

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

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan GUARDIAN HEALTHCARE HOLDINGS, INC. 401K AND PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1999
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GUARDIAN HEALTHCARE HOLDINGS, INC 1575 HERITAGE DRIVE SUITE 201 MCKINNEY, TX 75069	2b	Employer Identification Number (EIN) 20-5470661
		2c	Sponsor's telephone number 214-491-4735
		2d	Business code (see instructions) 621610

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.	10/15/2010	GINNY TAVAKOLI
	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") GUARDIAN HEALTHCARE HOLDINGS, INC 1575 HERITAGE DRIVE SUITE 201 MCKINNEY, TX 75069	3b Administrator's EIN 20-5470661 3c Administrator's telephone number 214-491-4735
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name GUARDIAN HEALTH CRE, INC.	4b EIN 75-1685521 4c PN 001
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5 Total number of participants at the beginning of the plan year	5	322
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	435
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	131
d Subtotal. Add lines 6a , 6b , and 6c	6d	566
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	566
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	419
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GUARDIAN HEALTHCARE HOLDINGS, INC. 401K AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN HEALTHCARE HOLDINGS, INC		D Employer Identification Number (EIN) 20-5470661

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLIANCE BERNSTEIN L.P.
13-4064930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BLACKROCK INVESTMENTS, INC.
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EATON VANCE DISTRIBUTORS, INC.
04-3239487

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FRED ALGER & COMPANY, INCORPORATED
13-2510833

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

VAN KAMPEN ASSET MANAGEMENT

13-5130700

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

VAN KAMPEN FUNDS INC.

36-2811402

(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)

ADP BROKER-DEALER

22-3319984

(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?
60 63 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ADP

22-1467904

(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 37 50 64	RECORD KEEPER	1300	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
59 63	BROKERAGE	0	Yes ☒ No ☐	Yes ☒ No ☐	2308	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
ADP BROKER-DEALER	60 63	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.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	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.	
FRED ALGER & COMPANY INCORPORATED 13-2510833	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63 99	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.	
VAN KAMPEN FUNDS INC. 36-2811402	ANNUAL RATE 0.00115 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 63	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.	
EATON VANCE DISTRIBUTORS INC 04-3239487	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	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.	
MFS FUND DISTRIBUTORS INC 04-2747644	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH PIERCE FENNER & SMITH	59 63	2308
(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 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
BANK OF AMERICA	52	3011
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
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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
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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
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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
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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

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 GUARDIAN HEALTHCARE HOLDINGS, INC. 401K AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN HEALTHCARE HOLDINGS, INC	D Employer Identification Number (EIN) 20-5470661	

Part I	Asset and Liability Statement
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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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	780891	
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	139243	114217
(9) Value of interest in common/collective trusts.....	1c(9)	396725	680013
(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)	994704	2473094
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2311563	3267324

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2311563	3267324
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	484202	
(C) Others (including rollovers)	2a(1)(C)	473624	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		957826

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)	849	
(F) Other	2b(1)(F)	2358	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3207

(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)	33250	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		33250

(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3909
(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)		599323
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1597515

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	693794	
(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)		693794
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)	1960	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1960
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		695754

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		901761
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: WHITLEY PENN LLP

(2) EIN: 75-2393478

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		232000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>GUARDIAN HEALTHCARE HOLDINGS, INC. 401K AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GUARDIAN HEALTHCARE HOLDINGS, INC</u>	D Employer Identification Number (EIN) <u>20-5470661</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>57-1198022</u> <u>45-0404698</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**GUARDIAN HEALTHCARE HOLDINGS, INC.
401k & PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2009 and 2008
with Report of Independent Auditors**

GUARDIAN HEALTHCARE HOLDINGS, INC.
401k & PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Years Ended December 31, 2009 and 2008

Table of Contents

Report of Independent Auditors	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplemental Schedule:	
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	16

NOTE: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator and Participants of the
Guardian Healthcare Holdings, Inc. 401k & Profit Sharing Plan

We were engaged to audit the financial statements of the Guardian Healthcare Holdings, Inc. 401k & Profit Sharing Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information which was certified by Ascensus, Inc. (formerly BISYS Retirement Services), as agent for Frontier Trust Company, and JPMorgan Chase Bank N.A., the trustees of the Plan, except for comparing such information with the related investment information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that JPMorgan Chase Bank, N.A. held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period from August 1, 2009 through December 31, 2009 and Ascensus, Inc. held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2008, and for the period from January 1, 2009 through July 31, 2009. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustees 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.



Fort Worth, Texas
October 12, 2010

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
Assets		
Cash	\$ -	\$ 780,891
Investments, at fair value:		
Shares of registered investment companies:		
Mutual funds	2,473,094	994,705
Common collective trust funds	634,022	396,724
Participant loans	98,145	139,243
Total investments at fair value	<u>3,205,261</u>	<u>1,530,672</u>
Participant contributions receivable	<u>24,486</u>	<u>-</u>
Total assets	3,229,747	2,311,563
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits at fair value	3,229,747	2,311,563
Adjustment from fair value to contract value for interests in common collective trust funds relating to fully benefit-responsive investment contracts	<u>45,991</u>	<u>64,049</u>
Net assets available for benefits	<u><u>\$ 3,275,738</u></u>	<u><u>\$ 2,375,612</u></u>

See accompanying notes to financial statements.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	2009	2008
	<hr/>	<hr/>	<hr/>
Additions to (Reductions from) Net Assets			
Investment income (loss):			
Net realized and unrealized gains (losses) on investments	\$	535,274	\$ (582,241)
Interest and dividends		40,366	51,321
		<hr/>	<hr/>
Total investment income (loss)		575,640	(530,920)
 Contributions:			
Participants		508,688	237,568
Company		-	2,433
Rollovers		8,064	3,327
Transfers in from merged plan		465,560	882,898
		<hr/>	<hr/>
Total contributions		982,312	1,126,226
 Total additions to net assets		1,557,952	595,306
 Deductions from Net Assets			
Benefits paid to participants		644,670	707,061
Loans deemed distributed		11,196	18,263
Administrative expenses		1,960	1,060
		<hr/>	<hr/>
Total deductions from net assets		657,826	726,384
 Net increase (decrease) in net assets available for benefits		900,126	(131,078)
 Net assets available for benefits at beginning of year		<hr/>	<hr/>
		2,375,612	2,506,690
 Net assets available for benefits at end of year		<hr/>	<hr/>
	\$	3,275,738	\$ 2,375,612
		<hr/>	<hr/>

See accompanying notes to financial statements.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

A. Description of the Plan

General

The following description of the Guardian Healthcare Holdings, Inc. 401k & Profit Sharing Plan (the “Plan”) provides only general information. The Plan is sponsored by Guardian Healthcare Holdings, Inc. (the “Company”). Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

The Plan is a defined contribution plan covering all employees of the Company who have attained the age 21 or older, and who have completed the following requirements for the following time periods:

- Completed three months of service, during the period of August 1, 2009 through December 31, 2009, and became eligible to enter the Plan on the first day of the month following the completion of three months of service.
- Completed six months of service, during the period of January 1, 2009 through July 31, 2009, and became eligible to enter the Plan on the first day of the year or the first day of the fourth, seventh, and tenth month of the year, whichever occurs sooner, following the completion of six months of service.
- Completed one year of service, during the period of January 1, 2008 through December 31, 2008, and became eligible to enter the Plan on the first day of the year or the first day of the seventh month of the year, whichever occurs sooner, following the completion of one year of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

Contributions

Participants may contribute up to 80%, for the period of August 1, 2009 through December 31, 2009 and up to 25%, for the period of January 1, 2008 through July 31, 2009, of their annual compensation, as defined by the Plan, on a pre-tax basis. In addition, effective August 1, 2009, the Plan has an automatic enrollment feature whereby eligible employees that do not make a pre-tax salary deferral election within 30 days of their eligibility date will be automatically enrolled in the Plan beginning with the next pay cycle or as soon as administratively feasible. The automatic pre-tax contribution will be established at 2% of an employee’s eligible compensation. Contributions are subject to limitations on total annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined in the Plan document. Eligible participants may also make a rollover contribution to the Plan.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Contributions – continued

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the end of the year are permitted to make catch-up contributions in accordance with and subject to the limitations imposed by the Code.

The Plan provides that the Company may make discretionary matching contributions as determined annually by its Board of Directors. Participants must have completed one year of service, constituting a minimum of 1,000 hours of service, to be eligible to share in the discretionary matching contributions. Additionally, the Plan allows for the Company to provide profit sharing contributions which are determined annually by its Board of Directors. Participants must be: (1) employed on the last day of the year and complete 1,000 hours of service during the year; or, (2) have died, retired, or suffered disability during such year to be eligible to share in the discretionary profit sharing contributions. For the years ended December 31, 2009 and 2008, the Company elected not to make any discretionary matching or profit sharing contributions to the Plan.

Participant Accounts

A separate account is maintained for each participant and is credited with the participant's contributions and an allocation of: (a) the Company's contributions; (b) Plan earnings; and, (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on the percentage which the participant's contributions, account balance, and compensation, as defined, bear to the total of all participants' contributions, account balances, and compensation, respectively.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants terminating employment as a result of disability or death will be 100% vested in the employer portion of their account balances.

Vesting in the Company's profit sharing contributions and discretionary matching contributions, plus actual earnings thereon, for 2009, is as follows:

Years of Service	Vested Percentage
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 years or more	100%

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

A. Description of the Plan – continued

Vesting – continued

Vesting in the Company's discretionary matching contributions, plus actual earnings thereon, for 2008, is as follows:

Years of Service	Vested Percentage
1 year or less	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Vesting in the Company's profit sharing contributions, plus actual earnings thereon, for 2008, is as follows:

Years of Service	Vested Percentage
2 years or less	0%
3 years	20%
4 years	40%
5 years	60%
6 years	80%
7 years	100%

Investment Options

Upon enrollment in the Plan, a participant may direct their salary deferrals in 1% increments into any of the Plan's available investment options.

Payment of Benefits

Upon retirement, death, disability, or termination of employment, the vested benefits, as defined, are paid to the participant or their beneficiaries, either in a lump sum or rollover. If withdrawing participants are not entitled to their entire account balance, the amounts not received are forfeited. The Plan requires all benefit payments less than or equal to \$5,000 to be paid in the form of a lump sum; however, for accounts of terminated participants that range from \$1,000 to \$5,000, the vested account balance can be automatically rolled over to an individual retirement account on behalf of the participant. Benefit payments greater than \$5,000 may be deferred.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Payment of Benefits – continued

A participant may receive a hardship distribution of their vested account balance if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, their spouse, dependents, or primary beneficiary; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for burial or funeral expenses for the participant's deceased parent, spouse, children, dependents, or primary beneficiary; (4) for the payment of post-secondary tuition expenses for the participant, their spouse, dependents, or primary beneficiary; (5) for the repair of damage to participant's principal residence; or, (6) needed to prevent eviction of the participant from his or her principal residence or foreclosure upon the mortgage of the participant's principal residence.

Participant Loans

Participants are allowed to borrow from their accounts a minimum of \$500 (\$1,000 for the period from January 1, 2008 through July 31, 2009) up to a maximum amount equal to the lesser of \$50,000 or 50% of the their vested account balance. Loan terms range up to five years (three years for the period from January 1, 2009 through July 31, 2009), or no longer than thirty years for the purchase of a primary residence (fifteen years for the period from January 1, 2008 through July 31, 2009). The loans are secured by the remaining balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates were one percent above the prime rate ranging from 4.25% to 9.25% and from 4.50% to 9.25% for the years ended December 31, 2009 and 2008, respectively. Principal and interest are paid ratably through payroll deductions and are credited to the participant account from which they were borrowed.

Forfeited Accounts

Forfeited balances of terminated participants' non-vested accounts shall be used to restore the account balances of former Plan participants who are rehired within five years, to pay Plan administrative expenses, or to be allocated to Plan participants, as defined by the Plan. No forfeiture amounts were used during 2009 and 2008. At December 31 2009, and 2008, there were approximately \$50,000 and \$25,000, respectively, in unallocated forfeitures.

Administrative Expenses

Employees of the Company perform certain administrative functions of the Plan with no compensation from the Plan. Under the terms of the Plan, administrative expenses may be paid out of the Plan, unless paid by the Company. Any such amounts paid by the Company are not included in the accompanying financial statements.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

A. Description of the Plan – continued

Transfers in From Merged Plan

During 2008 the Company completed the acquisition of Healthwise Home Healthcare, Millennium Home Care of NE Texas and Millennium Home Care SE Oklahoma. Approximately \$466,000 and \$883,000 of assets were transferred into the Plan as a result of this acquisition during the years ended December 31, 2009 and 2008, respectively. Active employees of the acquired companies became 100% vested in amounts transferred in from the acquired companies' benefit plan. Any balances transferred on behalf of terminated employees retained the vested percentage in place under the acquired companies' benefit plan at the time of the employees' termination.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the recorded amount of income and expenses during the reporting periods. Actual results could differ from these estimates.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan's Administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic No. 820, *Fair Value Measurements and Disclosures*, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. The Plan adopted FASB ASC Topic No. 820 effective January 1, 2008, and such adoption did not have material effect on the financial statements of the Plan.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

B. Summary of Significant Accounting Policies – continued

Investment Valuation and Income – continued

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fully Benefit-Responsive Investment Contracts

The Plan accounts for the common collective trust funds at contract value in accordance with FASB ASC Topic No. 962, *Plan Accounting—Defined Contribution Pension Plans*. The common collective trust includes synthetic guaranteed investments, among other securities. A synthetic guaranteed investment contract is an investment contract in which the Plan owns the underlying assets and purchases fully benefit-responsive wrapper contracts from independent third parties, which provide market value and cash flow risk protection to the Plan.

Investment contracts held by a defined contribution plan are typically presented at fair value in the statement of net assets available for benefits and the amount representing the difference between fair value and contract value is presented as a single amount, calculated as the sum of the amounts necessary to adjust the portion of net assets attributable to each fully benefit-responsive investment contract from fair value to contract value. The accompanying statements of changes in net assets available for benefits are prepared on a basis that reflects income credited to participants in the Plan and net appreciation or depreciation in the fair value of only those investment contracts that are not deemed to be fully benefit-responsive. The adjustments to the balance sheet from fair value to contract value were \$45,991 and \$64,049 as of December 31, 2009 and 2008, respectively.

The average yields earned by the Plan as of December 31, 2009 and 2008, were 2.35% and 9.49%, respectively, and the average crediting interest rates were approximately 2.57% to 4.10%, respectively.

Payment of Benefits

Benefits are recorded when paid.

Recently Issued Accounting Pronouncements

In June 2009, the FASB issued new guidance which established the FASB ASC as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with accounting principles generally accepted in the United States of America. The ASC was effective for financial statements issued for annual periods ending after September 15, 2009, and was adopted by the Plan during the year ended December 31, 2009. Adoption of this new guidance did not have a material effect on the financial statements of the Plan.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

B. Summary of Significant Accounting Policies – continued

Recently Issued Accounting Pronouncements – continued

In October 2008, the FASB issued FASB ASC Topic No. 855, *Subsequent Events*, which requires management to evaluate subsequent events through the date the financial statements are issued, or are available to be issued, as defined. It also requires the Plan to disclose in the financial statements, the date through which subsequent events have been evaluated.

C. Investments

Individual investments with market values greater than 5% of net assets available for benefits are as follows at December 31,:

Description	2009
Merrill Lynch Retirement Preservation Trust Fund	\$ 634,022
BlackRock Total Return Fund	300,104
BlackRock Global Allocation Fund Class R	294,847
Alger Mid Cap Growth Fund Class R	216,432
AllianceBernstein International Value Fund R	211,985
BlackRock Value Opportunities Fund Class R	185,815
BlackRock Basic Value Fund Class R	183,840
MFS Massachusetts Investors Growth Stock Fund R	173,673
Van Kampen Equity Income Fund R	165,798
Description	2008
Merrill Lynch Retirement Preservation Trust	\$ 396,724
BlackRock Total Return Fund	245,908
MFS Massachusetts Investors Growth Stock R	123,729

During 2009 and 2008 the net realized and unrealized gains and losses on investments were comprised solely of losses from mutual funds.

D. Fair Value Measurements

Effective January 1, 2008, the Plan adopted FASB ASC Topic No. 820, which among other things requires enhanced disclosures about assets and liabilities carried at fair value. As defined in FASB ASC Topic No. 820, 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.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

D. Fair Value Measurements – continued

FASB ASC Topic No. 820 establishes a fair value hierarchy that prioritizes the inputs used in applying the various valuation techniques. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy defined by FASB ASC Topic No. 820 are as follows:

- Level 1 - observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 - observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability
- Level 3 - inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

The Plan endeavors to use the best information available for fair value measurements. Accordingly, valuation techniques that maximize the use of observable impacts are favored. The following tables present the fair value hierarchy table for assets and liabilities measured at fair value, on a recurring basis, as set forth in FASB ASC Topic No. 820:

		Fair Value Measurements at December 31, 2009	
	Total Carrying Value as of December 31, 2009	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)
Registered investment companies (mutual funds)	\$ 2,473,094	\$ 2,473,094	\$ -
Common collective trust fund	634,022	-	634,022
Participant loans	98,145	-	98,145
Total investments at fair value	<u>\$ 3,205,261</u>	<u>\$ 2,473,094</u>	<u>\$ 732,167</u>

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

D. Fair Value Measurements – continued

		Fair Value Measurements at December 31, 2008	
	Total Carrying Value as of December 31, 2008	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)
Registered investment companies (mutual funds)	\$ 994,705	\$ 994,705	\$ -
Common collective trust fund	396,724	-	396,724
Participant loans	139,243	-	139,243
Total investments at fair value	<u>\$ 1,530,672</u>	<u>\$ 994,705</u>	<u>\$ 535,967</u>

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. Mutual funds are measured using the net asset values of the shares held by the Plan at year-end and are classified within level 1 of the valuation hierarchy. The common collective trust is measured based on information reported by the investment advisor using credit ratings of the underlying portfolio based on investments contracts and are classified within level 2 of the valuation hierarchy. Participant loans are valued at outstanding principal balance and are classified within level 2 of the valuation hierarchy.

E. Tax Status

Effective August 1, 2003, and restated on May 1, 2004, June 30, 2007, and January 1, 2009, the Company adopted the BISYS Retirement Services, Inc. Standardized Profit Sharing Plan, which has received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008. Effective August 1, 2009 the Plan adopted the Automatic Data Processing Prototype 401(K) and Profit Sharing Plan, which has received a favorable opinion letter the Internal Revenue Service dated March 31, 2008, stating that the written form of the prototype plan is acceptable under Section 401(a) of the Code and that any employer adopting this prototype plan document will be considered to have a plan qualified under Section 401(a) of the Code

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and therefore, the Plan is qualified and the related trust is tax exempt.

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

F. Party-In-Interest Transactions

The Plan invests in shares of common collective trust funds managed by Merrill Lynch, which acts as custodian for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

G. Information Certified by Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator limited auditing procedures with respect to the information certified by JPMorgan Chase Bank, the trustee of the Plan during the period from August 1, 2009 through December 31, 2009 and Ascensus, Inc. (formerly BISYS Retirement Services, Inc.), as agent for Frontier Trust Company, the trustee of the Plan during the year ended December 31, 2008 and for the period from January 1, 2009 through July 31, 2009, which included all investment information included in the accompanying financial statements and supplemental schedule.

H. Termination of the Plan

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 terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination all participants shall become 100% vested in all amounts credited to their account. Plan assets would be distributed to the participants at the discretion of the Company or continue to be held in a trust fund to be distributed to each participant upon retirement, death, permanent disability, or termination of employment.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31 per the accompanying financial statements to the Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 3,275,738	\$ 2,375,612
Company contributions receivable	(24,486)	-
Change in adjustment from fair value to contract value for fully benefit-responsive investment contract	-	(64,049)
2009 defaulted loan balances that were deemed as distributions during 2010	<u>16,072</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 3,267,323</u>	<u>\$ 2,311,563</u>

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (continued)

I. Reconciliation of Financial Statements to Form 5500 – continued

The following is a reconciliation of the increase (decrease) in net assets available per the financial statements to the Form 5500 for benefits for the years ended December 31,:

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in net assets available for benefits per the financial statements	\$ 900,126	\$ (131,078)
Prior year employer contributions receivable	-	64,890
Current year employee contributions receivable	(24,486)	-
Prior year adjustment from fair value to contract value for interest in fully benefit-responsive contract	64,049	3,683
Current year adjustment from fair value to contract value for interest in fully benefit-responsive contract	-	(64,049)
2009 defaulted loan balances that were deemed as distributions during 2010	16,072	-
	<u>16,072</u>	<u>-</u>
Net increase (decrease) in net assets available for benefits per the Form 5500	<u>\$ 955,761</u>	<u>\$ (126,554)</u>

The reconciling items are due to the difference in the method of accounting used in preparing the Form 5500 in accordance with government reporting requirements as compared to the Plan's financial statements. The modified cash basis of accounting was used in preparing the Form 5500 for the years ended December 31, 2009 and 2008, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by accounting principles generally accepted in the United States of America. Government reporting rules require the common collective trust fund to be reported at fair value, while accounting standards generally accepted in the United States of America require such investment to be reported at contract value.

J. Subsequent Events

In preparing the accompanying financial statements, management of the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through October 12, 2010, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULE

GUARDIAN HEALTHCARE HOLDINGS, INC. 401k & PROFIT SHARING PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

EIN: 75-1685521

Plan: 001

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
*	Merrill Lynch	Retirement Preservation Trust Fund	**	\$ 634,022
	BlackRock	Total Return Fund	**	300,104
	BlackRock	Global Allocation Fund Class R	**	294,847
	Alger	Mid Cap Growth Fund Class R	**	216,432
	AllianceBernstein	International Value Fund R	**	211,985
	BlackRock	Value Opportunities Fund Class R	**	185,815
	BlackRock	Basic Value Fund Class R	**	183,840
	MFS	Massachusetts Investors Growth Stock Fund R	**	173,673
	Van Kampen	Equity Income Fund R	**	165,798
	Eaton Vance	Income Fund of Boston	**	146,849
	BlackRock	Large Cap Growth Fund Class R	**	120,781
	AllianceBernstein	Growth and Income Fund Class C	**	111,158
	BlackRock	S&P 500 Index Fund Class A	**	110,548
	Invesco	Balance Risk Retirement 2030 Fund	**	74,877
	BlackRock	Healthcare Fund Class R	**	71,353
	Invesco	Balance Risk Retirement 2020 Fund	**	40,970
	Invesco	Balance Risk Retirement 2050 Fund	**	27,554
	Invesco	Balance Risk Retirement 2040 Fund	**	27,229
	Invesco	Balance Risk Retirement 2010 Fund	**	6,547
	Invesco	Balance Risk Retirement Fund	**	2,734
*	Participant loans	1 to 5 years, 4.25% to 9.25%	-0-	98,145
				<u><u>\$ 3,205,261</u></u>

* Represents a party-in-interest to the Plan as defined by ERISA.

** Cost not necessary because investments are participant directed.

SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 12/31/2009

PAGE 1

Plan Name: GUARDIAN HEALTHCARE HOLDINGS, INC 401K & PROFIT PLAN
Plan Number: 001

Employer EIN: 20-5470661
Run Date: 09/24/2010

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate of Int, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
MERRILL RETIREMENT PRES TRUST	Common / Collective Trust	n/a	680,013.05
BLACKROCK LG CAP GROWTH - R	Registered Investment Company	n/a	120,780.69
BLACKROCK GLOBAL ALLOCATION R	Registered Investment Company	n/a	294,847.15
BLACKROCK BASIC VALUE - R	Registered Investment Company	n/a	183,840.02
INVESTCO BAL-RISK RET NOW R	Registered Investment Company	n/a	2,733.99
BLACKROCK TOTAL RETURN FD - R	Registered Investment Company	n/a	300,104.18
INVESTCO BAL-RISK RET 2010 R	Registered Investment Company	n/a	6,546.79
BLACKROCK HEALTHCARE - R	Registered Investment Company	n/a	71,353.14
INVESTCO BAL-RISK RET 2040 R	Registered Investment Company	n/a	27,228.85
BLACKROCK VALUE OPP - R	Registered Investment Company	n/a	185,814.85
VAN KAMPEN EQUITY & INCOME - R	Registered Investment Company	n/a	110,548.20
BLACKROCK S&P 500 - A	Registered Investment Company	n/a	173,672.56
MFS MASS INVEST GRWTH STOCK-R2	Registered Investment Company	n/a	111,158.49
ALLIANCEBER GROWTH AND INC - R	Registered Investment Company	n/a	40,970.15
INVESTCO BAL-RISK RET 2020 R	Registered Investment Company	n/a	211,985.25
ALLIANCEBER INTL VALUE FD -R	Registered Investment Company	n/a	146,849.39
EATON VANCE INCOME BOSTON - R	Registered Investment Company	n/a	27,553.82
INVESTCO BAL-RISK RET 2050 R	Registered Investment Company	n/a	74,876.95
INVESTCO BAL-RISK RET 2030 R	Registered Investment Company	n/a	216,432.32
ALGER MID CAP GROWTH INSTL - R	Registered Investment Company	n/a	114,216.72
Participant Loans	Interest Rates (4.25% to 9.25%)		
TOTAL			3,267,324.26

NOTE: The following is specifically for Form 5500 reporting.

The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

SCHEDULE H, LINE 4: - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Period: 01/01/2009 through 12/31/2009

Plan Name: GUARDIAN HEALTHCARE HOLDINGS, INC 401K & PROFIT PLAN
Plan Number: 001

Employer EIN: 20-5470661
Run Date: 09/24/2010

(a) Identity of Issue, Borrower, or Similar Party	(b) Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
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NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS
AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT
BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE
TRUSTS AND REGISTERED INVESTMENT COMPANIES.