

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>																																																																									
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010</div> <div><div>A This return/report is for:</div><div>☒ single-employer plan☐ multiple-employer plan (not multiemployer)☐ one-participant plan</div><div><div>B This return/report is for:</div><div>☐ first return/report☐ final return/report☐ an amended return/report☐ short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div>☒ Form 5558☐ automatic extension☐ DFVC program☐ special extension (enter description)</div></div></div></div>																																																																													
<div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>ANESTHESIA & INTENSIVE CARE CONSULTANTS, INC. DEFINED BENEFIT PLAN</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>003</div></div><div><div>1c Effective date of plan</div><div>01/01/2009</div></div></div> <div><div><div>2a Plan sponsor's name and address (employer, if for single-employer plan)</div><div>ANESTHESIA & INTENSIVE CARE CONSULTANTS, INC. 20 MEDICAL VILLAGE DRIVE, SUITE 258 EDGEWOOD, KY 41017</div></div><div><div>2b Employer Identification Number (EIN)</div><div>31-1105593</div></div><div><div>2c Plan sponsor's telephone number</div><div>859-301-2411</div></div><div><div>2d Business code (see instructions)</div><div>621111</div></div></div> <div><div><div>3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")</div><div>ANESTHESIA & INTENSIVE CARE CONSULTANTS, INC. 20 MEDICAL VILLAGE DRIVE, SUITE 258 EDGEWOOD, KY 41017</div></div><div><div>3b Administrator's EIN</div><div>31-1105593</div></div><div><div>3c Administrator's telephone number</div><div>859-301-2411</div></div></div> <div><div><div>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. Sponsor's name</div><div></div></div><div><div>4b EIN</div><div></div></div><div><div>4c PN</div><div></div></div></div> <div><div><div>5a Total number of participants at the beginning of the plan year</div><div>24</div></div><div><div>5b Total number of participants at the end of the plan year</div><div>22</div></div><div><div>5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div></div></div></div> <div><div><div>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</div><div>☒ Yes☐ No</div></div><div><div>6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</div><div>☒ Yes☐ No</div></div><div>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</div></div>																																																																													
<div>Part III Financial Information</div> <table><tr><td>7 Plan Assets and Liabilities</td><td></td><td>(a) Beginning of Year</td><td>(b) End of Year</td></tr><tr><td>a Total plan assets</td><td>7a</td><td>162162</td><td>267506</td></tr><tr><td>b Total plan liabilities</td><td>7b</td><td></td><td></td></tr><tr><td>c Net plan assets (subtract line 7b from line 7a)</td><td>7c</td><td>162162</td><td>267506</td></tr></table> <table><tr><td>8 Income, Expenses, and Transfers for this Plan Year</td><td></td><td>(a) Amount</td><td>(b) Total</td></tr><tr><td>a Contributions received or receivable from:</td><td></td><td></td><td></td></tr><tr><td>(1) Employers</td><td>8a(1)</td><td>104869</td><td></td></tr><tr><td>(2) Participants</td><td>8a(2)</td><td></td><td></td></tr><tr><td>(3) Others (including rollovers)</td><td>8a(3)</td><td></td><td></td></tr><tr><td>b Other income (loss)</td><td>8b</td><td>873</td><td></td></tr><tr><td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td><td>8c</td><td></td><td>105742</td></tr><tr><td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td><td>8d</td><td></td><td></td></tr><tr><td>e Certain deemed and/or corrective distributions (see instructions)</td><td>8e</td><td></td><td></td></tr><tr><td>f Administrative service providers (salaries, fees, commissions)</td><td>8f</td><td>398</td><td></td></tr><tr><td>g Other expenses</td><td>8g</td><td></td><td></td></tr><tr><td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td><td>8h</td><td></td><td>398</td></tr><tr><td>i Net income (loss) (subtract line 8h from line 8c)</td><td>8i</td><td></td><td>105344</td></tr><tr><td>j Transfers to (from) the plan (see instructions)</td><td>8j</td><td></td><td></td></tr></table>						7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a	162162	267506	b Total plan liabilities	7b			c Net plan assets (subtract line 7b from line 7a)	7c	162162	267506	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total	a Contributions received or receivable from:				(1) Employers	8a(1)	104869		(2) Participants	8a(2)			(3) Others (including rollovers)	8a(3)			b Other income (loss)	8b	873		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		105742	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			e Certain deemed and/or corrective distributions (see instructions)	8e			f Administrative service providers (salaries, fees, commissions)	8f	398		g Other expenses	8g			h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		398	i Net income (loss) (subtract line 8h from line 8c)	8i		105344	j Transfers to (from) the plan (see instructions)	8j		
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G

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

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2011	LEE S. MEGOIS, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2011	LEE S. MEGOIS, MD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ANESTHESIA & INTENSIVE CARE CONSULTANTS, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANESTHESIA & INTENSIVE CARE CONSULTANTS, INC.</u>	D Employer Identification Number (EIN) <u>31-1105593</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>155609</u>
b Actuarial value	2b <u>155609</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>1</u> <u>46075</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>17830</u>
(2) Vested benefits	3c(2) <u>83910</u>
(3) Total active	3c(3) <u>21</u> <u>101740</u>
d Total	3d <u>22</u> <u>147815</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.70</u> %
6 Target normal cost	6 <u>103740</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/15/2011</u>
Signature of actuary	Date
<u>JESSICA A. BIRKLE</u>	<u>11-07693</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>0.00</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		70
b	Interest on (a) using prior year's effective rate of <u>6.53</u> %		5
c	Total available at beginning of current plan year to add to prefunding balance		75
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	105.27 %
15	Adjusted funding target attainment percentage.....	15	105.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls
18	Contributions made to the plan for the plan year by employer(s) and employees:
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)
(c) Amount paid by employees	(a) Date (MM-DD-YYYY)
(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2011	104869
Totals ►	
18(b)	104869
18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	0
b	Contributions made to avoid restrictions adjusted to valuation date	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	97501
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	95946
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	95946
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	95946
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	97501
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1555
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

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

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

B Three-digit
plan number (PN) ►

003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

Anesthesia & Intensive Care Consultants, Inc.

D Employer Identification Number (EIN)

31-1105593

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2010**2** Assets:

	2a	2b
a Market value		155,609
b Actuarial value		155,609

3 Funding target/participant count breakdown

	3a	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		0	0
b For terminated vested participants		1	46,075
c For active participants:			
(1) Non-vested benefits	3c(1)		17,830
(2) Vested benefits	3c(2)		83,910
(3) Total active	3c(3)	21	101,740
d Total	3d	22	147,815

4 If the plan is at-risk, check the box and complete lines a and b ☐

a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b

5 Effective interest rate **5** 6.70**6** Target normal cost **6** 103,740**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

JAB

Signature of actuary

Jessica A. Birkle

Type or print name of actuary

Cuni, Rust & Strenk, Inc.

Firm name

4540 Cooper Road, Suite 304

US Cincinnati

OH 45242-5617

Address of the firm

07/15/2011

Date

11-07693

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		70
b Interest on (a) using prior year's effective rate of <u>6.53</u> %		5
c Total available at beginning of current plan year to add to prefunding balance . . .		75
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	105.27	%
15 Adjusted funding target attainment percentage	15	105.27	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17		%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2011	104,869				
Totals ▶ 18(b)				104,869	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	97,501

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes	☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment 4.60 %	2nd segment 6.65 %	3rd segment 6.76 %	☐ N/A, full yield curve used
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b Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☒ Prescribed – combined ☐ Prescribed – separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 95,946

Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 95,946

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 95,946**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) **37** 97,501**38** Interest-adjusted excess contributions for current year (see instructions) **38** 1,555**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39****40** Unpaid minimum required contribution for all years **40**

2010 Schedule SB, line 19(c) – Discounted Employer Contributions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

Effective Interest Rate: 6.70%

Effective Interest Rate for Late Quarterlies: N/A

<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 1/1/2010</u>	<u>Discounted Contributions @ 6.70%</u>
2/15/2011	104,869	410	97,501
Totals	104,869		97,501

2010 Schedule SB, line 22 -- Description of Weighted Average Retirement Age
Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan
EIN: 31-1105593
PN: 003

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
65	100.00%	0.00000	100.00%	65.00000

Weighted Average Retirement Age

65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2010 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

1. Interest Rates:

Segment 1	4.60%
Segment 2	6.65%
Segment 3	6.76%
Post-retirement Lump Sum Rate	5.50%

2. Mortality Rates:

Preretirement: None.

Postretirement: 1994 GAR Table (50% male/50% female)

3. Salary Scale: None.

2010 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

- | | |
|--|---------------------------------------|
| 4. <u>Retirement Rates:</u> | Normal Retirement Age under the Plan. |
| 5. <u>Termination Rates:</u> | None. |
| 6. <u>Disability Rates:</u> | None. |
| 7. <u>Plan Expenses:</u> | \$2,000 annually. |
| 8. <u>Actuarial Cost Method:</u> | PPA-defined Unit Credit Cost Method. |
| 9. <u>Asset Valuation Method:</u> | Market Value. |
| 10. <u>Form of Benefit Payment Valued:</u> | Lump Sum Distribution. |
| 11. <u>Changes Since Last Year:</u> | None. |

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

1. Effective Date: January 1, 2009.

2. Plan Year: January 1st through December 31st.

3. Covered Employees: All employees of Anesthesia & Intensive Care Consultants, Inc.

4. Eligibility: January 1st or July 1st following the attainment of age 21 and the completion of one year of service.

5. Average Monthly Compensation: Average monthly compensation for the thirty-six highest consecutive months.

6. Vesting Service: One Year of Vesting Service is granted for at least 800 Hours of Service worked during the Plan Year.

7. Benefit Service: One Year of Benefit Service is granted for at least 800 Hours of Service worked during the Plan Year. No Benefit Service will be credited prior to an Employee's entry into the Plan as an Active Participant.

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

8. Normal Retirement:

a. Eligibility

Later of attainment of Age 65 and 5 years of Plan Participation.

b. Monthly Benefit

Employees in Groups One through Six: Plan-specified percent of Average Monthly Compensation times Years of Benefit Service. Employees in Group Seven: 0.50% of Average Monthly Compensation times Years of Benefit Service. All benefits are offset by the benefit equivalent to the first 7.50% of the Employer Contribution made on behalf of the participant in the Anesthesia & Intensive Care, Inc. Profit Sharing Plan. Maximum offset per year is 0.5% of Average Monthly Compensation.

<u>Group</u>	<u>Percent</u>
One	1.75%
Two	4.20%
Three	2.25%
Four	2.75%
Five	4.00%
Six	5.30%

9. Early Retirement:

a. Eligibility

There is no Early Retirement Benefit under the Plan.

b. Monthly Benefit

N/A

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

10. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 2 Years of Vesting Service. Participants vest 20% after two Years of Service plus 20% each year thereafter to 100% after six Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement based on Benefit Service and Average Monthly Compensation as of date of separation, times the participant's vesting percentage. |

11. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | There is no Disability Retirement Benefit under the Plan. |
| b. Monthly Benefit | N/A |

12. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | A Participant with an Accrued Benefit. |
| b. Monthly Benefit | The greater of the proceeds of insurance policies, if any, and the Present Value of the Accrued Benefit. |

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PN: 003

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution. |

14. Actuarial Equivalency:

- | | |
|-------------------------|---|
| a. Other than Lump Sums | Pre-retirement: No mortality and 5.50% interest.
Post-retirement: 1994 Group Annuity Reserve Table, blended 50% male/50% female, and 5.50% interest. |
| b. Lump Sums | Greater of the lump sum calculated in (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and the 417(e) Applicable Interest Rate for the fifth month prior to the beginning of the Plan Year in which the distribution occurs. |

15. Maximum Annual Benefit:

\$195,000 per year for participants retiring at age 62 during the 2010 Plan Year.

16. Changes Since Last Year:

None.

Active Participants as of January 1, 2010

Total Years of Service

Age Group	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	<u>Total</u>
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	2	0	0	0	0	0	0	0	2
40-44	0	1	0	0	0	0	0	0	0	1
45-49	0	5	0	0	0	0	0	0	0	5
50-54	0	5	0	0	0	0	0	0	0	5
55-59	0	5	0	0	0	0	0	0	0	5
60-64	0	3	0	0	0	0	0	0	0	3
65-69	0	0	0	0	0	0	0	0	0	0
70 +	0	0	0	0	0	0	0	0	0	0
Total	0	21	0	0	0	0	0	0	0	21

Plan: Anesthesia & Intensive Care Consultants, Inc. Defined Benefit Plan

EIN: 31-1105593

PIN: 003

Average Age: 51.9 years
Average Service: 1.0 years