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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

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.)
GULF COAST PRIMARY HOME CARE I

135 E HOSPITAL DR
ANGLETON, TX 77515

2b Employer Identification Number (EIN)
01-0771390

2c Sponsor's telephone number
979-848-8151

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.	07/28/2011	REY ROMAN
	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")
GULF COAST PRIMARY HOME CARE I

135 E HOSPITAL DR
ANGLETON, TX 77515

3b Administrator's EIN
01-0771390

3c Administrator's telephone number
979-848-8151

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**	181
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**	148
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	152
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	152
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	47
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULF COAST PRIMARY HOME CARE I

D Employer Identification Number (EIN)
01-0771390

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27298	11001
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	4115	4022
(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)	424388	571200
(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	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	455801	586223
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	455801	586223

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)	71198	
	(B) Participants	2a(1)(B)	118024	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		189222
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	102	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		102
	(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)	8998	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8998
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		53452
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		251774
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120012	
(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)		120012
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1340	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1340
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		121352
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		130422
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: GF VALDEZ, PC (2) EIN: 20-0842060

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		45580
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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULF COAST PRIMARY HOME CARE I

D Employer Identification Number (EIN)
01-0771390

Part I Distributions

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

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

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

EIN(s): 16-1470238

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):

GF Valdez, P.C.

A Public Accounting Firm

5430 Holly Road, Suite 7
Corpus Christi, Texas 78411
Phone 361-991-1650
Fax 361-991-1655

INDEPENDENT AUDITORS' REPORT

Gulf Coast Primary Home Care I, Sponsor
Gulf Coast Primary Home Care I 401(K) Profit Sharing Plan & Trust
Angleton, Texas

We were engaged to audit the financial statements of the Gulf Coast Primary Home Care, I 401(K) Profit Sharing Plan & Trust (the Plan) as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedule as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and 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 has instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company (Mid Atlantic), the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the investment custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the investment custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the investment custodian, have been audited by us in accordance with generally accepted auditing standards in the United State 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's Retirement Income Security Act of 1974.

GF Valdez, P.C.

July 26, 2011

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

December 31, 2010 and December 31, 2009

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments	$ 582,201	$ 451,686
Contributions receivable-participants	-	-
Contributions receivable-employer	-	-
Participant loans	4,022	4,115
Total assets	586,223	455,801
LIABILITIES		
Liabilities	5,082	7,193
NET ASSETS AVAILABLE FOR BENEFITS	$ 581,141	$ 448,608

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

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ending December 31, 2010 and 2009

	2010	2009
INCREASE IN NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 53,452	$ 42,309
Interest	102	(12,755)
Dividends	8,998	6,450
	62,552	36,004
Contributions:		
Participants	118,024	128,195
Rollovers	-	135,804
Employer	71,198	74,176
	189,222	338,175
Total increase	251,774	374,179
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments to participants	117,901	20,502
Administrative expenses	1,340	1,377
Total deductions	119,241	21,879
NET INCREASE	132,533	352,300
NET ASSETS AVAILBLE FOR BENEFITS, beginning	448,608	96,308
NET ASSETS AVAILBLE FOR BENEFITS, ending	$ 581,141	$ 448,608

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

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1 - PLAN DESCRIPTION

The following description of the Gulf Coast Primary Home Care, I 401(K) Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision.

General

The Plan is a defined contribution plan covering all employees of the Gulf Coast Primary Home Care I Inc., IPH Healthcare Services, Inc. and IPH Hospice Care Inc., (The Companies), who have completed one year of service and attained the age of 21. The Plan became effective January 1, 2005 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Companies contribute through the Safe Harbor Cash or Deferred Arrangement provision, on behalf of each participant, an amount elected by the participant in his or her salary modification agreement. Participants can elect to contribute a percentage of their compensation to the Plan, subject to limitations contained in Internal Revenue Code Section 415, which generally apply to highly compensated employees. The Plan also provides for discretionary employer contributions.

Participant Accounts

Each participant's account is credited with participant's contributions and an allocation of the Company's contribution and Plan earnings. Each participant's account is also charged with an allocation of administrative expenses. Allocations of Plan earnings are based upon the ratio of each participant's average account balance to the total of all participants' average account balances.

Participant Loans

Participants may borrow from their available account balance. The loans are secured by the balance in the participant's account and commensurate with prevailing rates upon issuance of loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Benefits are distributed upon termination, retirement or attainment of age of 59 ½. Normal retirement age under the Plan is sixty-five. Benefits are normally paid in a lump sum.

Vesting

Participants are immediately vested in their contributions plus actual earnings. Vesting in the Company's contributions is immediately set at 100 percent.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan have been prepared in conformity with generally accepted accounting principles in the United States as applied to employee retirement Plans and in accordance with the terms of the trust agreement. The Plan is designed to hold and invest Plan assets for retirement benefits of the Plan participants.

Basis of Accounting
The Plan's financial statements are prepared using the accrual basis of accounting. Employee contributions are recognized as revenues in the period in which salaries are earned. Employer discretionary contributions are recognized as revenues in the period in which determined. Benefits payable are recognized when due and payable in accordance with terms of the plan.

Valuation of Investments
Investments are stated at fair value based on quoted market prices (level one) in an active market. The fair value of investments in investment company funds is based upon quoted market values. Participant loans are valued at their outstanding balance, which approximates fair value. Gains and losses on the sale of investments are computed using the quoted market value at the time of the sale.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses
Administrative expenses are paid by the Plan unless paid by the Companies.

NOTE 3 – INFORMATION CERTIFIED BY INVESTMENT CUSTODIAN

Investment assets of the Plan are mainly held by Mid Atlantic Trust Company (Mid Atlantic) in pooled separate accounts. Those investments, included in these financial statements, have been certified by Mid Atlantic as to their completeness and accuracy, including the respective changes in net assets available for plan benefits. Certain reclassifications and adjustments representing accruals for receivables and payables have been made to the certified amounts to conform to generally accepted accounting principles in the United States. Amounts included in these financial statements, which have been certified are $580,706 at December 31, 2010 and $451,686 for December 31, 2009.

NOTE 4 - INVESTMENTS

At December 31, 2010, the Plan's investments are accounted for in pooled separate funds. The following table presents the estimated fair values of investments. Pooled investments of the Plan are participant-directed. The Plan currently sponsors 21 investment funds for participants. Participants are allowed to change their investment election at their discretion by phone or through the internet. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2010	2009
American Funds Target Date Ret 2025 R1	$ 224,265	$ 147,954
American Funds Target Date Ret 2020 R1	70,893	47,453
Neuberger Berman Mid-Cap Growth Inv	55,334	38,237
American Funds Fundamental Invs R5	55,899	35,305
Other Pooled Funds less than 5% of Net Assets	175,810	182,737
Total Investments	$ 582,201	$ 451,686

The Plan's investments appreciated and depreciated in value by $53,452 and 42,309 in 2010 and 2009, respectively. This included gains and losses on investments bought and sold, as well as held during the year.

NOTE 5 - PLAN TERMINATION

The Companies have 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 termination or complete discontinuance of contributions, participants will become 100 percent vested in their accounts.

NOTE 6 –TERMINATED EMPLOYEE

The Plan has a "cash out" provision whereby the Plan can distribute the vested account balance for terminated participants with account balances of $5,000 or less. The Plan had four terminated participants with account balances of $5,082 at December 31, 2010. The Plan had eight terminated participants with account balances of $7,193 at December 31, 2009.

NOTE 7 – TAX STATUS

The plan obtained its latest determination letter on November 26, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 8 – 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 changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation net assets available for benefits and benefits payable per the financial statements to the Form 5500:

	2010	2009
Net assets on Form 5500	$ 586,223	$ 455,801
Less: Accrual for benefits payable	(5,082)	(7,193)
Net assets on financial statements	$ 581,141	$ 448,608

The following is a reconciliation of benefits payable per the financial statements to the Form 5500:

	2010	2009
Benefit payments on Form 5500:	$ --	$ --
Plus: Accrual for benefits payable	5,082	7,193
Benefits payable on financial statements	$ 5,082	$ 7,193

NOTE 10 – PLAN AMENDMENTS

The Plan was amended on March 14, 2009 and effective January 1, 2009 to restate verbiage in the plan in regards to elective deferrals, automatic enrollment, safe harbor contributions, years of vesting service, in-service withdrawals and trustee information.

NOTE 11 – FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) issued FASB ASC 820-10-50-1 (prior authoritative literature: SFAS No. 157, "Fair Value Measurements"). FASB ASC 820-10-50-1 establishes a framework for measuring fair value and expands disclosures about fair value measurements. FASB ASC 820-10-50-1 clarifies the definition of exchange price as the price between market participants in an orderly transaction to sell an asset or liability in the market in which the reporting entity would transact for the asset or liability, that is, the principal or most advantageous market for the asset or liability. The changes to current practice resulting from the application of this statement relate to the definition of fair value, the methods used to measure fair value, and the expanded disclosures about fair value measurements.

FASB ASC 820-10-50-1 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market for the asset or liability. The price in the principal (or most advantageous) market used to measure the fair value of the asset or liability shall not be adjusted for transaction costs. An orderly transaction is a transaction that assumes exposure to the market for a period prior to the measurement date to allow for marketing activities that are usual and customary for transactions involving such assets and liabilities; it is not a forced transaction. Market participants are buyers and sellers in the principal market that are (i) independent, (ii) knowledgeable, (iii) able to transact, and (iv) willing to transact.

FASB ASC 820-10-50-1 requires the use of valuation techniques that are consistent with the market approach, the income approach and/or the cost approach. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The income approach uses valuation techniques to convert future amounts, such as cash flows or earnings, to a single present amount on a discounted basis. The cost approach is based on the amount that currently would be required to replace the service capacity of an asset (replacement costs). Valuation techniques should be consistently applied. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability.

NOTE 11 – FAIR VALUE MEASUREMENTS (continued)

Inputs may be observable, meaning those that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources, or unobservable, meaning those that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the assets or liability developed based on the best information available in the circumstances. In that regard, FASB ASC 820-10-50-1 establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs.

The fair value hierarchy is a follows:

- Level 1 Inputs – Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability at the measurement date.

- Level 2 Inputs – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liability (for example interest rates, volatilities, credit risks and default rates) or inputs that are derived principally from or corroborated by observable market date by correlation or other means.

- Level 3 Inputs – Significant unobservable inputs that reflect an entity's own assumptions that market participants would use in pricing the assets or liabilities

NOTE 11 – FAIR VALUE MEASUREMENTS (continued)

Fair values of assets and liabilities measured on a recurring basis at December 31, 2010 and 2009 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices In Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2010				
Pooled Separate Accounts:				
Target Date Funds	$ 347,760	$ 347,760	$ --	$ --
Equity Funds	104,370	104,370	--	--
Growth and Income Funds	55,764	55,764	--	--
Stock Funds	43,373	43,373	--	--
Bond Funds	18,651	18,651	--	--
Cash Equivalents Fund	12,283	12,283	--	--
Total	$ 582,201	$ 582,201	$ --	$ --
December 31, 2009				
Pooled Mutual Accounts:				
Target Date Funds	$ 256,391	$ 256,391	$ --	$ --
Equity Funds	128,111	128,111	--	--
Cash Equivalents Fund	32,757	32,757	--	--
Stock Funds	18,745	18,745	--	--
Bond Funds	12,599	12,599	--	--
Growth and Income Funds	3,083	3,083	--	--
Total	$ 451,686	$ 451,686	$ --	$ --

NOTE 12 – SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events for disclosure through July 26, 2011, the date the financial statements were available to be issued.

SUPPLEMENTARY SCHEDULES

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2010

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2010			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 224,265
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		70,893
	American Funds Fundamental Invs R5	Mutual Fund		55,899
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		55,334
	Hartford Capital Appreciation II R5	Mutual Fund		27,718
	American Funds Trgt Date Ret 2015 R1	Mutual Fund		25,135
	Mutual Global Discovery R	Mutual Fund		19,328
	American Funds Bond Fund of Amer R5	Mutual Fund		16,630
	American Funds Trgt Date Ret 2010 R1	Mutual Fund		15,122
	American Funds Capital World G/I R5	Mutual Fund		14,071
	American Funds Trgt Date Ret 2025 R1	Mutual Fund		13,440
	American Funds Money Market Fund Class R5	Money Market Fund		11,001
	MFS Value R4	Mutual Fund		10,125
	Dodge & Cox International Stock	Mutual Fund		8,867
	Federated Kaufmann Small Cap K	Mutual Fund		6,774
	Franklin Total Return R	Mutual Fund		2,039
	Allianz NFJ Large Cap Value R	Mutual Fund		1,956
	JP Morgan Mid Cap Value Class A	Mutual Fund		1,335
	Dodge & Cox Stock	Mutual Fund		1,172
	Lord Abbett Total Rtn R3	Mutual Fund		626
	T. Rowe Price Blue Chip Gr R	Mutual Fund		471
	TOTAL INVESTMENTS AT DECEMBER 31, 2010			$ 582,201
	TOTAL LOANS AT DECEMBER 31, 2010	Maturing in 2011 & 2014, Rate at 4.25%		$ 4,022

* not required since participant directed

See auditor's report

GULF COAST PRIMARY HOME CARE, I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2010 and 2009

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets								
December 31, 2010:								
No reportable transactions								
December 31, 2009:								
No reportable transactions								

See auditors' report.

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2010

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2010			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 224,265
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		70,893
	American Funds Fundamental Invs R5	Mutual Fund		55,899
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		55,334
	Hartford Capital Appreciation II R5	Mutual Fund		27,718
	American Funds Trgt Date Ret 2015 R1	Mutual Fund		25,135
	Mutual Global Discovery R	Mutual Fund		19,328
	American Funds Bond Fund of Amer R5	Mutual Fund		16,630
	American Funds Trgt Date Ret 2010 R1	Mutual Fund		15,122
	American Funds Capital World G/I R5	Mutual Fund		14,071
	American Funds Trgt Date Ret 2025 R1	Mutual Fund		13,440
	American Funds Money Market Fund Class R5	Money Market Fund		11,001
	MFS Value R4	Mutual Fund		10,125
	Dodge & Cox International Stock	Mutual Fund		8,867
	Federated Kaufmann Small Cap K	Mutual Fund		6,774
	Franklin Total Return R	Mutual Fund		2,039
	Allianz NFJ Large Cap Value R	Mutual Fund		1,956
	JP Morgan Mid Cap Value Class A	Mutual Fund		1,335
	Dodge & Cox Stock	Mutual Fund		1,172
	Lord Abbett Total Rtn R3	Mutual Fund		626
	T. Rowe Price Blue Chip Gr R	Mutual Fund		471
	TOTAL INVESTMENTS AT DECEMBER 31, 2010			$ 582,201
	TOTAL LOANS AT DECEMBER 31, 2010	Maturing in 2011 & 2014, Rate at 4.25%		$ 4,022

* not required since participant directed

See auditor's report

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2009

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2009			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 147,954
	American Funds Trgt Date Ret 2015 R1	Mutual Fund		47,558
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		47,453
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		38,237
	American Funds Fundamental Invs R5	Mutual Fund		35,305
	HSBC Investor Prime Money Market	Money Market Fund		27,298
	Hartford Capital Appreciation II R5	Mutual Fund		22,510
	Mutual Global Discovery R	Mutual Fund		14,431
	American Funds Trgt Date Ret 2010 R1	Mutual Fund		14,278
	American Funds Bond Fund of Amer R5	Mutual Fund		12,072
	Dodge & Cox International Stock	Mutual Fund		11,468
	MFS Value R4	Mutual Fund		9,082
	American Funds Capital World G/I R5	Mutual Fund		7,555
	Allianz NFJ Large Cap Value R	Mutual Fund		6,143
	American Funds Trgt Date Ret 2025 R1	Mutual Fund		3,450
	T. Rowe Price Blue Chip Gr R	Mutual Fund		3,111
	Federated Kaufmann Small Cap K	Mutual Fund		3,048
	Franklin Total Return R	Mutual Fund		733
	TOTAL INVESTMENTS AT DECEMBER 31, 2009			$ 451,686
	TOTAL LOANS AT DECEMBER 31, 2009	Maturing in 2014, Rate at 4.25%		$ 4,115

* not required since participant directed

GULF COAST PRIMARY HOME CARE, I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2010 and 2009

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets								
December 31, 2010:								
No reportable transactions								
December 31, 2009:								
No reportable transactions								

See auditors' report.