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;
- [X] 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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GREATER HOUSTON ANESTHESIOLOGY, P.A

2411 FOUNTAIN VIEW DRIVE, SUITE 200
HOUSTON, TX 77057

2b Employer Identification Number (EIN) 76-0482007

2c Sponsor's telephone number 713-458-4120

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.	10/14/2010	JON REECE THOMPSON
	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")
GREATER HOUSTON ANESTHESIOLOGY, P.A

2411 FOUNTAIN VIEW DRIVE, SUITE 200
HOUSTON, TX 77057

3b Administrator's EIN
76-0482007

3c Administrator's telephone number
713-458-4120

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**	515
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**	460
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	527
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	527
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	522
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 3B 3D 3H

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	**B** Three-digit plan number (PN) ▶
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401K PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
GREATER HOUSTON ANESTHESIOLOGY, P.A	76-0482007

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

THE VANGUARD GROUP, INC.

23-1945930

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

UHY LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	55314	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

STANDRAD INSURANCE COMPANY

25-1838406

(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?
	NONE	19481	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A

D Employer Identification Number (EIN)
76-0482007

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: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
23-2186884-022	C	1769958

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

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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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A

D Employer Identification Number (EIN)
76-0482007

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	48403	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1230841	1296396
(2) Participant contributions	1b(2)	338892	336925
(3) Other	1b(3)	47958	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	17249	17767
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		25837
(B) All other	1c(3)(B)		44566
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	70524	74665
(B) Common	1c(4)(B)	7162867	9249192
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	729696	820177
(9) Value of interest in common/collective trusts	1c(9)	680888	1769958
(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)	56616073	78252075
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	66943391	91887558
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	10816	4508
k	Total liabilities (add all amounts in lines 1g through1j)	1k	10816	4508
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	66932575	91883050

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)	5568821	
	(B) Participants	2a(1)(B)	5285862	
	(C) Others (including rollovers)	2a(1)(C)	14516	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10869199
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)	396	
	(C) Corporate debt instruments	2b(1)(C)	2048	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	48071	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50515
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	15126	
	(B) Common stock	2b(2)(B)	190077	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1588383	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1793586
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5743597	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5113411	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		630186

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1999779	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1999779
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		67349
	(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)		12872178
c	Other income	2c		2100
d	Total income. Add all **income** amounts in column (b) and enter total	2d		28284892
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3130164	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)	125599	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3255763
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)	78654	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		78654
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3334417
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		24950475
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: UHY LLP **(2)** EIN: 20-0694403

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		7180266
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			

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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A

D Employer Identification Number (EIN)
76-0482007

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**

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): 23-2186884

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):

UHY LLP
Certified Public Accountants

12 Greenway Plaza, Suite 1202
Houston, TX 77046
Phone 713-561-6500
Fax 713-968-7128
Web www.uhy-us.com

Independent Auditors' Report

The Administrative Committee, as Plan Administrator of the
Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan
Houston, Texas

We were engaged to audit the financial statements and supplemental schedules of the Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information, and related activity, summarized in Note C, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental 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 a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental 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.

UHY LLP

Houston, Texas
October 12, 2010

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(k) PROFIT SHARING PLAN

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* All other schedules required by the 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted, as they are not applicable.

UHY LLP
Certified Public Accountants

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Houston, TX 77046
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UHY LLP

Houston, Texas
October 12, 2010

GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
INVESTMENTS, at fair value		
Non-interest bearing cash	$ -	$ 48,403
Common stock	9,249,192	7,162,867
Bonds and treasuries	17,767	17,249
Preferred stock	74,665	70,524
Mutual funds	78,252,075	56,616,073
Common/collective trust	1,769,958	680,888
Corporate debt instruments	65,347	-
Municipal debt instruments	5,056	-
Participant loans	820,177	729,696
TOTAL INVESTMENTS	90,254,237	65,325,700
RECEIVABLES		
Participant contributions	336,925	338,892
Employer contributions	1,296,396	1,230,841
Other receivables	-	47,958
TOTAL RECEIVABLES	1,633,321	1,617,691
TOTAL ASSETS	91,887,558	66,943,391
LIABILITIES		
Other liabilities	4,508	10,816
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	91,883,050	66,932,575
Adjustment from fair value to contract value for interest in common/collective trust relating to fully benefit-responsive investment contracts	(38,101)	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 91,844,949	$ 66,932,575

See accompanying notes to financial statements.

GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS		
Investment Income		
Interest and dividends	$	236,896
Interest on participant loans		48,071
Net appreciation in fair value of investments		17,090,525
Total Investment Income		17,375,492
Contributions		
Participants		5,285,862
Employer		5,568,821
Rollovers		14,516
Total Contributions		10,869,199
Other Additions		2,100
TOTAL ADDITIONS TO NET ASSETS		28,246,791
DEDUCTIONS FROM NET ASSETS		
Benefits Paid to Participants		(3,255,763)
Administrative fees		(78,654)
TOTAL DEDUCTIONS FROM NET ASSETS		(3,334,417)
NET INCREASE		24,912,374
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR		66,932,575
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$	91,844,949

See accompanying notes to financial statements.

NOTE A - DESCRIPTION OF PLAN

Effective January 1, 1996, Greater Houston Anesthesiology, P.A. (the "Employer", the "Company" or the "Plan Sponsor") adopted the Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan (the "Plan") to provide retirement benefits for all eligible employees. The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan, as amended and restated effective January 1, 2008, is a defined contribution plan covering eligible employees of the Employer and certain affiliated service groups ("Physician Association" or "P.A.") employers (collectively the "employees" or "participants"). Employees, P.A.'s and employees of P.A.'s (collectively "employees" or "participants") who are 20½ years or older are eligible to contribute to the Plan. Per the restated Plan, employees are immediately eligible to become a contributing participant. Employees are eligible for employer matching and discretionary contributions after reaching age 20 ½, one year of service and 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent related amendments and revisions.

Administration of the Plan: The Employer is the plan sponsor of the Plan. The Plan's assets are maintained by Vanguard Fiduciary Trust Company ("Vanguard" or the "trustee"), and are invested through participant-directed accounts in various investments offered by the trustee. Vanguard is also the Plan's record keeper.

Contributions: Participants may contribute up to 100% of their pre-tax compensation (elective deferral) to the Plan. The Plan also allows participants to make Roth, after-tax contributions which, combined with pre-tax contributions, are subject to Internal Revenue Code limits of $16,500 with a $5,500 per year catch up for participants age 50 and older in 2009. The Employer matches an amount equal to 67% of a participant's elective deferral which does not exceed 6% of the participant's compensation. The Plan also provides for an additional discretionary Employer contribution to be made to eligible participants. During 2009, the Employer made discretionary Employer contributions in the amount of $2,041,745.

Vesting: Eligible participants are always fully vested in their participant contributions, in the Employers matching and discretionary contributions and in the actual earnings attributable thereon.

Forfeitures: Forfeitures are utilized to reduce future Employer contributions.

Participant Accounts: Each participant's account is credited with the participant's contribution, the Employer's contributions and Plan earnings. Income allocations, where applicable, are based on a participant's pro rata account balance in the applicable funds, as defined in the plan document. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF PLAN (Continued)

Investments: All Plan investments are held by the trustee. The Plan provides for participant-directed investments among a variety of funds offered by the Plan's trustee that allow for a diversity of investment options. The Plan also provides participants the ability to invest in self-directed brokerage accounts which allow the participant to invest in individual securities not otherwise provided by the Plan.

Participant Loans: Participants are allowed to borrow a minimum of $1,000 up to the lesser of $50,000 or 50% of their vested account balance. Interest is charged at the prevailing rate with a loan repayment not to exceed five years. However, repayment of loans for the purchase of a principal residence may be for a period up to 15 years. Loans are repaid through payroll deduction. A participant may have only two loans outstanding at any time.

Payment of Benefits: Under the terms of the Plan Agreement, participants who terminate their employment with the Employer may receive all amounts credited to their accounts. Upon the death of the participant while actively employed, distribution is made in accordance with the participant's previous direction. Upon becoming eligible to receive the value of their Plan account, participants may chose to receive such account either in the form of a single lump sum cash payment or in the form of installment payments. In order to comply with the Internal Revenue Code, distributions must begin by April 1 of the year following the calendar year in which the participant attains the age of 70½. The Plan also allows participants to make hardship and in-service withdrawals, subject to certain limitations, as defined in the Plan document.

Administrative Fees and Expenses: The Employer, at its discretion, pays certain administrative fees on behalf of the Plan. All expenses, if any not paid by the Employer, are paid by the Plan.

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate participants' accounts will be distributed in a manner consistent with that required by the Plan document.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation: The Plan's investments are primarily held in various mutual funds, other securities held in a self-directed brokerage accounts, and a common/collective trust which are administered by the trustee of the Plan. The Plan's investments are stated at fair value as determined by published market prices, in the case of mutual funds, and by the value of the underlying assets of the fund as determined by the trustee, in the case of the common/collective trust fund. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned and dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. The change in the current value of investments (including investments bought and sold) during the period are reflected in the Statement of Changes in Net Assets Available for Benefits as net appreciation or depreciation in fair value of investments.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Plan has investment holdings in a common/collective trust which invests in guaranteed investment contracts ("GICs"). Investment contracts held by a defined-contribution plan are required to be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan which are 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 Statements of Net Assets Available for Benefits presents the fair value of the common/collective trust 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 presented on a contract value basis.

Participant loans are valued at their unpaid principal balance which approximates fair value.

Benefits: Benefits are recorded as a reduction to net assets available for benefits when paid.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of additions to and deductions from net assets during the reporting period. Accordingly, actual results may differ from those estimates.

Risk and Uncertainties: The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. The Plan's investment portfolio incurred a significant decline in value during, and subsequent to, the 2008 Plan year. Although the financial markets have rebounded during the 2009 Plan year, they continue to be volatile. Due to the fluctuation in the value of individual investments with market conditions, the amount of the Plan's gains or losses that are permanent, if any, cannot be determined.

Recently Issued Accounting Standards and Disclosures: In 2009, Financial Accounting Standards Board (the "FASB") issued Accounting Standards Codification ("ASC") No. 105, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* — a replacement of FASB Statement No. 162 (the "Codification"). This ASC establishes two levels of U.S. GAAP, authoritative and nonauthoritative. On July 1, 2009, the Codification became the single source of authoritative, nongovernmental U.S. GAAP. The Codification was effective for interim and annual reporting periods after September 15, 2009. The Company has included references to authoritative accounting literature in accordance with the Codification. There are no other changes to the content of the Company's financial statements or disclosures as a result of implementing the Codification.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recently Issued Accounting Standards and Disclosures (continued): In January 2010, FASB issued Accounting Standard Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements* ("ASU No. 2010-06"). The new standard addresses, among other things, guidance regarding disclosure of the different classes of assets and liabilities, valuation techniques and inputs used, activity in Level 3 fair value measurements, and the transfers between levels. ASU No. 2010-06 is effective for the annual reporting period beginning after December 15, 2009. The required disclosures will be included beginning with the Plan's audited financial statements for the year ending December 31, 2010. Based on the initial evaluation, a material impact to the net assets available for benefits is not expected as a result of this change.

In April 2009, the FASB issued FASB Staff Position No. 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* ("FSP No. 157-4"). FSP No. 157-4 amended FASB Statement No. 157 (codified ASC No. 820, *Fair Value Measurements and Disclosures*) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP No. 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC No. 820. The Plan adopted the guidance in FSP No. 157-4 for the reporting period ended December 31, 2009. The adoption of FSP No. 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In September 2009, the FASB issued ASU No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("ASU No. 2009-12"). The new standard provides guidance on how companies should estimate the fair value of certain alternative investments and allows companies to use Net Asset Value ("NAV") as a practical expedient in determining fair value. ASU No. 2009-12 is effective for the first annual reporting period ending after December 15, 2009, with early adoption permitted. The adoption did not have material impact on the Plan's financial statements and all applicable disclosures are included herein.

In September 2010, the FASB issued ASU No. 2010-25, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Plans*. ASU No. 2010-25 applies to any defined contribution pension plan that allows participant loans. The amendments require that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU No. 2010-25 is effective for fiscal years ending after December 15, 2010, and should be applied retrospectively. Management does not believe the adoption of ASU No. 2010-25 will have a material effect to the Plan.

NOTE C - INFORMATION CERTIFIED BY TRUSTEE (Unaudited)

The trustee holds the Plan's investments and executes all investment transactions. All investment information disclosed in the accompanying financial statements and schedule of assets held (at end of year), including investments held at December 31, 2009 and 2008, net appreciation in fair value of investments, and interest and dividends for the year ended December 31, 2009, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee. Accordingly, at the request of the Plan Administrator, the Plan's independent auditors have performed no audit procedures on the investment information, and related activity, other than to agree the information to the certified trustee statements.

The fair value of the investments that represent 5% or more of the Plan's assets available for benefits at December 31, 2009 and 2008 are as follows:

	December 31, 2009	December 31, 2008
PIMCO Total Return Fund, Administrative Class	$ 5,207,313	$ 4,107,655
Vanguard 500 Index Fund Investor Shares	10,966,812	8,127,515
Vanguard Intermediate-Term Treasury Fund Investor Shares	*	3,689,347
Vanguard International Value Fund	4,902,861	3,455,065
Vanguard Mid-Cap Index Fund Investor Shares	7,629,888	5,239,094
Vanguard Prime Money Market Fund	5,618,893	4,989,706

* Investments did not meet or exceed 5% of the Plan's assets available for benefits at December 31, 2009.

The Plan's investments (including investments purchased, sold as well as held during the year (appreciated) in fair value as follows:

	December 31, 2009
Mutual funds	$ 14,460,561
Common stock	2,629,964
	$ 17,090,525

NOTE D - FEDERAL INCOME TAX STATUS

Effective January 1, 2008, the Plan Sponsor amended and restated the Plan by adopting a non-standardized prototype plan developed by Vanguard. The prototype plan received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the form of the prototype plan is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan has not applied for its own determination letter. Management intends for the Plan to operate as a qualified Plan and will do whatever is necessary to maintain the tax qualified status of the Plan.

During 2009, the Plan submitted a Voluntary Compliance Program application to the IRS under its Employee Plan Compliance Resolution System to retroactively amend the Plan dating back to January 1, 2005, thereby correcting the Plan for certain excess deferrals in the amount of approximately $245,000, before earnings, made under the existing Plan Agreement. In response to this submission, the IRS issued a favorable Compliance Statement dated October 16, 2009 in which the IRS allowed the retroactive amendment. As a result, no corrections were required to be made in the Plan's Financial Statements.

The Plan also filed in 2009 with the DOL two separate Voluntary Fiduciary Correction Program applications seeking approval to correct the late remittances of participant contributions under the Plan covering the 2005-2007 Plan Years. By letters dated April 20, 2009 and October 28, 2009, the DOL issued favorable Compliance Statements approving the correction proposed by the Employer.

NOTE E - PARTY-IN-INTEREST

The Plan invests in shares of mutual funds and a common/collective trust fund managed by the Plan’s trustee, therefore, these transactions qualify as party-in-interest. Certain Plan investments are shares of mutual funds and a collective trust managed by Vanguard, the Plan’s trustee. Certain fees paid to the Plan’s trustee for investment management services are incorporated into the expense ratios of the individual mutual funds and common/collective trust and are paid directly from investment fund balances thereby affecting fund earnings. Participants should refer to the individual funds’ prospectus for additional information regarding fund fees.

NOTE F - FAIR VALUE MEASUREMENTS

ASC No. 820, *Fair Value Measurements and Disclosures,* defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC No. 820 requires fair value measurements be classified and disclosed in one of the following three categories:

Level 1:	Quoted prices for identical instruments in active markets
Level 2:	Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets
Level 3:	Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

The following table presents the Plan's investment assets measured at fair value on a recurring basis in the Statements of Net Assets Available for Plan Benefits as of December 31, 2009 subject to ASC No. 820:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Fixed income funds	$ 2,195,447	$ -	$ -	$ 2,195,447
Blended funds	3,511,722	-	-	3,511,722
Gov't securities funds	9,605,845	-	-	9,605,845
Growth funds	17,862,939	-	-	17,862,939
Index funds	18,964,880	-	-	18,964,880
Money market funds	8,958,880	-	-	8,958,880
Specialty funds	2,207,317	-	-	2,207,317
Value funds	5,714,943	-	-	5,714,943
Foreign/global funds	9,230,102	-	-	9,230,102
Total mutual funds	78,252,075	-	-	78,252,075
Common stock:				
Domestic stock	7,509,924	-	-	7,509,924
Foreign stock	888,443	-	-	888,443
Exchange traded funds/closed end funds	849,345	-	-	849,345
Warrants	-	1,480	-	1,480
Total common stock	9,247,712	1,480	-	9,249,192
U.S. government securities	17,767	-	-	17,767
Corporate debt instruments	65,347	-	-	65,347
Municipal debt instruments	5,056	-	-	5,056
Preferred stock	74,665	-	-	74,665
Common/collective trust	-	1,769,958	-	1,769,958
Participant loans	-	-	820,177	820,177
Total investment assets at fair value	$ 87,662,622	$ 1,771,438	$ 820,177	$90,254,237

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

The following table presents the Plan's investment assets measured at fair value on a recurring basis in the Statements of Net Assets Available for Plan Benefits as of December 31, 2008 subject to ASC No. 820:

	Level 1	Level 2	Level 3	Total
Non-interest bearing cash	$ 48,403	$ -	$ -	$ 48,403
Common stock	7,162,867	-	-	7,162,867
Bonds and treasuries	17,249	-	-	17,249
Preferred stock	70,524	-	-	70,524
Mutual funds	56,616,073	-	-	56,616,073
Common/collective trusts	-	680,888	-	680,888
Loans to participants	-	-	729,696	729,696
Total investment assets at fair value	$ 63,915,116	$ 680,888	$ 729,696	$ 65,325,700

The following table presents a reconciliation of the Plan's participant loans, which are measured at fair value on a recurring basis using unobservable inputs (Level 3) as defined by ASC No. 820 for the years ended December 31, 2009 and 2008:

Balance as of January 1, 2008	$ 922,522
Paricipant repayment	(450,336)
Interest on participant loans	58,580
Loan withdrawals	208,351
Deemed distributions of participant loans	(9,421)
Balance as of December 31, 2008	729,696
Participant repayments	(455,682)
Interest on participant loans	48,071
Loan withdrawals	498,092
Balance as of December 31, 2009	$ 820,177

NOTE G – RECONCILIATION TO FORM 5500

The following is a reconciliation of the net assets available for benefits from the financial statements to the Schedule H of Form 5500.

	2009	2008
Net assets available for benefits per the financial statements	$ 91,844,949	$ 66,932,575
Adjustment from contract value to fair value for interst in common/collective trust fund relating to fully benefit-responsive investment contracts	38,101	-
Net assets available for plan benefits per Form 5500, Schedule H, Part I, Line 11	$ 91,883,050	$ 66,932,575

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500 for the year ended December 31, 2009:

Net increase per the financial statements	$ 24,912,374
Adjustment from contract value to fair value for interest in common/collective trust fund relating to fully benefit-responsive investment contracts	
Beginning of year	-
End of year	38,101
Net income per Form 5500, Part II, Line 2k	$ 24,950,475

NOTE H - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 12, 2010, which is the date these financial statements were available for issuance.

Correction of Late Remittances: The Plan has corrected 2008 late contribution remittances by the Employer of participant contributions and loan repayments totaling $4,755,191 during 2010, under the Voluntary Fiduciary Compliance Program ("VFCP"). The Plan intends to submit a VFCP application to the Department of Labor ("DOL") to correct these late remittances that occurred in 2008.

The Plan intends to submit a VFCP application to the DOL to correct late remittances by the Employer of participant contributions and loan remittances for 2009 totaling $2,425,075.

SUPPLEMENTAL SCHEDULES

Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan
Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2009

EIN 76-0482007
Plan 001

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2008	$ 4,755,191	$ -	$ -	$ -	$ 4,755,191
2009	$ 2,425,075	$ 2,425,075	$ -	$ -	$ -

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2009

Plan EIN 76-0482007
Plan Number 001

(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
*	Vanguard Prime Money Market Fund	Registered Investment Company	**	$ 5,618,893
	American Funds Growth Fund of America; R-4 Class	Registered Investment Company	**	3,383,760
	Columbia Acorn Fund Class Z	Registered Investment Company	**	1,065,924
	Columbia Technology Fund - Z	Registered Investment Company	**	1,984,468
	Davis New York Venture Fund, Inc. - Class A Shares	Registered Investment Company	**	2,869,976
	Janus Mid Cap Value Fund - Investor Shares	Registered Investment Company	**	1,982,558
	Morgan Stanley Inst. Fund Trust Midcap Growth Advisor	Registered Investment Company	**	1,612,595
	PIMCO Total Return Fund, Administrative Class	Registered Investment Company	**	5,207,313
*	Vanguard 500 Index Fund Investor Shares	Registered Investment Company	**	10,966,812
*	Vanguard Emerging Markets Stock Index Fund Investor Shares	Registered Investment Company	**	706,187
*	Vanguard Global Equity Fund	Registered Investment Company	**	2,719,169
*	Vanguard Intermediate-Term Treasury Fund Investor Shares	Registered Investment Company	**	4,121,565
*	Vanguard International Value Fund	Registered Investment Company	**	4,902,861
*	Vanguard Mid-Cap Index Fund Investor Shares	Registered Investment Company	**	7,629,888
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company	**	111,486
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	**	580,400
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	**	2,140,300
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	2,645,804
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	1,337,414
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	1,639,495
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	974,157
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	1,629,941
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	572,181
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	91,250
*	Vanguard Target Retirement Income	Registered Investment Company	**	646,894
*	Vanguard Windsor II Fund Investor Shares	Registered Investment Company	**	1,469,870
	T. Rowe Price Small-Cap Value Fund, Inc., Advisor Class	Registered Investment Company	**	1,392,221
*	Vanguard Brokerage Option - Common Stock	Self-Directed Brokerage Accounts	**	9,249,192
*	Vanguard Brokerage Option - Bonds and Treasuries	Self-Directed Brokerage Accounts	**	88,170
*	Vanguard Brokerage Option - Preferred Stock	Self-Directed Brokerage Accounts	**	74,665
*	Vanguard Brokerage Option - Registered Investment Company	Self-Directed Brokerage Accounts	**	8,248,693
*	Vanguard Retirement Savings Trust	Common/Collective Trusts	**	1,769,958
*	Participant Loans	4.25% - 9.25% due through August 15, 2022	-	820,177
				$ 90,254,237

* Indicates a party-in-interest as defined by ERISA.

** Information on cost of the Investments is excluded as all investments are participant directed.

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2009

Plan EIN 76-0482007
Plan Number 001

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Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan
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	Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2008	$ 4,755,191	$ -	$ -	$ -	$ 4,755,191
2009	$ 2,425,075	$ 2,425,075	$ -	$ -	$ -