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
NORTHSTAR ANESTHESIA, PA 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

2000 EAST LAMAR BLVD., SUITE 400
ARLINGTON, TX 76006

2b Employer Identification Number (EIN)
20-1218565

2c Sponsor's telephone number
682-227-6827

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.	03/01/2011	NKIRCHHOFER
	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")
NORTHSTAR ANESTHESIA, PA

2000 EAST LAMAR BLVD., SUITE 400
ARLINGTON, TX 76006

3b Administrator's EIN
20-1218565

3c Administrator's telephone number
682-227-6827

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**	325
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**	274
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	323
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	323
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	290
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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:
2A 2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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
NORTHSTAR ANESTHESIA, PA 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSTAR ANESTHESIA, PA

D Employer Identification Number (EIN)
20-1218565

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

SMITH BARNEY
1601 NW EXPRESS WAY, STE 1800
OKLAHOMA CITY, OK 73118

13-2919773

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

LOCKTON FINANCIAL ADVISORS
444 W 47TH STREET, SUITE 900
KANSAS CITY, MO 64112

20-3247391

(b) Enter name and EIN or address of person who provided you disclosures 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)

JULY BUSINESS SERVICES

400 AUSTIN AVENUE, SUITE 1200
WACO, TX 76701

74-2715820

(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?
13 15 64	RECORDKEEPER AND TPA	80416	Yes [ ] No [X]	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 ☐

(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

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 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
NORTHSTAR ANESTHESIA, PA 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSTAR ANESTHESIA, PA

D Employer Identification Number (EIN)
20-1218565

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	3690	9113
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5779	218570
(2) Participant contributions	1b(2)	1235	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	158417	265867
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11294568	17476016
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11463689	17969566
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	11770	3785
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	11770	3785
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11451919	17965781

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)	3232904	
(B) Participants	2a(1)(B)	2759697	
(C) Others (including rollovers)	2a(1)(C)	119697	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6112298
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)	10041	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10041
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(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)		2990286
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		9112625
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2518350	
	(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)		2518350
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)	80413	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		80413
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2598763
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		6513862
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: PSK LLP **(2)** EIN: 75-1486711

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
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
NORTHSTAR ANESTHESIA, PA 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSTAR ANESTHESIA, PA

D Employer Identification Number (EIN)
20-1218565

Part I Distributions

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

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

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

EIN(s): 26-0010549

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):

NORTHSTAR ANESTHESIA, P.A.
401(k) PROFIT SHARING PLAN

Financial Statements

Year Ended December 31, 2009

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
Financial Statements
Year Ended December 31, 2009

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
NorthStar Anesthesia, P.A. 401(k) Profit Sharing Plan

We were engaged to audit the statements of net assets available for benefits of NorthStar Anesthesia, P.A. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the statement of changes in net assets available for benefits for the year ended December 31, 2009, and supplemental schedule of assets held for investment purposes as of December 31, 2009 and supplemental schedule of assets acquired and disposed of within year for the year ended December 31, 2009. These financial statements and the supplemental schedules 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 information which was certified by Mid Atlantic 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 and for the years ended December 31, 2009 and 2008, 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 were 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.

PSK LLP

July 31, 2010

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair market value		
Cash	$ 9,113	$ 3,690
Interest in registered investment companies	17,476,016	11,294,568
Participant loans	265,867	158,417
Total investments	17,750,996	11,456,675
Contributions receivable		
Contributions receivable - employer's	218,570	5,779
Contributions receivable - participants'	-	1,235
Total contributions receivable	218,570	7,014
Total assets	17,969,566	11,463,689
LIABILITIES		
Accrued liabilities	3,785	11,770
Net assets available for benefits	$ 17,965,781	$ 11,451,919

The accompanying notes are an integral part of these financial statements.

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 2,990,286
Interest	10,041
Total investment income	3,000,327
Contributions:	
Sponsor	3,232,904
Participants	2,759,697
Rollover	119,697
Total contributions	6,112,298
Total additions	9,112,625
Deductions from net assets attributed to:	
Benefits paid to participants	2,518,350
Administrative expenses	80,413
Total deductions	2,598,763
Net increase	6,513,862
Net assets available for benefits at beginning of the year	11,451,919
Net assets available for benefits at end of the year	$ 17,965,781

The accompanying notes are an integral part of these financial statements.

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
Notes to Financial Statements

1 - Description of Plan

The following description of the NorthStar Anesthesia, P.A. 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General - The Plan is a defined contribution 401(k) plan covering substantially all employees of NorthStar Anesthesia, P.A. ("the Sponsor"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is intended to be a qualified retirement plan under the Internal Revenue Code.

B. Contributions - Participants may voluntarily contribute to the Plan up to an annual maximum of 100% of eligible compensation, pursuant to a salary reduction arrangement. Total participant contributions in any calendar year are restricted to the applicable limit under Internal Revenue Code Section 402(g). The applicable limit for the plan year ended December 31, 2009 is $16,500 with an additional $5,500 catch-up provision for participants age fifty or older. The Sponsor may make matching contributions equal to a discretionary percentage, as determined by the Sponsor, of pretax employee contributions. The participants direct the investment of the employee deferral and the Sponsor matching contribution to the various investment options offered by the Plan.

C. Expenses of Administrating the Plan - Administrative expenses recorded in the financial statements represent expenses that were absorbed by participants related to the administration of the Plan. The Plan had administration expenses of $39,297 for the year ended December 31, 2009 and expenses of $41,116 related to prior years not previously billed to the Plan.

D. Participants' Accounts - Each participant's account is credited with the participant's contributions, the Sponsor's discretionary matching contributions and an allocation of Plan gains and losses. Allocations for Plan gains and losses are based upon the ratio of each participant's account to the total participants' accounts. The benefit to which a participant is entitled is the vested amount in the participant's account.

E. Eligibility and Vesting - Employees of the Sponsor become eligible to participate in the Plan once they have been employed by the Sponsor. The Plan does not have an age or service requirement in order for participants to participate in the Plan.

Participants' contributions plus actual earnings thereon are 100% vested at all times. Vesting of Sponsor contributions plus earnings thereon is based upon three full years of credited service allowing for various severance periods as follows:

Years of Service	Vested Percentage
1	0%
2	50%
3	100%

A participant is 100% vested upon termination by reason of retirement, death, or disability. Upon termination, any amount in which the participant is not vested shall be forfeited. Forfeitures may be applied to reduce future Sponsor contributions.

F. Participant Loans - Participants may borrow from their accounts a minimum of $1,000 and a maximum of 50% of their non-forfeitable account balance not to exceed $50,000. The loans bear interest at variable rates and are secured by the balance in the participant's account. Principal and interest payments are redeposited in the participants' accounts based on their current allocation elections within the Plan. Participants may have no more than one loan outstanding at any one time.

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

G. Payment of Benefits - Upon termination of service or retirement, participants entitled to payment under the Plan will have the option of receiving a lump sum distribution equal to their vested account balance or rolling their distribution over to an IRA or other qualified retirement plan.

H. Forfeited Accounts - At December 31, 2009, forfeited non-vested accounts totaled $125,492. These accounts will be used to reduce employer contributions during future plan years.

2 - Summary of Significant Accounting Policies

A. Basis of Presentation - The accompanying financial statements were prepared on the accrual basis of accounting. Therefore, revenues are recognized when earned, and expenses are recognized when the obligation is incurred.

B. Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Investments - Investments are stated at fair value as determined and certified by Mid Atlantic Trust Company ("the Trustee"). Purchases and sales of securities are recorded on a trade-date basis. Loans to participants are valued at unpaid principal balance, which approximates fair market value.

D. Subsequent Events - The Plan Sponsor has evaluated subsequent events through July 31, 2010, the date the financial statements were available to be issued.

3 - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

4 - Income Tax Status

The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and Plan's tax counsel believe that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5 - Risks and Uncertainties

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

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
Notes to Financial Statements

6 - Investments (Information Certified by Trustee – Unaudited)

The following is a summary of the Plan's investment information regarding the Plan as of December 31, 2009 and 2008, included in the Plan's financial statements and supplemental schedule of assets held for investment purposes, that was prepared by or derived from information prepared by Mid Atlantic Trust Company, and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee that such information is complete and accurate for the years ended December 31, 2009 and 2008.

The following presents investments at December 31, 2009, that represent 5% or more of the Plan's net assets available for benefits:

	Units	Market Value
Vanguard Prime Money Market Fund	2,635,412	$ 2,635,412
American Funds Bond Fund of America Cl R4	80,099	945,163
American Funds Cap World Growth and Income Cl R4	37,609	1,279,474
American Funds EuroPacific Growth Fund Cl R4	34,314	1,294,323
American Funds Growth Fund of America Cl R4	44,549	1,207,719
American Funds Small Cap World Cl R4	38,295	1,199,781

The following presents investments at December 31, 2008, that represent 5% or more of the Plan's net assets available for benefits:

	Units	Market Value
Vanguard Prime Money Market Fund	2,552,212	$ 2,552,212
American Funds Bond Fund of America Cl R4	80,933	870,842
American Funds Cap World Growth and Income Cl R4	29,005	769,225
American Funds EuroPacific Growth Fund Cl R4	23,449	646,252
American Funds Growth Fund of America Cl R4	42,056	854,569

7 - Fair Value Measurements

As required by the Fair Value Measurements topic of the Financial Accounting Standards Board *Accounting Standards Codification* ("FASB ASC"), all financial assets and liabilities are measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and enhances disclosure requirements for fair value measurements. The topic defines fair value as 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. The topic establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

Level I – Quoted prices in active markets for identical assets or liabilities.

Level II – Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant drivers are observable.

Level III – Significant inputs to the valuation model are unobservable.

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
Notes to Financial Statements

7 - Fair Value Measurements (continued)

The following is a listing of assets and liabilities required to be measured at fair value on a recurring basis and where they are classified within the hierarchy as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level I	Level II	Level III	Total
Interest in registered investment companies	$ 17,476,016	$ -	$ -	$ 17,476,016
Participant loans	-	-	265,867	265,867
Total assets at fair value	$ 17,476,016	$ -	$ 265,867	$ 17,741,883

	Assets at Fair Value as of December 31, 2008			
	Level I	Level II	Level III	Total
Interest in registered investment companies	$ 11,294,568	$ -	$ -	$ 11,294,568
Participant loans	-	-	158,417	158,417
Total assets at fair value	$ 11,294,568	$ -	$ 158,417	$ 11,452,985

Investment in pooled separate accounts includes money market funds and marketable securities that are valued using quoted prices on nationally recognized securities exchanges.

Participant loans are valued at unpaid principal balance, which approximates fair value. The preceding method described may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth a summary of changes in the fair value of the Plan's Level III assets for the year ended December 31, 2009.

	Participant Loans
Balance 12/31/2008	$ 158,417
Issuances and settlements (net)	107,450
Balance 12/31/2009	$ 265,867

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
E.I. #20-1218565
Plan Number 001
Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes
December 31, 2009

(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
Mid Atlantic Trust Company*	Vanguard Prime Money Market Fund	**	$ 2,635,412
	American Funds 2050 Target Date Retirement Fund Cl R4	**	27,554
	American Funds 2045 Target Date Retirement Fund Cl R4	**	155,320
	American Funds 2010 Target Date Retirement Fund Cl R4	**	393,178
	American Funds 2040 Target Date Retirement Fund Cl R4	**	242,902
	American Funds 2035 Target Date Retirement Fund Cl R4	**	589,667
	American Funds 2030 Target Date Retirement Fund Cl R5	**	461,218
	American Funds 2025 Target Date Retirement Fund Cl R6	**	415,324
	American Funds 2020 Target Date Retirement Fund Cl R7	**	191,755
	American Funds 2015 Target Date Retirement Fund Cl R8	**	254,025
	American Funds Bond Fund of America Cl R4	**	945,163
	American Funds Cap Inc Builder R4	**	520,749
	American Funds Cap World Growth and Income Cl R4	**	1,279,474
	American Funds EuroPacific Growth Fund Cl R4	**	1,294,323
	American Funds Fundamental Investment R4	**	789,508
	American Funds Growth Fund of America Cl R4	**	1,207,719
	American Funds Income Fund of America Cl R4	**	678,912
	American Funds New Perspective Fund Cl R4	**	849,578
	American Funds Small Cap World Cl R4	**	1,199,781
	Vanguard REIT Index Fund	**	386,678
	Vanguard Total International Stock Index Fund	**	671,036
	Vanguard International Value Fund	**	671,630
	Vanguard Target Retirement 2040 Fund	**	74,708
	Vanguard Target Retirement 2030 Fund	**	232,280
	Vanguard Total Stock Market Index Fund	**	383,948
	Vanguard Value Index Fund	**	227,397
	Vanguard Small Cap Index Fund	**	192,214
	Vanguard Intermediate-Term Bond Index Fund	**	504,563
Participant Loans*	Various interest rates	**	265,867
Total investments		**	$17,741,883

* Party in interest
** Cost omitted for participant directed investments

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
E.I. #20-1218565
Plan Number 001
Schedule H, Line 4j - Schedule of Assets Acquired and Disposed of Within Year
For the Year Ended December 31, 2009

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Mid Atlantic Trust Company*	American Funds Bond Fund of America Cl R4	$ 719,210	$ 776,819
	American Funds Cap World Growth and Income Cl R4	724,692	505,464
	American Funds EuroPacific Growth Fund Cl R4	852,724	471,670
	American Funds New Perspective Fund Cl R4	1,065,915	635,645
	American Funds Small Cap World Cl R4	814,866	371,803
	Vanguard Total International Stock Index Fund	551,643	322,311
	Vanguard Intermediate-Term Bond Index Fund	628,041	565,792
	Vanguard International Value Fund	561,630	182,005
	Vanguard Prime Money Market Fund Investor Class	2,484,525	2,415,044
	Vanguard Small Cap Index Fund	404,614	372,243

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
E.I. #20-1218565
Plan Number 001
Schedule H, Line 4j - Schedule of Assets Acquired and Disposed of Within Year
For the Year Ended December 31, 2009

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Mid Atlantic Trust Company*	American Funds Bond Fund of America Cl R4	$ 719,210	$ 776,819
	American Funds Cap World Growth and Income Cl R4	724,692	505,464
	American Funds EuroPacific Growth Fund Cl R4	852,724	471,670
	American Funds New Perspective Fund Cl R4	1,065,915	635,645
	American Funds Small Cap World Cl R4	814,866	371,803
	Vanguard Total International Stock Index Fund	551,643	322,311
	Vanguard Intermediate-Term Bond Index Fund	628,041	565,792
	Vanguard International Value Fund	561,630	182,005
	Vanguard Prime Money Market Fund Investor Class	2,484,525	2,415,044
	Vanguard Small Cap Index Fund	404,614	372,243

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
E.I. #20-1218565
Plan Number 001
Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes
December 31, 2009

(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
Mid Atlantic Trust Company*	Vanguard Prime Money Market Fund	**	$ 2,635,412
	American Funds 2050 Target Date Retirement Fund Cl R4	**	27,554
	American Funds 2045 Target Date Retirement Fund Cl R4	**	155,320
	American Funds 2010 Target Date Retirement Fund Cl R4	**	393,178
	American Funds 2040 Target Date Retirement Fund Cl R4	**	242,902
	American Funds 2035 Target Date Retirement Fund Cl R4	**	589,667
	American Funds 2030 Target Date Retirement Fund Cl R5	**	461,218
	American Funds 2025 Target Date Retirement Fund Cl R6	**	415,324
	American Funds 2020 Target Date Retirement Fund Cl R7	**	191,755
	American Funds 2015 Target Date Retirement Fund Cl R8	**	254,025
	American Funds Bond Fund of America Cl R4	**	945,163
	American Funds Cap Inc Builder R4	**	520,749
	American Funds Cap World Growth and Income Cl R4	**	1,279,474
	American Funds EuroPacific Growth Fund Cl R4	**	1,294,323
	American Funds Fundamental Investment R4	**	789,508
	American Funds Growth Fund of America Cl R4	**	1,207,719
	American Funds Income Fund of America Cl R4	**	678,912
	American Funds New Perspective Fund Cl R4	**	849,578
	American Funds Small Cap World Cl R4	**	1,199,781
	Vanguard REIT Index Fund	**	386,678
	Vanguard Total International Stock Index Fund	**	671,036
	Vanguard International Value Fund	**	671,630
	Vanguard Target Retirement 2040 Fund	**	74,708
	Vanguard Target Retirement 2030 Fund	**	232,280
	Vanguard Total Stock Market Index Fund	**	383,948
	Vanguard Value Index Fund	**	227,397
	Vanguard Small Cap Index Fund	**	192,214
	Vanguard Intermediate-Term Bond Index Fund	**	504,563
Participant Loans*	Various interest rates	**	265,867
Total investments		**	$17,741,883

* Party in interest
** Cost omitted for participant directed investments

NORTHSTAR ANESTHESIA, P.A. 401(k) PROFIT SHARING PLAN
E.I. #20-1218565
Plan Number 001
Schedule H, Line 4j - Schedule of Assets Acquired and Disposed of Within Year
For the Year Ended December 31, 2009

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Mid Atlantic Trust Company*	American Funds Bond Fund of America Cl R4	$ 719,210	$ 776,819
	American Funds Cap World Growth and Income Cl R4	724,692	505,464
	American Funds EuroPacific Growth Fund Cl R4	852,724	471,670
	American Funds New Perspective Fund Cl R4	1,065,915	635,645
	American Funds Small Cap World Cl R4	814,866	371,803
	Vanguard Total International Stock Index Fund	551,643	322,311
	Vanguard Intermediate-Term Bond Index Fund	628,041	565,792
	Vanguard International Value Fund	561,630	182,005
	Vanguard Prime Money Market Fund Investor Class	2,484,525	2,415,044
	Vanguard Small Cap Index Fund	404,614	372,243