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

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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
MEDIC AMBULANCE SERVICE INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

2349 LEXINGTON STREET
SACRAMENTO, CA 95815

2b Employer Identification Number (EIN)
94-2725852

2c Sponsor's telephone number
916-564-9040

2d Business code (see instructions)
621900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2011	HELEN PIERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MEDIC AMBULANCE SERVICE INC

2349 LEXINGTON STREET
SACRAMENTO, CA 95815

3b Administrator's EIN
94-2725852

3c Administrator's telephone number
916-564-9040

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	200
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**	166
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	196
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	196
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	100
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:
2A 2E 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDIC AMBULANCE SERVICE INC

D Employer Identification Number (EIN)
94-2725852

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

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250 VESEY STREET
NEW YORK, NY 10281

13-5674085

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

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

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

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250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	BROKERAGE		Yes [X] No [ ]	Yes [ ] No [X]	11503	Yes [ ] No [X]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
MEDIC AMBULANCE SERVICE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDIC AMBULANCE SERVICE INC

D Employer Identification Number (EIN)
94-2725852

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	369380	411410
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	36625	50520
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	452682	650672
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	858687	1112602
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	858687	1112602

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)	103487	
	(B) Participants	2a(1)(B)	146702	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		250189
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1963	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1963
	(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)	4399	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4399
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		61017
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		317568
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33894	
(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)		33894
f Corrective distributions (see instructions)	2f		29331
g Certain deemed distributions of participant loans (see instructions)	2g		68
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	360	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		360
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		63653
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		253915
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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 [X] No

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

(1) Name: WHITAKER & ASSOCIATES, INC. **(2)** EIN: 80-0334011

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		85869
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
MEDIC AMBULANCE SERVICE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDIC AMBULANCE SERVICE INC

D Employer Identification Number (EIN)
94-2725852

Part I Distributions

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

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

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

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

MEDIC AMBULANCE SERVICE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND DECEMBER 31, 2009

MEDIC AMBULANCE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS
DECEMBER 31, 2010 AND 2009

Independent auditors' report	2
Statement of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 10
Supplemental Information:	
Schedule of assets held at end of year	12

Independent Auditors' Report

Plan Trustees
Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust

We have audited the accompanying statement of net assets available for benefits of Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2010 and the related statement of changes in net assets available for benefits and supplemental schedule for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits. The financial statements of Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 were audited by other auditors whose report dated October 15, 2010, expressed an unqualified opinion on those statements.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2010 and the changes in its net assets available for benefits for the year ended December 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held at the end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Sacramento, California
September 21, 2011

MEDIC AMBULANCE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
ASSETS:		
Cash and cash equivalents	$ 411,410	$ 369,380
Investments in pooled funds, at fair value	650,672	452,682
Notes receivable from participants	50,520	36,625
Contributions receivable	111,661	103,103
TOTAL ASSETS	1,224,263	961,790
LIABILITIES:		
Contributions refundable	29,843	24,836
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,194,420	$ 936,954

See notes to financial statements.

MEDIC AMBULANCE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2010

ADDITIONS:		
Interest and dividend income	$	6,362
Net appreciation in fair value of investments		61,017
Contributions:		
Employee contributions		146,702
Employer contributions		112,046
TOTAL ADDITIONS		326,127
DEDUCTIONS:		
Benefit distributions		68,301
Administration fees		360
NET INCREASE		257,466
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		936,954
End of year	$	1,194,420

See notes to financial statements.

MEDIC AMBULANCE SERVICE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 1. DESCRIPTION OF PLAN:

The following brief description of the Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust (The Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General:

The Plan was adopted January 1, 2005. The profit sharing plan covers all non-union employees of Medic Ambulance Service, Inc. (the Company) that are not nonresident aliens or leased employees, who are20 years of age or older and have completed three months of service. The 401(k) arrangement is available to the same employees eligible under the profit sharing plan, but they must also have completed 1,000 hours in twelve months of service. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Contributions:

The profit sharing contributions to the Plan are made at the discretion of the Company's Board of Directors. Participants in the 401(k) arrangement may contribute up to 96 percent of pretax annual compensation as defined in the Plan. The total contribution by each participant is limited to $16,500 for plan year 2010 and 2009. The Company may make a matching contribution with regard to catch-up contributions based on a discretionary formula. For fiscal years beginning after December 31, 2001, individuals age 50 or over by the end of the plan year are allowed to make additional contributions to a 401(k) plan, in excess of the standard limits. Such additional contributions will be limited to the lesser of a specified dollar amount ($5,500 in 2010 and $5,500 in 2009) or the participant's compensation for the year reduced by the participant's other elective deferrals.

Participant accounts:

Each participant's 401(k) account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their deferral contributions. Vesting in the participant's employer contributions account is based on years of continuous service. For profit sharing contributions, a participant is 50% vested after three years of continuous services and is 100% vested after five years. For additional matching contributions in excess of the standard limits, a participant is 100% vested immediately.

Investment options:

Upon enrollment in the 401(k) arrangement, a participant may direct employee contributions in any of twenty one investment options and may change their direction at any time.

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 1. DESCRIPTION OF PLAN (Continued):

Administrative expenses:

Plan administrative expenses are paid by the Plan's sponsor.

Benefit payments:

On termination of employment, if a participant's account balance is less than $1,000, the participant will receive an amount equal to the account balance as a lump sum payment no later than 60 days following the close of the plan year in which the separation from service occurs. If the account balance exceeds $5,000, the participant may elect to receive payment in a form and at the time elected by the participant. In the absence of an election by the participant, the account balance will be distributed in a lump sum in the manner described above.

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 $50,000 or 50% of their vested account balance. Loan terms range from 1 – 5 years with longer terms allowed for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest as determined by the Plan Administrator. Interest rates varied for outstanding loans. Principal and interest is paid ratably through payroll deductions.

Forfeited accounts:

At December 31, 2010, the Plan did not have forfeitures. This account is used to reduce employer contributions.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Method of accounting:

The financial statements are presented on the accrual basis of accounting.

Cash equivalents:

Cash equivalents are considered to be short-term, highly liquid investments with original maturities of three months or less.

Investment valuation and income recognition:

Investments are generally included in the financial statements at fair value as reported to the Plan by Merrill Lynch & Co., Inc. Shares are stated at quoted market value. Gains and losses on investments are recognized in the period in which the appreciation or depreciation occurs. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) of investments, which consists of the net realized gains or losses and unrealized appreciation or depreciation on those investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefit payments:
Benefits are recorded when paid.

Subsequent events:
The Administrative Committee has evaluated subsequent events through September 21, 2011 the date which the financial statements were available for issue.

Operating expenses:
All expenses of maintainingthe plan are paid by the company.

Note 3. NATURE OF ESTIMATES:

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

Note 4. CONCENTRATIONS OF CREDIT RISK:

The Plan's investments are held in a trust fund administered by Merrill Lynch & Co. These investments are exposed to various risks, such as credit, interest rate and market. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 5. ASSETS HELD FOR INVESTMENT:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared by the asset custodian, Merrill Lynch & Co. The estimated fair value of investments as of December 31, 2010 and December 31, 2009 is as follows:

	December 31, 2010	December 31, 2009
* Merrill Lynch ready Asset Trust	$ 411,410	$ 369,380
* Davis New York Venture C	211,700	149,368
Evergreen Core Bond C	0	546
* MFS Total Return C	178,555	139,277
Blackrock Global Allocation C	43,396	27,048
Blackrock Fundamental Growth C	42,282	21,002
Blackrock Value Opportunities C	30,521	19,472
J P Morgan Dynamic Small Cap	31,802	20,278
Blackrock International Value C	30,998	26,200
Blackrock Large Cap Core C	40,621	31,488
Blackrock Large Cap Value C	21,310	12,620
Blackrock Government Income	17,682	5,383
Wells Fargo AD TOT RET BND	1,805	0
	$ 1,062,082	$ 822,062

* Each fund individually represented 5% or more of the Plan's net assets at December 31, 2010 and December 31, 2009.

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 6. FAIR VALUE MEASUREMENTS:

Professional accounting standards 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under professional accounting standards are described as follows:

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 markets that are not active; • 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, a level 2 input market 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 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 used 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.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

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

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 6. FAIR VALUE MEASUREMENTS (Continued):

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

Assets at Fair Value as of December 31,2010

	Level 1	Level 2	Level 3	Total
Mutual funds at fair value	$ 650,672	$ 0	$ 0	$ 650,672

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual funds at fair value	$ 452,682	$ 0	$ 0	$ 452,682

Note 7. PLAN TERMINATION:

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, and all amounts credited to the affected participants' accounts shall become 100% vested.

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 8. INCOME TAX STATUS:

The Plan has been granted tax exempt status by both the federal government and the State of California. The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes.

The Plan recognizes the financial statement benefit of an uncertain tax position only after considering the probability that a tax authority would sustain the position in an examination. For tax positions meeting a "more-likely-than-not" threshold, the amount recognized in the financial statements is the benefit expected to be realized upon settlement with the tax authority. For tax positions not meeting the threshold, no financial statement benefit is recognized. As of December 31, 2010, the Plan has had no uncertain tax positions. The Plan recognizes interest and penalties, if any, related to uncertain tax positions as income tax expense. Annual returns for the years prior to 2006 are no longer subject to examination by tax authorities.

Note 9. PLAN AMENDMENT:

The Plan obtained its latest determination letter on January 31, 2006, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10. RELATED PARTY TRANSACTIONS:

A cash equivalents fund is managed by Merrill Lynch & Co, Inc., the asset custodian. Fees paid by the Plan for the investment management and other administrative costs amounted to $11,503 for the year ended December 31, 2010. These transactions qualify as party-in-interest transactions, which are exempt from the ERISA, prohibited transaction rules.

Note 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of the financial statements to Form 5500 as of and for the year ended December 31:

Net assets available for benefits per financial statements	$ 1,194,420
Contributions refundable as of December 31, 2010	29,843
Employer contributions receivable as of December 31, 2010	(111,661)
Net assets available for benefits per Form 5500	$ 1,112,602
Increase in net assets per financial statements	$ 257,466
Contributions refundable as of December 31, 2009	(24,836)
Employer contributions receivable as of December 31, 2009	103,103
Contributions refundable as of December 31, 2010	29,843
Employer contributions receivable as of December 31, 2010	(111,661)
Increase in net assets per Form 5500	$ 253,915

MEDIC AMBULANCE SERVICE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

SUPPLEMENTAL INFORMATION

EIN - 94-2725852, PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, LINE 4i
(Required by ERISA Sec. 103(b)(3)(c))

DECEMBER 31, 2010

(a)	(b) Identity of Issue	(c) Description of	(e) Current Value
	*Funds held by Merrill Lynch & Co.:		
	Merrill Lynch Ready Asset Trust	Money Market	$ 411,410
	Davis New York Venture C	Mutual Funds	211,700
	MFS Total Return C	Mutual Funds	178,555
	Blackrock Global Allocation C	Mutual Funds	43,396
	Blackrock Fundamental Growth C	Mutual Funds	42,282
	Blackrock Value Opportunities C	Mutual Funds	30,521
	JP Morgan Dynamic Small Cap Growth C	Mutual Funds	31,802
	Blackrock International Value C	Mutual Funds	30,998
	Blackrock Large Cap Core C	Mutual Funds	40,621
	Blackrock Large Cap Value C	Mutual Funds	21,310
	Blackrock Government Income Portfolio	Mutual Funds	17,682
	Wells Fargo AD TOT RET BND	Mutual Funds	1,805
			$ 1,062,082
	Participant loans	At various interest rates	$ 50,520

(*) Party in interest
Column (d) is not applicable

MEDIC AMBULANCE SERVICE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND DECEMBER 31, 2009

MEDIC AMBULANCE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS
DECEMBER 31, 2010 AND 2009

Independent auditors' report	2
Statement of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 10
Supplemental Information:	
Schedule of assets held at end of year	12

Independent Auditors' Report

Plan Trustees
Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust

We have audited the accompanying statement of net assets available for benefits of Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2010 and the related statement of changes in net assets available for benefits and supplemental schedule for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits. The financial statements of Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 were audited by other auditors whose report dated October 15, 2010, expressed an unqualified opinion on those statements.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2010 and the changes in its net assets available for benefits for the year ended December 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held at the end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Sacramento, California
September 21, 2011

MEDIC AMBULANCE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
ASSETS:		
Cash and cash equivalents	$ 411,410	$ 369,380
Investments in pooled funds, at fair value	650,672	452,682
Notes receivable from participants	50,520	36,625
Contributions receivable	111,661	103,103
TOTAL ASSETS	1,224,263	961,790
LIABILITIES:		
Contributions refundable	29,843	24,836
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,194,420	$ 936,954

See notes to financial statements.

MEDIC AMBULANCE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2010

ADDITIONS:		
Interest and dividend income	$	6,362
Net appreciation in fair value of investments		61,017
Contributions:		
Employee contributions		146,702
Employer contributions		112,046
TOTAL ADDITIONS		326,127
DEDUCTIONS:		
Benefit distributions		68,301
Administration fees		360
NET INCREASE		257,466
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		936,954
End of year	$	1,194,420

See notes to financial statements.

MEDIC AMBULANCE SERVICE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 1. DESCRIPTION OF PLAN:

The following brief description of the Medic Ambulance Service, Inc. 401(k) Profit Sharing Plan and Trust (The Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General:

The Plan was adopted January 1, 2005. The profit sharing plan covers all non-union employees of Medic Ambulance Service, Inc. (the Company) that are not nonresident aliens or leased employees, who are20 years of age or older and have completed three months of service. The 401(k) arrangement is available to the same employees eligible under the profit sharing plan, but they must also have completed 1,000 hours in twelve months of service. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Contributions:

The profit sharing contributions to the Plan are made at the discretion of the Company's Board of Directors. Participants in the 401(k) arrangement may contribute up to 96 percent of pretax annual compensation as defined in the Plan. The total contribution by each participant is limited to $16,500 for plan year 2010 and 2009. The Company may make a matching contribution with regard to catch-up contributions based on a discretionary formula. For fiscal years beginning after December 31, 2001, individuals age 50 or over by the end of the plan year are allowed to make additional contributions to a 401(k) plan, in excess of the standard limits. Such additional contributions will be limited to the lesser of a specified dollar amount ($5,500 in 2010 and $5,500 in 2009) or the participant's compensation for the year reduced by the participant's other elective deferrals.

Participant accounts:

Each participant's 401(k) account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their deferral contributions. Vesting in the participant's employer contributions account is based on years of continuous service. For profit sharing contributions, a participant is 50% vested after three years of continuous services and is 100% vested after five years. For additional matching contributions in excess of the standard limits, a participant is 100% vested immediately.

Investment options:

Upon enrollment in the 401(k) arrangement, a participant may direct employee contributions in any of twenty one investment options and may change their direction at any time.

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 1. DESCRIPTION OF PLAN (Continued):

Administrative expenses:

Plan administrative expenses are paid by the Plan's sponsor.

Benefit payments:

On termination of employment, if a participant's account balance is less than $1,000, the participant will receive an amount equal to the account balance as a lump sum payment no later than 60 days following the close of the plan year in which the separation from service occurs. If the account balance exceeds $5,000, the participant may elect to receive payment in a form and at the time elected by the participant. In the absence of an election by the participant, the account balance will be distributed in a lump sum in the manner described above.

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 $50,000 or 50% of their vested account balance. Loan terms range from 1 – 5 years with longer terms allowed for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest as determined by the Plan Administrator. Interest rates varied for outstanding loans. Principal and interest is paid ratably through payroll deductions.

Forfeited accounts:

At December 31, 2010, the Plan did not have forfeitures. This account is used to reduce employer contributions.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Method of accounting:

The financial statements are presented on the accrual basis of accounting.

Cash equivalents:

Cash equivalents are considered to be short-term, highly liquid investments with original maturities of three months or less.

Investment valuation and income recognition:

Investments are generally included in the financial statements at fair value as reported to the Plan by Merrill Lynch & Co., Inc. Shares are stated at quoted market value. Gains and losses on investments are recognized in the period in which the appreciation or depreciation occurs. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) of investments, which consists of the net realized gains or losses and unrealized appreciation or depreciation on those investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefit payments:
Benefits are recorded when paid.

Subsequent events:
The Administrative Committee has evaluated subsequent events through September 21, 2011 the date which the financial statements were available for issue.

Operating expenses:
All expenses of maintainingthe plan are paid by the company.

Note 3. NATURE OF ESTIMATES:

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

Note 4. CONCENTRATIONS OF CREDIT RISK:

The Plan's investments are held in a trust fund administered by Merrill Lynch & Co. These investments are exposed to various risks, such as credit, interest rate and market. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 5. ASSETS HELD FOR INVESTMENT:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared by the asset custodian, Merrill Lynch & Co. The estimated fair value of investments as of December 31, 2010 and December 31, 2009 is as follows:

	December 31, 2010	December 31, 2009
* Merrill Lynch ready Asset Trust	$ 411,410	$ 369,380
* Davis New York Venture C	211,700	149,368
Evergreen Core Bond C	0	546
* MFS Total Return C	178,555	139,277
Blackrock Global Allocation C	43,396	27,048
Blackrock Fundamental Growth C	42,282	21,002
Blackrock Value Opportunities C	30,521	19,472
J P Morgan Dynamic Small Cap	31,802	20,278
Blackrock International Value C	30,998	26,200
Blackrock Large Cap Core C	40,621	31,488
Blackrock Large Cap Value C	21,310	12,620
Blackrock Government Income	17,682	5,383
Wells Fargo AD TOT RET BND	1,805	0
	$ 1,062,082	$ 822,062

* Each fund individually represented 5% or more of the Plan's net assets at December 31, 2010 and December 31, 2009.

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 6. FAIR VALUE MEASUREMENTS:

Professional accounting standards 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under professional accounting standards are described as follows:

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 markets that are not active; • 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, a level 2 input market 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 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 used 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.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

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

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 6. FAIR VALUE MEASUREMENTS (Continued):

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

Assets at Fair Value as of December 31,2010

	Level 1	Level 2	Level 3	Total
Mutual funds at fair value	$ 650,672	$ 0	$ 0	$ 650,672

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual funds at fair value	$ 452,682	$ 0	$ 0	$ 452,682

Note 7. PLAN TERMINATION:

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, and all amounts credited to the affected participants' accounts shall become 100% vested.

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2010 AND DECEMBER 31, 2009

Note 8. INCOME TAX STATUS:

The Plan has been granted tax exempt status by both the federal government and the State of California. The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes.

The Plan recognizes the financial statement benefit of an uncertain tax position only after considering the probability that a tax authority would sustain the position in an examination. For tax positions meeting a "more-likely-than-not" threshold, the amount recognized in the financial statements is the benefit expected to be realized upon settlement with the tax authority. For tax positions not meeting the threshold, no financial statement benefit is recognized. As of December 31, 2010, the Plan has had no uncertain tax positions. The Plan recognizes interest and penalties, if any, related to uncertain tax positions as income tax expense. Annual returns for the years prior to 2006 are no longer subject to examination by tax authorities.

Note 9. PLAN AMENDMENT:

The Plan obtained its latest determination letter on January 31, 2006, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10. RELATED PARTY TRANSACTIONS:

A cash equivalents fund is managed by Merrill Lynch & Co, Inc., the asset custodian. Fees paid by the Plan for the investment management and other administrative costs amounted to $11,503 for the year ended December 31, 2010. These transactions qualify as party-in-interest transactions, which are exempt from the ERISA, prohibited transaction rules.

Note 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of the financial statements to Form 5500 as of and for the year ended December 31:

Net assets available for benefits per financial statements	$ 1,194,420
Contributions refundable as of December 31, 2010	29,843
Employer contributions receivable as of December 31, 2010	(111,661)
Net assets available for benefits per Form 5500	$ 1,112,602
Increase in net assets per financial statements	$ 257,466
Contributions refundable as of December 31, 2009	(24,836)
Employer contributions receivable as of December 31, 2009	103,103
Contributions refundable as of December 31, 2010	29,843
Employer contributions receivable as of December 31, 2010	(111,661)
Increase in net assets per Form 5500	$ 253,915

MEDIC AMBULANCE SERVICE, INC.
401(K) PROFIT SHARING PLAN AND TRUST

SUPPLEMENTAL INFORMATION

EIN - 94-2725852, PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, LINE 4i
(Required by ERISA Sec. 103(b)(3)(c))

DECEMBER 31, 2010

(a)	(b) Identity of Issue	(c) Description of	(e) Current Value
	*Funds held by Merrill Lynch & Co.:		
	Merrill Lynch Ready Asset Trust	Money Market	$ 411,410
	Davis New York Venture C	Mutual Funds	211,700
	MFS Total Return C	Mutual Funds	178,555
	Blackrock Global Allocation C	Mutual Funds	43,396
	Blackrock Fundamental Growth C	Mutual Funds	42,282
	Blackrock Value Opportunities C	Mutual Funds	30,521
	JP Morgan Dynamic Small Cap Growth C	Mutual Funds	31,802
	Blackrock International Value C	Mutual Funds	30,998
	Blackrock Large Cap Core C	Mutual Funds	40,621
	Blackrock Large Cap Value C	Mutual Funds	21,310
	Blackrock Government Income Portfolio	Mutual Funds	17,682
	Wells Fargo AD TOT RET BND	Mutual Funds	1,805
			$ 1,062,082
	Participant loans	At various interest rates	$ 50,520

(*) Party in interest
Column (d) is not applicable