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:
- [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
ARGON MEDICAL DEVICES, INC. 401 K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/11/2003

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ARGON MEDICAL DEVICES, INC.

1445 FLAT CREEK ROAD
ATHENS, TX 75751

2b Employer Identification Number (EIN) 27-2147843

2c Sponsor's telephone number 903-677-9303

2d Business code (see instructions) 339110

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.	09/09/2011	JANICE RUSSELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2011	JANICE RUSSELL
	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")
ARGON MEDICAL DEVICES, INC.

1445 FLAT CREEK ROAD
ATHENS, TX 75751

3b Administrator's EIN
27-2147843

3c Administrator's telephone number
903-677-9303

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
ARGON MEDICAL DEVICES, INC.

4b EIN
20-0281046

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	417
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**	390
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	410
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	410
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	109
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 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)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ARGON MEDICAL DEVICES, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARGON MEDICAL DEVICES, INC.

D Employer Identification Number (EIN)
27-2147843

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

BARON CAPITAL INC.
767 5TH AVENUE
NEW YORK, NY 10153

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

PACIFIC INVESTMENT MGMT CORP
840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660-6397

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

ROYCE FUNDS
745 5TH AVE
NEW YORK, NY 10151

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

FRANKLIN TEMPLETON GROUP
3344 QUALITY DRIVE
RANCHO CORDOVA, CA 95670-7313

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

PUTNAM INVESTMENTS

1 POST OFFICE SQUARE
BOSTON, MA 02109

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

THE AMERICAN FUNDS GROUP

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

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

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

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

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 37 38 49 50 59 60 62 64 65 99	RECORDKEEPER/TRUSTEE	9949	Yes [X] No [ ]	Yes [ ] No [X]	24110	Yes [ ] No [X]

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

DISABATO ADVISERS, LLC

525 W. MONROE STREET
SUITE 560
CHICAGO, IL 60661

(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?
27 50	CONSULTANT	9500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HENRY & PETERS P.C.

3310 S. BROADWAY, SUITE 100
TYLER, TX 75701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	7000	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 ☐

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
MERCER HR SERVICES, LLC	15 21 25 37 38 49 59 64 65 99	20463

(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.
PUTNAM INVESTMENTS 1 POST OFFICE SQUARE BOSTON, MA 02109	VARIOUS ADMINISTRATIVE SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	2029

(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.
PACIFIC INVESTMENT MGMT CORP 840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660-6397	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ARGON MEDICAL DEVICES, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARGON MEDICAL DEVICES, INC.

D Employer Identification Number (EIN)
27-2147843

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	674798

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2884233-201	C	153404

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ARGON MEDICAL DEVICES, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARGON MEDICAL DEVICES, INC.

D Employer Identification Number (EIN)
27-2147843

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	256167	246119
(9) Value of interest in common/collective trusts	1c(9)	1085983	828202
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3235123	2634581
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4577273	3708902
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4577273	3708902

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)	45560	
	(B) Participants	2a(1)(B)	301773	
	(C) Others (including rollovers)	2a(1)(C)	36227	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		383560
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)	11762	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11762
	(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)	81137	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		81137
	(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)		46079
(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)		202613
c Other income	2c		8
d Total income. Add all **income** amounts in column (b) and enter total	2d		725159
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	525064	
(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)		525064
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	26449	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26449
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		551513
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		173646
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1042017

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: HENRY & PETERS, PC (2) EIN: 75-1503978

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)
CLINICAL INNOVATIONS	20-3589496	001

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
ARGON MEDICAL DEVICES, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARGON MEDICAL DEVICES, INC.

D Employer Identification Number (EIN)
27-2147843

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): 20-2020334

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):

ARGON MEDICAL DEVICES, INC.
401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE (MODIFIED CASH BASIS) WITH REPORT OF INDEPENDENT AUDITORS

DECEMBER 31, 2010 AND 2009

ARGON MEDICAL DEVICES, INC.
401(k) PLAN
DECEMBER 31, 2010 AND 2009

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HENRY & PETERS, PC
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Employee Benefits Plan Committee of
Argon Medical Devices, Inc.
401(k) Plan
Athens, Texas

We were engaged to audit the statements of net assets available-for-benefits of the Argon Medical Devices, Inc. 401(k) Plan (Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets available-for-benefits for the year ended December 31, 2010, and the supplemental schedule of assets held at end of year as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 summarized in Note 3, which was certified by Putnam Fiduciary Trust Company (Putnam), Plan trustee, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Henry & Peters, P.C.

Tyler, Texas
August 9, 2011

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ARGON MEDICAL DEVICES, INC.
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE-FOR-BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2010 AND 2009

	2010	2009
Investments, at fair value		
Common/collective trusts	$ 828,202	$ 1,085,983
Registered investment companies - mutual funds	2,634,580	3,235,123
	3,462,782	4,321,106
Notes receivable from participants	246,119	256,167
Net assets available-for-benefits at fair value	3,708,901	4,577,273
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	(36,534)	(33,556)
Net assets available-for-benefits	$ 3,672,367	$ 4,543,717

See accompanying notes to financial statements.

ARGON MEDICAL DEVICES, INC.
401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE-FOR-BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS:	
Investment income	
Net unrealized appreciation in fair value of investments	$ 241,104
Net realized loss on sales of investments	(23,352)
Dividends and interest	109,106
Total investment income	326,858
Interest on notes receivable from participants	11,762
Contributions	
Employer	45,560
Participants	301,773
Rollover	36,227
Total contributions	383,560
Total additions	722,180
DEDUCTIONS:	
Benefits paid to participants	525,064
Administrative expenses	26,449
Total deductions	551,513
Net increase in net assets	170,667
Net assets available-for-benefits	
Beginning of year	4,543,717
Transfer of assets	(1,042,017)
End of year	$ 3,672,367

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Argon Medical Devices, Inc. (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Company established a defined contribution 401(k) plan effective November 11, 2003, that covers employees of the Company who have completed three months or more of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants may enter the Plan on the first day of the month, coincident with or next following the date on which eligibility requirements are met. Participants are considered to be eligible on the three-month anniversary of their first day of employment, regardless of the actual amount of service during that period.

CONTRIBUTIONS

Participants may contribute to the Plan from 1% up to 50% of their pretax compensation subject to certain maximum limitations imposed by the Internal Revenue Code ($16,500 for 2010 and 2009, respectively). Employees who are eligible to make elective deferrals under the Plan and who have attained age 50 before the close of the plan year are eligible to make catch-up contributions in accordance with, and subject to the limitations of, Section 414(v) of the Internal Revenue Code ($5,500 for 2010 and 2009, respectively). Participants may also make Roth 401(k) and eligible rollover contributions to the Plan.

The Company has an option to make matching contributions under the Plan equal to a matching percentage, which the Company from time to time deems advisable. Before April 23, 2010, the Company could establish different matching contribution formulas for each participating employer under the Plan for any plan year (including a zero match for one or more participating employers). In addition, to receive the regular matching contribution for a plan year, a participant must make match eligible contributions during the plan year and, to receive the true-up matching contribution for a plan year, a participant must make match eligible contributions during the plan year and must be employed by the Company on the last day of that year. Effective April 23, 2010, the Company may not establish different matching contribution formulas for each participating employer under the Plan. In addition, to receive the regular or true-up matching contribution for a plan year, a participant must make match eligible contributions during the plan year. For the plan year ending December 31, 2010, the Company elected to make a matching contribution of 3% for participants employed by Clinical Innovations, LLC (for the portion of the plan year through April 22, 2010) and no matching contribution for participants employed by Argon Medical Devices, Inc.

In addition, the Company may make a discretionary profit sharing contribution (as determined by the Board of Directors). To receive the profit sharing contribution for a plan year the employee must have completed three months or more of service and must be employed by the Company on the last day of the plan year. The discretionary contribution is allocated to eligible participants on a pro rata share of their compensation compared to the total compensation of all eligible participants. The Company did not elect to make a profit sharing contribution for the years ending December 31, 2010 and 2009.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's matching and profit sharing contribution, and (2) plan earnings and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are 100% vested in their voluntary contributions, rollover contributions, employer matching and profit sharing contributions, plus actual earnings thereon immediately upon entering the Plan.

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of the participant's account balance or $50,000. The notes are secured by the balance in the participant's account and bear interest at the prime rate as listed in the Wall Street Journal on the first business day of the month in which the note is requested plus 1%. Principal and interest is paid ratably through monthly payroll deductions. The repayment period of any general-purpose note may not exceed five years. The repayment period for any primary residence note may not exceed ten years.

INVESTMENT OPTIONS

Upon enrollment in the Plan, a participant may direct employee contributions in any of nine investment alternatives offered by Putnam Fiduciary Trust Company (Putnam). Participants may change the percentage of their elective contributions as of the first day of any month. Participants may change their investment options daily via online access to Putnam Investments or their automated telephone system.

PAYMENT OF BENEFITS

On termination of service, benefits of $5,000 or less (exclusive of rollovers) will be rolled over automatically by the Plan into an individual retirement account (IRA). For benefits of more than $5,000, a participant may elect to receive either a lump-sum payment or annual installments.

IN-SERVICE AND HARDSHIP WITHDRAWALS

In-service withdrawals are allowed at any time and for any reason after age 59 ½. The minimum withdrawal amount is $1,000, and a participant may make a maximum of two withdrawals during a single plan year.

Hardship withdrawals are allowed at any time under the Plan. However, participants that take a hardship withdrawal are not allowed to make contributions to the Plan for six months after the withdrawal.

PLAN ADMINISTRATION

Plan assets are held in an account with Putnam. Certain Plan administrative duties, such as Form 5500 preparation, participant recordkeeping, compliance testing, and enrollment and transaction processing, are performed by Mercer.

Employees of the Company perform certain other administrative functions. However, such employees receive no compensation from the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan have been prepared on the modified cash basis of accounting. Under this basis, revenue is recognized when received rather than earned, and expenses are recognized when paid rather than when incurred.

FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS

As described in Financial Accounting Standards Board *Accounting Standards Codification* 946, *Reporting of Fully Benefit-Responsive Investment Contracts* (ASC 946), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available-for-benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Plan invests in investment contracts through the

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS - CONTINUED

Putnam Stable Value Fund, a collective trust. The Statements of Net Assets Available-for-Benefits present the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available-for-Benefits is prepared on a contract value basis.

ESTIMATES

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

INVESTMENT VALUATION AND INVESTMENT INCOME

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Dividends are recorded on the ex-dividend date.

The Plan holds an investment in the Putnam Stable Value Fund (Stable Value), which is a common/collective trust fund managed by Putnam, as trustee of the fund. The fund invests primarily in guaranteed investment contracts (GICs), or funding agreements, security-backed investment contracts (SBICs), separate accounts issued or wrapped by insurance companies, banks or externally managed stable value commingled investment funds. The Stable Value fund may also invest in high-quality money market instruments or other similar short-term investments. The Plan's interest in the Stable Value fund is based on information reported by Putnam using the audited financial statements of the common/collective trust at year-end.

The fair value of the Putnam Stable Value Fund at December 31, 2010 and 2009 was $674,798 and $809,420, respectively. For the years ended December 31, 2010 and 2009, the crediting interest rates were approximately 4.2% and 3.8%, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but cannot be less than zero. The average yield rates were approximately 4.0% and 3.0% for the plan years ended December 31, 2010 and 2009, respectively.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. All notes receivable from participants are secured by the participant's account balance. Management considers all notes receivable to be well-collateralized and determined that no allowance was necessary to properly state the loan balances at December 31, 2010.

CHANGE IN ACCOUNTING PRINCIPLE

In September 2010 the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2010-25, which changed the classification of participant loans in financial statements prepared under generally accepted accounting principles. Formerly, participant loans were classified as investments of the Plan and were measured at fair value. Under ASU 2010-25, participant loans are now classified as receivables of the Plan and are presented at their unpaid principal balance plus any accrued but unpaid interest. The standard is effective for periods ending after December 15, 2010 and requires retrospective application.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

CHANGE IN ACCOUNTING PRINCIPLE - CONTINUED

The Plan adopted ASU 2010-25 in the period ended December 31, 2010. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this standard. The adoption resulted in the reclassification of participant loans totaling $256,167 from investments to receivables as of December 31, 2009. This reclassification had no impact on net assets available-for-benefits.

NOTE 3 - INVESTMENTS

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Putnam, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

The following table presents investments at December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	2009
Investments at fair value as determined by quoted market price:		
Baron Growth Fund	$ 213,183	$ 267,816
Growth Fund of America	754,689	904,690
Pimco Total Return Fund	698,158	802,894
Franklin Templeton Foreign Fund	196,528	*
George Putnam Fund of Boston	308,440	339,790
Putnam S&P 500 Index Fund	*	276,563
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Investments less than 5%	329,200	508,937
	$ 3,462,782	$ 4,321,106

* Investments less than 5% of the Plan's net assets in the period indicated

Putnam also certified to the completeness and accuracy of $217,752 of net appreciation in fair value of investments (including investments bought, sold and held during the year), interest and dividends of $109,106, and interest on participant loans of $11,762 for the year ended December 31, 2010.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5 - TAX STATUS

The Plan is maintained in the form of a prototype plan sponsored by the Plan's record keeper which is the subject of an opinion letter from the Internal Revenue Service dated March 31, 2008. The Plan was filed with the Internal Revenue Service on April 30, 2010 for its determination that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Code. The Plan has been amended since that date. We believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

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NOTE 6 - 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 7 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board *Accounting Standards Codification* 820, *Fair Value Measurements* (ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered investment companies (mutual funds): Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common collective trusts: The fair value of the common collective trust fund is based on its NAV, as reported by the manager of the common collective trust fund, and as supported by the unit prices of actual purchases and sales transactions occurring as of or close to the financial statement date.

The preceding methodologies used by the Plan for assets measured at fair value (and described in Note 2) may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth	$ 967,872	$ -	$ -	$ 967,872
Fixed income	873,954	-	-	873,954
Value	596,226	-	-	596,226
Other funds	196,528	-	-	196,528
Total mutual funds	2,634,580	-	-	2,634,580
Common/Collective Trusts:				
Index	-	153,404	-	153,404
Fixed income *	-	674,798	-	674,798
Total common/collective trusts	-	828,202	-	828,202
Total assets at fair value	$ 2,634,580	$ 828,202	$ -	$ 3,462,782

* Although the amount reflected in the table represents the fair value of this investment, the contract value (the amount available for plan benefits) was $638,264 as of December 31, 2010.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth	$ 1,172,506	$ -	$ -	$ 1,172,506
Fixed income	1,012,564	-	-	1,012,564
Value	750,786	-	-	750,786
Other funds	299,267	-	-	299,267
Total mutual funds	3,235,123	-	-	3,235,123
Common/Collective Trusts:				
Index	-	276,563	-	276,563
Fixed income *	-	809,420	-	809,420
Total common/collective trusts	-	1,085,983	-	1,085,983
Total assets at fair value	$ 3,235,123	$ 1,085,983	$ -	$ 4,321,106

* Although the amount reflected in the table represents the fair value of this investment, the contract value (the amount available for plan benefits) was $775,864 as of December 31, 2009.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available-for-benefits per the financial statements to the Form 5500 at December 31.

	2010	2009
Net assets available-for-benefits per the financial statements	$ 3,672,367	$ 4,543,717
Adjustment from contract value to fair value	36,534	33,556
Net assets available-for-benefits per the Form 5500	$ 3,708,901	$ 4,577,273

The following is a reconciliation of investment income per the financial statements to the Form 5500 at December 31, 2010.

Investment income per the financial statements	$ 326,858
Reverse adjustment from contract value to fair value, prior year	(33,556)
Adjustment from contract value to fair value, current year	36,534
Investment income per the Form 5500	$ 329,836

NOTE 9 - RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Putnam Investments. Putnam Investments is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid for the investment management services amounted to $20,463 for the year ended December 31, 2010.

NOTE 10 - TRANSFER OF ASSETS

On April 23, 2010, the Company amended the Plan to spin off Clinical Innovations as a separate entity and transferred the portion of Plan assets held by Clinical Innovations' employees, $1,042,017, to a separate 401(k) plan operated by Clinical Innovations.

NOTE 11 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through August 9, 2011, the date on which the financial statements were available to be issued.

YEAR ENDED DECEMBER 31, 2010
SUPPLEMENTAL SCHEDULE:

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan: 001
EIN: 20-0281046

ARGON MEDICAL DEVICES, INC.
401(k) PLAN
SCHEDULE H, PART IV, 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of issuer, lessor, or similar party	(c) Description of asset	** (d) Cost	(e) Current Value
	Mutual funds			
	Baron Capital Group	Baron Growth Fund, 4,161 shares		$ 213,183
	American Funds	Growth Fund of America, 24,793 shares		754,689
	Royce	Royce Total Return Fund, 13,348 shares		175,796
	Pimco	Pimco Total Return Fund, 64,346 shares		698,158
	Franklin Templeton Investment Funds	Templeton Foreign Fund, 28,156 shares		196,528
	Putnam Investments	George Putnam Fund of Boston, 25,854 shares		308,440
*	Putnam Investments	Putnam Equity Income Fund, 19,122 shares		287,786
	Total mutual funds			2,634,580
	Common collective trusts			
*	Putnam Investments	Putnam S&P 500 Index Fund, 4,318 shares		153,404
*	Putnam Investments	Putnam Stable Value Fund, 674,798 shares		674,798
	Total common collective trusts			828,202
	Total Investments			3,462,782
*	Notes receivable from participants	rates from 4.25% to 9.25%		246,119
	Total assets (held at end of year)			$ 3,708,901

* Party-In-Interest
** Cost information not required for participant directed investments.

ARGON MEDICAL DEVICES, INC.
401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE (MODIFIED CASH BASIS) WITH REPORT OF INDEPENDENT AUDITORS

DECEMBER 31, 2010 AND 2009

ARGON MEDICAL DEVICES, INC.
401(k) PLAN
DECEMBER 31, 2010 AND 2009

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HENRY & PETERS, PC
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Employee Benefits Plan Committee of
Argon Medical Devices, Inc.
401(k) Plan
Athens, Texas

We were engaged to audit the statements of net assets available-for-benefits of the Argon Medical Devices, Inc. 401(k) Plan (Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets available-for-benefits for the year ended December 31, 2010, and the supplemental schedule of assets held at end of year as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 summarized in Note 3, which was certified by Putnam Fiduciary Trust Company (Putnam), Plan trustee, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Henry & Peters, P.C.

Tyler, Texas
August 9, 2011

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ARGON MEDICAL DEVICES, INC.
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE-FOR-BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2010 AND 2009

	2010	2009
Investments, at fair value		
Common/collective trusts	$ 828,202	$ 1,085,983
Registered investment companies - mutual funds	2,634,580	3,235,123
	3,462,782	4,321,106
Notes receivable from participants	246,119	256,167
Net assets available-for-benefits at fair value	3,708,901	4,577,273
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	(36,534)	(33,556)
Net assets available-for-benefits	$ 3,672,367	$ 4,543,717

See accompanying notes to financial statements.

ARGON MEDICAL DEVICES, INC.
401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE-FOR-BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS:	
Investment income	
Net unrealized appreciation in fair value of investments	$ 241,104
Net realized loss on sales of investments	(23,352)
Dividends and interest	109,106
Total investment income	326,858
Interest on notes receivable from participants	11,762
Contributions	
Employer	45,560
Participants	301,773
Rollover	36,227
Total contributions	383,560
Total additions	722,180
DEDUCTIONS:	
Benefits paid to participants	525,064
Administrative expenses	26,449
Total deductions	551,513
Net increase in net assets	170,667
Net assets available-for-benefits	
Beginning of year	4,543,717
Transfer of assets	(1,042,017)
End of year	$ 3,672,367

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Argon Medical Devices, Inc. (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Company established a defined contribution 401(k) plan effective November 11, 2003, that covers employees of the Company who have completed three months or more of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants may enter the Plan on the first day of the month, coincident with or next following the date on which eligibility requirements are met. Participants are considered to be eligible on the three-month anniversary of their first day of employment, regardless of the actual amount of service during that period.

CONTRIBUTIONS

Participants may contribute to the Plan from 1% up to 50% of their pretax compensation subject to certain maximum limitations imposed by the Internal Revenue Code ($16,500 for 2010 and 2009, respectively). Employees who are eligible to make elective deferrals under the Plan and who have attained age 50 before the close of the plan year are eligible to make catch-up contributions in accordance with, and subject to the limitations of, Section 414(v) of the Internal Revenue Code ($5,500 for 2010 and 2009, respectively). Participants may also make Roth 401(k) and eligible rollover contributions to the Plan.

The Company has an option to make matching contributions under the Plan equal to a matching percentage, which the Company from time to time deems advisable. Before April 23, 2010, the Company could establish different matching contribution formulas for each participating employer under the Plan for any plan year (including a zero match for one or more participating employers). In addition, to receive the regular matching contribution for a plan year, a participant must make match eligible contributions during the plan year and, to receive the true-up matching contribution for a plan year, a participant must make match eligible contributions during the plan year and must be employed by the Company on the last day of that year. Effective April 23, 2010, the Company may not establish different matching contribution formulas for each participating employer under the Plan. In addition, to receive the regular or true-up matching contribution for a plan year, a participant must make match eligible contributions during the plan year. For the plan year ending December 31, 2010, the Company elected to make a matching contribution of 3% for participants employed by Clinical Innovations, LLC (for the portion of the plan year through April 22, 2010) and no matching contribution for participants employed by Argon Medical Devices, Inc.

In addition, the Company may make a discretionary profit sharing contribution (as determined by the Board of Directors). To receive the profit sharing contribution for a plan year the employee must have completed three months or more of service and must be employed by the Company on the last day of the plan year. The discretionary contribution is allocated to eligible participants on a pro rata share of their compensation compared to the total compensation of all eligible participants. The Company did not elect to make a profit sharing contribution for the years ending December 31, 2010 and 2009.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's matching and profit sharing contribution, and (2) plan earnings and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are 100% vested in their voluntary contributions, rollover contributions, employer matching and profit sharing contributions, plus actual earnings thereon immediately upon entering the Plan.

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of the participant's account balance or $50,000. The notes are secured by the balance in the participant's account and bear interest at the prime rate as listed in the Wall Street Journal on the first business day of the month in which the note is requested plus 1%. Principal and interest is paid ratably through monthly payroll deductions. The repayment period of any general-purpose note may not exceed five years. The repayment period for any primary residence note may not exceed ten years.

INVESTMENT OPTIONS

Upon enrollment in the Plan, a participant may direct employee contributions in any of nine investment alternatives offered by Putnam Fiduciary Trust Company (Putnam). Participants may change the percentage of their elective contributions as of the first day of any month. Participants may change their investment options daily via online access to Putnam Investments or their automated telephone system.

PAYMENT OF BENEFITS

On termination of service, benefits of $5,000 or less (exclusive of rollovers) will be rolled over automatically by the Plan into an individual retirement account (IRA). For benefits of more than $5,000, a participant may elect to receive either a lump-sum payment or annual installments.

IN-SERVICE AND HARDSHIP WITHDRAWALS

In-service withdrawals are allowed at any time and for any reason after age 59 ½. The minimum withdrawal amount is $1,000, and a participant may make a maximum of two withdrawals during a single plan year.

Hardship withdrawals are allowed at any time under the Plan. However, participants that take a hardship withdrawal are not allowed to make contributions to the Plan for six months after the withdrawal.

PLAN ADMINISTRATION

Plan assets are held in an account with Putnam. Certain Plan administrative duties, such as Form 5500 preparation, participant recordkeeping, compliance testing, and enrollment and transaction processing, are performed by Mercer.

Employees of the Company perform certain other administrative functions. However, such employees receive no compensation from the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan have been prepared on the modified cash basis of accounting. Under this basis, revenue is recognized when received rather than earned, and expenses are recognized when paid rather than when incurred.

FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS

As described in Financial Accounting Standards Board *Accounting Standards Codification* 946, *Reporting of Fully Benefit-Responsive Investment Contracts* (ASC 946), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available-for-benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Plan invests in investment contracts through the

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS - CONTINUED

Putnam Stable Value Fund, a collective trust. The Statements of Net Assets Available-for-Benefits present the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available-for-Benefits is prepared on a contract value basis.

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The fair value of the Putnam Stable Value Fund at December 31, 2010 and 2009 was $674,798 and $809,420, respectively. For the years ended December 31, 2010 and 2009, the crediting interest rates were approximately 4.2% and 3.8%, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but cannot be less than zero. The average yield rates were approximately 4.0% and 3.0% for the plan years ended December 31, 2010 and 2009, respectively.

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CHANGE IN ACCOUNTING PRINCIPLE - CONTINUED

The Plan adopted ASU 2010-25 in the period ended December 31, 2010. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this standard. The adoption resulted in the reclassification of participant loans totaling $256,167 from investments to receivables as of December 31, 2009. This reclassification had no impact on net assets available-for-benefits.

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Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered investment companies (mutual funds): Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common collective trusts: The fair value of the common collective trust fund is based on its NAV, as reported by the manager of the common collective trust fund, and as supported by the unit prices of actual purchases and sales transactions occurring as of or close to the financial statement date.

The preceding methodologies used by the Plan for assets measured at fair value (and described in Note 2) may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth	$ 967,872	$ -	$ -	$ 967,872
Fixed income	873,954	-	-	873,954
Value	596,226	-	-	596,226
Other funds	196,528	-	-	196,528
Total mutual funds	2,634,580	-	-	2,634,580
Common/Collective Trusts:				
Index	-	153,404	-	153,404
Fixed income *	-	674,798	-	674,798
Total common/collective trusts	-	828,202	-	828,202
Total assets at fair value	$ 2,634,580	$ 828,202	$ -	$ 3,462,782

* Although the amount reflected in the table represents the fair value of this investment, the contract value (the amount available for plan benefits) was $638,264 as of December 31, 2010.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth	$ 1,172,506	$ -	$ -	$ 1,172,506
Fixed income	1,012,564	-	-	1,012,564
Value	750,786	-	-	750,786
Other funds	299,267	-	-	299,267
Total mutual funds	3,235,123	-	-	3,235,123
Common/Collective Trusts:				
Index	-	276,563	-	276,563
Fixed income *	-	809,420	-	809,420
Total common/collective trusts	-	1,085,983	-	1,085,983
Total assets at fair value	$ 3,235,123	$ 1,085,983	$ -	$ 4,321,106

* Although the amount reflected in the table represents the fair value of this investment, the contract value (the amount available for plan benefits) was $775,864 as of December 31, 2009.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available-for-benefits per the financial statements to the Form 5500 at December 31.

	2010	2009
Net assets available-for-benefits per the financial statements	$ 3,672,367	$ 4,543,717
Adjustment from contract value to fair value	36,534	33,556
Net assets available-for-benefits per the Form 5500	$ 3,708,901	$ 4,577,273

The following is a reconciliation of investment income per the financial statements to the Form 5500 at December 31, 2010.

Investment income per the financial statements	$ 326,858
Reverse adjustment from contract value to fair value, prior year	(33,556)
Adjustment from contract value to fair value, current year	36,534
Investment income per the Form 5500	$ 329,836

NOTE 9 - RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Putnam Investments. Putnam Investments is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid for the investment management services amounted to $20,463 for the year ended December 31, 2010.

NOTE 10 - TRANSFER OF ASSETS

On April 23, 2010, the Company amended the Plan to spin off Clinical Innovations as a separate entity and transferred the portion of Plan assets held by Clinical Innovations' employees, $1,042,017, to a separate 401(k) plan operated by Clinical Innovations.

NOTE 11 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through August 9, 2011, the date on which the financial statements were available to be issued.

YEAR ENDED DECEMBER 31, 2010
SUPPLEMENTAL SCHEDULE:

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan: 001
EIN: 20-0281046

ARGON MEDICAL DEVICES, INC.
401(k) PLAN
SCHEDULE H, PART IV, 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of issuer, lessor, or similar party	(c) Description of asset	** (d) Cost	(e) Current Value
	Mutual funds			
	Baron Capital Group	Baron Growth Fund, 4,161 shares		$ 213,183
	American Funds	Growth Fund of America, 24,793 shares		754,689
	Royce	Royce Total Return Fund, 13,348 shares		175,796
	Pimco	Pimco Total Return Fund, 64,346 shares		698,158
	Franklin Templeton Investment Funds	Templeton Foreign Fund, 28,156 shares		196,528
	Putnam Investments	George Putnam Fund of Boston, 25,854 shares		308,440
*	Putnam Investments	Putnam Equity Income Fund, 19,122 shares		287,786
	Total mutual funds			2,634,580
	Common collective trusts			
*	Putnam Investments	Putnam S&P 500 Index Fund, 4,318 shares		153,404
*	Putnam Investments	Putnam Stable Value Fund, 674,798 shares		674,798
	Total common collective trusts			828,202
	Total Investments			3,462,782
*	Notes receivable from participants	rates from 4.25% to 9.25%		246,119
	Total assets (held at end of year)			$ 3,708,901

* Party-In-Interest
** Cost information not required for participant directed investments.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1 **EIN:** 27-2147843
Plan Sponsor's Name ARGON MEDICAL DEVICES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BARON GROWTH FUND	MUTUAL FUND		213,183
	GROWTH FUND OF AMERICA	MUTUAL FUND		754,689
	ROYCE TOTAL RETURN FUND	MUTUAL FUND		175,796
	PIMCO TOTAL RETURN FUND	MUTUAL FUND		698,159
	FRANKLIN TEMPLETON FOREIGN	MUTUAL FUND		196,528
	THE GEORGE PUTNAM BAL FUND	MUTUAL FUND		308,440
	PUTNAM S & P 500 INDEX FD	COMMON/COLLECTIVE TRUST		153,404

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ARGON MEDICAL DEVICES, INC. 401 K PLAN **EIN:** 27-2147843
Plan Sponsor's Name ARGON MEDICAL DEVICES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	LOAN FUND	PARTICIPANT LOANS		246,119
	PUTNAM STABLE VALUE FUND	COMMON/COLLECTIVE TRUST		674,798
	PUTNAM EQUITY INCOME FUND	MUTUAL FUND		287,786