	Form 5500-SF		eturn/l Benefit	Report of Small Emplo	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service			2009				
En	Department of Labor nployee Benefits Security Administration	This form is required to be file Retirement Income Security A Internal R						
	ension Benefit Guaranty Corporation			h the instructions to the Form 550	Inspection			
Pa	art I Annual Report Id	entification Information			0-01.			
For	calendar plan year 2009 or fisca		9	and ending	2/31/2	2009		
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В -	This return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/report (less than 12 mc	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descriptio	n)			—		
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation					
1a	Name of plan				1b	Three-digit		
EAST	FEND CARDIOLOGY PROFIT	SHARING PLAN & TRUST				plan number (PN) ▶ 001		
					10	Effective date of plan		
						01/01/1989		
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-3198990		
	E MAIN STREET				2c	Plan sponsor's telephone number 631-727-2100		
	RHEAD, NY 11901				2d	Business code (see instructions) 621399		
	Plan administrator's name and	address (if same as Plan sponsor, en 1279 E MAIN		e")	3b	Administrator's EIN 11-3198990		
LAG		RIVERHEAD		1	3c	Administrator's telephone number		
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	631-727-2100 EIN		
		r from the last return/report. Sponso						
					-	PN		
		the beginning of the plan year			5a	53		
b		the end of the plan year			5b	4		
С		th account balances as of the end of		· ·	5c	4		
6a		uring the plan year invested in eligibl				Yes No		
b		e annual examination and report of a						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No		
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm of	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	460327	6	31142		
b	Total plan liabilities		7b		0	0		
С	Net plan assets (subtract line 7	b from line 7a)	7c	460327	31142			
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or received		80(1)	2802				
			8a(1) 8a(2)	4353				
					0			
b	., ,			11126	_			
C		3a(2), 8a(3), and 8b)				182824		
d		ollovers and insurance premiums						
	· ,		8d	475495	В			
e		ve distributions (see instructions)	8e		0			
f	•	s (salaries, fees, commissions)			0			
g h	·				0	475 4050		
n i		3e, 8f, and 8g)				4754958 4572134		
i		8h from line 8c) e instructions)				1012104		
,			8j		0			

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	Х				2	400000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		×				
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	Х					0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver						er rulir	0
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a	·			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Π	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							_
13c(1) Name of plan(s):					N(s)	1	3c(3)	PN(s)
Caut	ion. A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ise is	establi	ished			

Sudition. A penalty for the face of moomplete ming of the retarm oper win be assessed unless reasonable sudde is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/14/2010	WILLIAM CLEMANS
HERE	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

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P.3/6

ŗ	Form 5500-SF	Short Form Annual R	leturn/Re	əpo	t of Small Employ	60		OMB Nos. 1210-0110 1210-0089		
Ben				rian			2009			
	A STREET, STRE	This form is required to be fig Retirement income Security	Act of 1974 (E	RIS/	b_1 and section 6068(a) of the	-	This Form is Open to Public			
Bmp	Department of Labor leven Banafita Security Administration	1 1110000000000000000000000000000000000	Ketaline And	e (nid	aaaa,		Ina	paction		
Par	nelon Benefit Querenty Corporation	Complete all entries in accor	dance with t	ne In						
Pa	alendar plan yaar 2009 or filso	entification information	01/01/200	<u>.</u> 60	and anding		12/31/200			
		X single-amployer plan	multipie-em	ploya	pian (not multiemployer)	[ona-participa	nt plan		
	nia return/report la for: his return/report la for:	first return/repart	final raturn/i							
ВТ	UIS (atri intehéit is iai:	an amended return/report] short plan y	GAT I	jurn/report (less than 12 mo	iths)	···			
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		apeolal extension (enter descripti								
Pa	t II & Basic Plan Infor	mation-enter all requested inform	nation			1h	Three-digit			
		Y PROFIT SHARING FLAN	& TRUST	į		1.	plan number	0.01		
h	CAST END CARDIOLOG						(PN)	001		
						10	Effective date of 01/01/198			
_		rene (amplower if for storia-amplowa	r plan)			2b	Employer Ident	ification Number		
2a]	EAST PEND CARDIOLOG	(eas (employer, if for single-amploye	· F·-··				(EIN) 11-319	telephone number		
							(631)727-	2100		
:	1279 E MAIN STREET					2d	Business code 621,399	(see Instructions)		
<u> </u>	RIVERHEAD				NY 11901	35	Administrator's	EIN		
38,	Plan administrator's name and	i address (if same as Plan sponsor,	eutel "Rema")						
						30	Administrator's	telephone number		
		ten unseres has chendled since the	ast return/rep	art fil	d for this plan, enter the	45	EIN			
4 11	the name and/or EIN of the p ama, EIN, and the plan numb	lan sponsor has changed since the li or from the last return/report. Spons	ast return/rep or's name	art fil	d for this plan, enter the					
ſ	ama, EIN, and the plan nump	er itom itte iser terminneholt. Obone				4c		Ę		
ר <u>את</u>	ame, EiN, and the plan nump	at the beginning of the plan year				4c 5a		Ę		
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Form 6600-SF 2009								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature 9a If the plan provides pension benefits, enter the applicable welfare feature b If the plan provides welfare benefits, enter the applicable welfare feature	ra codes fron	the List of Pie	an Charac	cteristi teristi	c Ced 5 Code	es in the	a instructio Instruction	ns:
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Rart V Compliance Questions					Yes	No	<u> </u>	mount
60 During the pisa Vest	s within the ti	e period desc	ribed in	10a		x		
29 CFR 2510,3-1027 (Gee management and the later to the later to (D)	in not Individe	transactions r	eboiran I	10Þ		X		
b Were there any nonexempt transactions with any party-in-interest r (or on line 10s.)	******			100	x			400,000
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2520.101-S.)	very list not	or one of the		101				
I if 10h was answered "Yes," check the box if you either provided that exceptions to providing the notice applied under 29 CFR 2520,101-3				1.101	<u> </u>	ļ	(AND	
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