%
5	100%

Payment of Benefits

Benefits are distributable upon termination or retirement. Normal retirement age under the Plan is sixty-five. Benefits are normally paid in a lump sum. The participant may elect an alternative form of payment.

Forfeited Accounts

At December 31, 2009 and 2008, forfeited non-vested accounts totaled $11,140 and $24,381 respectively. These accounts will be used to reduce future employer contributions.

Note 2 – SUMMARY OF ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 11, 2010, which is the date the financial statements were available to be issued.

Application of Recent Accounting Pronouncement

In June 2009, the Financial Accounting Standards Board (the "FASB") issued Statement of Financial Accounting Standards No. 168, "The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles" as the single source of authoritative accounting principles recognized by the FASB to be applied in the preparation of financial statements in conformity with generally accepted accounting principles in the United States applied by nongovernmental entities. SFAS No. 168 and the FASB Accounting Standards Codification ("ASC") are effective for interim or annual financial periods ending after September 15, 2009. The Company adopted SFAS No. 168 and the ASC for its fiscal year ended December 31, 2009.

Note 2 – SUMMARY OF ACCOUNTING POLICIES - (Continuation)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Basis of Accounting

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

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. 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. Contract values are determined using a discounted cash flow valuation methodology where the interest rate is reset at least as frequently as annually.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan’s gains and losses on investments bought and sold as well as held during the year.

Gains and losses on the sale of investments in registered investment company funds are computed using the weighted average cost method.

Administrative Expenses

Administrative expenses are paid by the Plan unless paid by the Employer.

Note 3 - INFORMATION CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, Charles Schwab Trust Company:

	2009	2008
Investments:		
Common and Collective Trust, at Contract Value	883,750	1,911,092
Mutual Funds, at Fair Value	7,391,734	4,179,678
Self - Directed Retirement Accounts, at Fair Value	7,295,305	5,871,270
TOTAL INVESTMENTS	15,570,789	11,962,040
Investment Income (Loss)	2,818,642	(4,242,552)

Note 4 – FAIR VALUE MEASUREMENTS

FASB ASC 820 "Fair Value Measurements and Disclosures," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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

Note 4 – FAIR VALUE MEASUREMENTS - (Continuation)

The Plan's investments at December 31, 2009 and 2008 are reported at fair value in the accompanying statement of net assets available for benefit.

		FAIR VALUE MEASUREMENTS AT REPORTING DATE USING:		
	FAIR VALUE	QUOTED PRICES IN ACTIVE MARKET FOR IDENTICAL ASSETS (LEVEL 1)	SIGNIFICANT OTHER OBSERVABLE INPUTS (LEVEL 2)	SIGNIFICANT UNOBSERVABLE INPUTS (LEVEL 3)
DECEMBER 31, 2009				
Common and Collective Trusts	889,848	--	888,214	1,634
Mutual Funds	7,391,734	7,391,734	--	--
Self-Directed Retirement Accounts:				
Investments Held by Schwab	7,295,445	7,216,336	79,109	--
Limited Partnerships Held Outside of Schwab	120,576	--	--	120,576
Loans to Participants	256,638	--	--	256,638
TOTAL	15,954,241	14,608,070	967,323	378,848
DECEMBER 31, 2008				
Common and Collective Trusts	1,822,608	--	1,819,295	3,313
Mutual Funds	4,179,678	4,179,678	--	--
Self-Directed Retirement Accounts:				
Investments Held by Schwab	5,871,409	5,794,591	76,818	--
Limited Partnerships Held Outside of Schwab	200,576	--	--	200,576
Loans to Participants	252,830	--	--	252,830
TOTAL	12,327,101	9,974,269	1,896,113	456,719

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at the end of the year. The fair value of the money market fund in the Self-Directed Retirement Accounts is based on a dollar for dollar value of the cash reserves in the account. The money market fund seeks to preserve the value on a $1 investment at $1 per share. The fair value of the common stocks and the Unit Investment Trust funds in the Self-Directed Retirement Accounts are based on available quoted market prices. The Unit Investment Trust funds are comprised of various Exchange Traded Funds (ETFs) which trade on stock exchanges much like stocks.

Note 4 – FAIR VALUE MEASUREMENTS - (Continuation)

Level 2 Fair Value Measurements

The fair value of corporate bonds in the Self–Directed Retirement Accounts for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

The fair value of certain units of Common and Collective Trusts are based on significant other observable inputs. Underlying investments held in Separate Account # 1 and Separate Account # 2 include corporate bonds, foreign corporate securities, asset-backed obligations, U.S. government agency securities, U.S. treasury obligations, and commercial paper. The fair value of the collective trust fund is the respective net asset values reported by the fund daily.

Level 3 Fair Value Measurement

The fair value of certain units of Common and Collective Trusts that are not actively traded and significant other observable inputs are not available is based on the fair value of the underlying wrap contracts (synthetic GICs) which is determined using a discounting methodology. The fair value of the collective trust fund is the respective net asset values reported by the fund daily.

The shares of the limited liability partnership included in the Other Assets Outside of Schwab are not actively traded and significant other observable inputs are not available. The fair value of the limited liability partnership represents the related party issuer's estimate of the net cash that would be distributed if the partnership was liquidated. It is calculated by deducting the total debt from the estimated sale price net of selling costs estimated at 7% of the estimated sale price.

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Note 4 – FAIR VALUE MEASUREMENTS - (Continuation)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) at December 31, 2009 and 2008:

	COMMON AND COLLECTIVE TRUSTS	OTHER ASSETS HELD OUTSIDE OF SCHWAB	PARTICIPANT LOANS	TOTAL
DECEMBER 31, 2009				
Beginning Balance	3,313	200,576	252,830	456,719
Total Gains or Losses (Realized and Unrealized) included in Changes in Net Assets Available for Benefits	(11)	(80,000)	--	(80,011)
Purchases, Sales, Issuances, and Settlements (Net)	(1,668)	--	3,808	2,140
ENDING BALANCE	1,634	120,576	256,638	378,848
Total Gains or Losses for the Year included in Changes in Assets Available for Benefits Attributable to the Change in Unrealized Gains or Losses Relating to Investments Still Held at the Reporting Date	(11)	--	--	(11)
DECEMBER 31, 2008				
Beginning Balance	--	195,862	237,599	433,461
Total Gains or Losses (Realized and Unrealized) included in Changes in Net Assets Available for Benefits	--	4,714	--	4,714
Purchases, Sales, Issuances, and Settlements (Net)	3,313	--	15,231	18,544
ENDING BALANCE	3,313	200,576	252,830	456,719
Total Gains or Losses for the Year included in Changes in Assets Available for Benefits Attributable to the Change in Unrealized Gains or Losses Relating to Investments Still Held at the Reporting Date	161	14	--	175

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 and 2008, are reported in Realized and Unrealized Gain (Loss) on Investments.

Note 5 - INVESTMENTS

The following presents the fair values of investments. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2009	2008
Participant - Directed Accounts -		
Common and Collective Trusts:		
Schwab Stable Value Fund	889,848	1,822,608
Mutual Funds:		
Buffalo Small Cap	715,649	206,403
Growth Fund of America	667,750	449,710
Schwab 1000 Index INV	1,563,226	723,427
Other Participant- Directed Mutual Funds	4,445,109	2,800,138
Total Mutual Funds	7,391,734	4,179,678
Self-Directed Retirement Accounts -		
Schwab Money Market	1,701,766	1,368,553
Other Self-Directed Retirement Accounts	5,714,255	4,703,432
Total Self-Directed Retirement Accounts	7,416,021	6,071,985
Loans to Participants	256,638	252,830
TOTAL INVESTMENTS	15,954,241	12,327,101

In 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,424,710 in 2009 and depreciated by $4,730,931 in 2008.

Note 6 – COMMON AND COLLECTIVE TRUSTS

The Plan has a benefit-responsive investment contract with Charles Schwab Investment Management, Inc (Schwab Investment Management). Schwab Investment Management maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the trust statements at contract value and adjusted to fair value on the financial statements, as reported to the Plan by Schwab Investment Management. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Schwab Stable Value Fund provides a guarantee of principal and a guaranteed interest rate backed by the entire general account assets of Schwab Investment Management.

Note 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY - (Continuation)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2009 and 2008 was $883,750 and $1,911,092 respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent to ensure that participant's principal and accrued interest will be protected. Such interest rates are reviewed on a monthly or quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

	2009	2008
Average Yields:		
Based on Annualized Earnings (1)	2.65%	5.25%
Based on Interest Rate Credited to Participants (2)	3.06%	3.72%

(1) Computed by dividing the annualized earnings of all investments in the Fund, irrespective of the interest rate credited to participants in the Fund, by the fair value of all investments in the Fund for the year ended December 31, 2009 and 2008.

(2) Computed by dividing the annualized earnings of all investments in the Fund, with an adjustment to reflect the interest rate credited to participants in the Fund, by the fair value of all investments in the Fund for the year ended December 31, 2009 and 2008.

Note 7 – TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds and collective investment trust funds managed by Charles Schwab Investment Management, Inc. and Charles Schwab Trust Company. Charles Schwab Trust Company is the Trustee for the Plan and therefore qualifies as a related party.

Certain Plan investments held outside of Schwab are limited partnership investments brokered and managed by Sherron Associates on behalf of a Self-Directed Account participant. This investment relationship qualifies Sherron Associates as a related party.

Note 8- INVESTMENT PROGRAMS

All investments of the Plan are participant-directed. The Plan currently sponsors over thirty investment options for participants. Participants are allowed to change their investment election at any time.

Note 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 Plan termination or complete discontinuance of contributions, participants will become 100% vested in their accounts.

Note 10 - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designated.

Note 11 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 12 – PLAN AMENDMENTS

On January 1, 2008, the Plan adopted the Automatic Deferral Provision of the Pension Protection Act of 2006. Under the Automatic Deferral Provision, an Eligible employee is automatically enrolled in the Plan at a specific pretax contribution percentage (Automatic Deferral Amount) unless the employee specifically opts out. The minimum permitted elective deferral amount for each Eligible participant is set at one percent of the employee’s compensation.

Note 13 – RECONCILATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net increase (decrease) in net assets per the financial statements for the years ended December 31, 2009 and 2008 to the Schedule H of Form 5500:

	2009	2008
Net Increase (Decrease) in Net Assets Per Financial Statements	3,511,926	(4,646,085)
Adjustment from Fair Value to Contract Value for Fully Benefit Reposnsive Investment Contracts at		
Beginning of the Year	88,484	--
End of the Year	6,098	(88,484)
NET INCOME PER FORM 5500	3,606,508	(4,734,569)

SUPPLEMENTARY SCHEDULES

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

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

DECEMBER 31, 2009

EIN 74-1087689, Plan Number 333

(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
*	Schwab Stable Value Fd Adv.	Common/Collective Trust Fund at Fair Value	883,750	889,848
	American Beacon Sm Cap Val	Registered Investment Company Mutual Fund	315,933	412,494
	Aston/Optimum Mid Cap N	Registered Investment Company Mutual Fund	478,678	526,014
	Barclays GL INV Lifepath 2010	Registered Investment Company Mutual Fund	--	--
	Blackrock Lifepath 2020 I	Registered Investment Company Mutual Fund	592,106	566,308
	Blackrock Lifepath 2030 I	Registered Investment Company Mutual Fund	404,187	355,358
	Blackrock Lifepath 2040 I	Registered Investment Company Mutual Fund	146,034	146,558
	Blackrock Lifepath Ret I	Registered Investment Company Mutual Fund	296,792	297,793
	Buffalo Small Cap	Registered Investment Company Mutual Fund	643,597	715,649
	Europacific Growth R3	Registered Investment Company Mutual Fund	548,541	547,255
	Federated Mid-Cap Fund	Registered Investment Company Mutual Fund	221,311	299,581
	Growth Fund of America R3	Registered Investment Company Mutual Fund	685,743	667,750
	JP Morgan Core Bond Fund	Registered Investment Company Mutual Fund	569,844	587,769
	Loomis Sayles Global Bond CL R	Registered Investment Company Mutual Fund	124,358	130,533
*	Schwab 1000 Index INV	Registered Investment Company Mutual Fund	1,459,781	1,563,226
	Sound Shore Fund	Registered Investment Company Mutual Fund	517,590	440,909
	Virtus Real Estate Sec A	Registered Investment Company Mutual Fund	138,755	134,537
	Total Mutual Funds		7,143,250	7,391,734

(Continued)

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

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

DECEMBER 31, 2009

EIN 74-1087689, Plan Number 333

(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
	Personal Choice Retirement Accounts	Self- Directed Brokerage Accounts	7,329,310	7,295,445
*	Sherron Associates (Vista Highlands) L.L.C	Limited Partnership Held Outside of Schwab	--	--
*	NAP/Springman Fund XI L.L.C	Limited Partnership Held Outside of Schwab	--	52,500
*	Sherron Associates (Oates Creek) Fund, L.P	Limited Partnership Held Outside of Schwab	--	19,700
*	Belmont/Republican Associates L.L.C	Limited Partnership Held Outside of Schwab	--	23,600
	Vestland Center V-A Ltd	Limited Partnership Held Outside of Schwab	--	24,776
	Total Self-Directed Retirement Accounts		7,329,310	7,416,021
*	Participant Loans	Participant Loan, Rates Ranging from 3.25% to 8.25%	--	256,638
	TOTAL INVESTMENTS		15,356,310	15,954,241

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

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

DECEMBER 31, 2008

EIN 74-1087689, Plan Number 333

(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
*	Schwab Stable Value Fd Adv.	Common/Collective Trust Fund at Fair Value	1,911,092	1,822,608
	American Beacon Sm Cap Val	Registered Investment Company Mutual Fund	80,160	49,405
	Aston/Optimum Mid Cap N	Registered Investment Company Mutual Fund	518,523	334,085
	Barclays GL INV Lifepath 2010	Registered Investment Company Mutual Fund	277,871	224,316
	Barclays GL INV Lifepath 2020	Registered Investment Company Mutual Fund	633,160	494,220
	Barclays GL INV Lifepath 2030	Registered Investment Company Mutual Fund	441,320	305,833
	Barclays GL INV Lifepath 2040	Registered Investment Company Mutual Fund	119,384	89,632
	Barclays GL INV Lifepath Ret	Registered Investment Company Mutual Fund	11,357	10,076
	Buffalo Small Cap	Registered Investment Company Mutual Fund	303,564	206,403
	Europacific Growth R3	Registered Investment Company Mutual Fund	455,228	309,592
	Federated Mid-Cap Fund	Registered Investment Company Mutual Fund	27,110	20,512
	Growth Fund of America R3	Registered Investment Company Mutual Fund	651,907	449,709
	JP Morgan Core Bond Fund	Registered Investment Company Mutual Fund	441,492	442,047
	Loomis Sayles Global Bond CL R	Registered Investment Company Mutual Fund	95,129	84,116
*	Schwab 1000 Index INV	Registered Investment Company Mutual Fund	971,422	723,427
	Sound Shore Fund	Registered Investment Company Mutual Fund	497,651	321,541
	Virtus Real Estate Sec A	Registered Investment Company Mutual Fund	177,536	114,764
	Total Mutual Funds		5,702,814	4,179,678

(Continued)

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

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

DECEMBER 31, 2008

EIN 74-1087689, Plan Number 333

(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
	Personal Choice Retirement Accounts	Self- Directed Brokerage Accounts	5,871,270	5,871,409
*	Sherron Associates (Vista Highlands) L.L.C	Limited Partnership Held Outside of Schwab	--	26,100
*	NAP/Springman Fund XI L.L.C	Limited Partnership Held Outside of Schwab	--	87,800
*	Sherron Associates (Oates Creek) Fund, L.P	Limited Partnership Held Outside of Schwab	--	34,600
*	Belmont/Republican Associates L.L.C	Limited Partnership Held Outside of Schwab	--	27,300
	Vestland Center V-A Ltd	Limited Partnership Held Outside of Schwab	--	24,776
	Total Self-Directed Retirement Accounts		5,871,270	6,071,985
*	Participant Loans	Participant Loan, Rates Ranging from 5% to 8.25%	--	252,830
	TOTAL INVESTMENTS		13,485,176	12,327,101

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

SCHEDULE H, Line 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2009

EIN 74-1087689, Plan Number 333

	(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (a) - Single Transactions in Excess of 5 Percent of Plan Assets					NONE			
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets								
*	Schwab Stable Value Fund Adv.	Collective Trust Fund	1,230,103	2,284,976	--	2,272,713	--	12,263
*	Schwab 1000 Index Inv.	Mutual Fund	1,716,688	1,077,836	--	1,228,329	--	(150,493)
	TOTAL		2,946,791	3,362,812	--	3,501,042	--	(138,230)

RADIOLOGY ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN
Schedule C, Part 1, Line 3 - Service Provider Indirect Compensation Information
December 31, 2009

EIN: 74-1087689
Plan Number: 333

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
American Beacon	75-2401150	Rate of 0.40% of average daily balance of asset(s)
American Funds	95-1411037	Rate of 0.60% of average daily balance of asset(s)
Aston	20-4747475	Rate of 0.40% of average daily balance of asset(s)
BlackRock	51-0318674	Rate of 0.50% of average daily balance of asset(s)
Buffalo	48-1069845	Rate of 0.40% of average daily balance of asset(s)
Federated	25-1111467	Rate of 0.25% of average daily balance of asset(s)
JPMorgan	13-2624428	Rate of 0.40% of average daily balance of asset(s)
Natixis Funds	04-3200027	Rate of 0.35% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.10 - 0.50% of average daily balance of assets
Sound Shore	06-1332926	Rate of 0.40% of average daily balance of asset(s)
Virtus	95-4191764	Rate of 0.60% of average daily balance of asset(s)

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Advisor Series Trust	Not Available	Rate of 0.40% of average daily balance of asset(s)
AllianceBernstein	13-3191825	Rate of 0.40% of average daily balance of asset(s)
Allianz Funds	33-0457728	Rate of 0.40% of average daily balance of asset(s)
American Funds	95-1411037	Rate of 0.35% of average daily balance of asset(s)
Baron Capital Group	13-3122938	Rate of 0.40% of average daily balance of asset(s)
BlackRock	51-0318674	Rate of 0.50% of average daily balance of asset(s)
Direxion Funds	13-4143904	Rate of 0.40% of average daily balance of asset(s)
DWS Investments	13-3241232	Rate of 0.40% of average daily balance of asset(s)
First Eagle	13-3392291	Rate of 0.40% of average daily balance of asset(s)
Heartland	39-1572323	Rate of 0.50% of average daily balance of asset(s)
Invesco Aim	76-0528004	Rate of 0.40% of average daily balance of asset(s)
Janus	43-1804048	Rate of 0.33% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Rate of 0.35% of average daily balance of asset(s)
Merk Funds	01-0516963	Rate of 0.40% of average daily balance of asset(s)
ProFunds	52-2035194	Rate of 0.40% of average daily balance of asset(s)
Rydex/SGI	48-0409770	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.25% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.01% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: **Radiology Associates, L.L.P.**
NAME OF PLAN: **Radiology Associates, L.L.P. 401(k) Profit Sharing Plan**
EIN: **74-1087689**
PLAN NUMBER: **333**

(a)	(b) Identity of issue, 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
*	PARTICIPANT LOANS	Loans (3.25% - 8.25%)		256,638
*	SCHWAB STABLE VALUE FUND	Common Collective Trust Fund		889,848
	PCRA	Self-Directed Brokerage Account		7,234,465
	AMERICAN BEACON SMCAP VAL INV	Registered Investment Company		412,494
	ASTON/OPTIMUM MID CAP N	Registered Investment Company		526,014
	BLACKROCK LIFEPATH 2020 I	Registered Investment Company		566,308
	BLACKROCK LIFEPATH 2030 I	Registered Investment Company		355,358
	BLACKROCK LIFEPATH 2040 I	Registered Investment Company		146,558
	BLACKROCK LIFEPATH RET I	Registered Investment Company		297,793
	BUFFALO SMALL CAP	Registered Investment Company		715,649
	EUROPACIFIC GROWTH R3	Registered Investment Company		547,255
	FEDERATED MID-CAP FUND	Registered Investment Company		299,581
	GROWTH FUND OF AMERICA R3	Registered Investment Company		667,750
	JP MORGAN CORE BOND FUND SEL	Registered Investment Company		587,768
	LOOMIS SAYLES GLOBAL BOND CL R	Registered Investment Company		130,533
*	SCHWAB 1000 INDEX FUND	Registered Investment Company		1,563,226
	SOUND SHORE FUND	Registered Investment Company		440,908
	VIRTUS REAL ESTATE SEC A	Registered Investment Company		134,537
	LIMITED PARTNERSHIP	Limited Partnership		175,800.00
	VESTLAND CENTER V-A LTD.	Limited Partnership		24,776
	KINDER MORGAN ENERGY PARTNERSHIP	Limited Partnership		60,980

RADIOLOGY ASSOCIATES, L.L.P.
401 (K) PROFIT SHARING PLAN

SCHEDULE H, Line 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2009

EIN 74-1087689, Plan Number 333

	(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (a) - Single Transactions in Excess of 5 Percent of Plan Assets					NONE			
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets								
*	Schwab Stable Value Fund Adv.	Collective Trust Fund	1,230,103	2,284,976	--	2,272,713	--	12,263
*	Schwab 1000 Index Inv.	Mutual Fund	1,716,688	1,077,836	--	1,228,329	--	(150,493)
	TOTAL		2,946,791	3,362,812	--	3,501,042	--	(138,230)