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;
- [ ] 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
DENTAL CARE ALLIANCE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
DENTAL CARE ALLIANCE, LLC

6240 LAKE OSPREY DR
SARASOTA, FL 34240

2b Employer Identification Number (EIN) 82-0580763

2c Sponsor's telephone number 941-955-3150

2d Business code (see instructions) 621210

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.	10/06/2011	TOM BEDFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2011	DAVID NICHOLS
	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")
DENTAL CARE ALLIANCE, LLC

6240 LAKE OSPREY DR
SARASOTA, FL 34240

3b Administrator's EIN
82-0580763

3c Administrator's telephone number
941-955-3150

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**	1766
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**	1532
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	190
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1722
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1722
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1007
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	209
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
06-0974148	88072	GA-822901	1007	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
92137	25

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY INS SVCS INC
HARBOR SIDE FNCL CENTER PLZ 2 7 FLO
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
92137			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGANSTANLEY SMITHBARNEY LLC
MORGANSTANLEY SMITHBARNEY LLC
OWINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	25	SALES/MARKETING	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	3734090
5	Current value of plan's interest under this contract in separate accounts at year end	5	16050670

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	135861		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	36496		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	3738913		
	▶ ACQUISITION,ROLLOVER,LOAN PYMT				
	(6) Total additions			7c(6)	3911270
d	Total of balance and additions (add **b** and **c(6)**)			7d	3911270
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	68778		
	(2) Administration charge made by carrier	7e(2)	171		
	(3) Transferred to separate account	7e(3)	103497		
	(4) Other (specify below)	7e(4)	4734		
	▶ LOAN W/D				
	(5) Total deductions			7e(5)	177180
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	3734090

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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	**B** Three-digit plan number (PN) ▶	
DENTAL CARE ALLIANCE 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
DENTAL CARE ALLIANCE, LLC	82-0580763	

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).. . . . . ☐ 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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(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)

HARTFORD LIFE INS. CO.

06-0974148

(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 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	715	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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?
49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	54	Yes [ ] No [X]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
99 25	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	416	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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 49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	161	Yes [ ] No [X]

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

MERRILL LYNCH

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?
15 28 33 37 50 56 59 60 62 63 64 65 71 72	N/A	12079	Yes [X] No [ ]	Yes [X] No [ ]	92319	Yes [X] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	N/A	797	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
HARTFORD LIFE INSURANCE COMPANY	52 59 60 63	0

(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.
SEE FEE AND COMPENSATION DISCLOSURE 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	54

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	99 25	416

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

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
MESIROW FINANCIAL INVESTMENT MANAGE	27 49	161

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERRILL LYNCH	28 56 59 60 62 63 72	92319

(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.
MERRILL LYNCH 13-5674085	SEE ANNUAL REVENUE REPORT

(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 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
DENTAL CARE ALLIANCE 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
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

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: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE 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)
06-0974148-000	P	16050670

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

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

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
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

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)	18325	0
(2) Participant contributions	1b(2)	101958	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3714627	0
(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)	385024	407303
(9) Value of interest in common/collective trusts	1c(9)		
(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)	12853664	16050670
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	3734090
(15) Other	1c(15)	201446	223684

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17275044	20415747
	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	17275044	20415747

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)	442559	
	(B) Participants	2a(1)(B)	2630730	
	(C) Others (including rollovers)	2a(1)(C)	231835	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3305124
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)	19459	
	(F) Other	2b(1)(F)	36496	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		55955
	(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)	70984	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		70984
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1731842
(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)		-296761
c Other income	2c		-49454
d Total income. Add all **income** amounts in column (b) and enter total	2d		4817690
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1578907	
(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)		1578907
f Corrective distributions (see instructions)	2f		92825
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5255	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5255
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1676987
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3140703
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: CHERR, BEKAERT & HOLLAND, LLP (2) EIN: 56-0574444

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		X	

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
DENTAL CARE ALLIANCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE, LLC

D Employer Identification Number (EIN)
82-0580763

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): 06-0974148 22-3513863

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** 0

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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):

CHERRY BEKAERT & HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Report of Independent Certified Public Accountants

To the Administrative Committee
Dental Care Alliance 401(k) Plan
Sarasota, Florida

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of Dental Care Alliance 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010, and the supplemental Form 5500, Schedule H, Line 4i - 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 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 the Merrill Lynch Bank & Trust Company, FSB, as of December 31, 2009 and for the period from January 1, 2010 through September 30, 2010 and Hartford Life Insurance Company as of December 31, 2010 and for the period from October 1, 2010 through December 31, 2010, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Merrill Lynch Bank & Trust Company, FSB and Hartford Life Insurance Company hold or held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustees as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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 by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cherry, Bekaert & Holland, L.L.P.

Tampa, Florida
October 4, 2011

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

DENTAL CARE ALLIANCE 401(K) PLAN (822901)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$715.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **$715.00** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Float compensation **$15.97**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1415% for 2010) earned on the bank accounts and investment associated with the short-term investment pool for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*
AMERICAN CENTURY SC VALUE A	43-1646043	0.60% x assets	1.67%
AMERICAN FUNDS AMCAP R3	95-2482877		1.08%
BLACKROCK GLOB FINANC SERVICES A	13-3806694	0.50% x assets	1.72%
BLACKROCK GLOBAL ALLOCATION A	22-2937779	0.50% x assets	1.11%
BLACKROCK INTL OPPORTUNITIES A	51-0318674	0.50% x assets	1.59%
BNY MELLON DL LG CAP STOCK IND A	NA[1]	0.40% x assets	0.47%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.90%
FIXED ACCOUNT	NA[1]		0.00%
FRANKLIN HIGH INCOME A	94-1693697	0.25% x assets plus $12/participant	0.75%
GOLDMAN SACHS GROWTH OPPS A	13-4019460	0.55% x assets	1.38%
GOLDMANSACHS GOVERNMENT INCOME A	13-4019460		0.92%
INVESCO REAL ESTATE A	76-0343427		1.33%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*
IVY ASSET STRATEGY Y	48-1112076	0.50% x assets	1.01%
JANUS FORTY S	84-0592523	0.50% x assets	1.15%
JANUS OVERSEAS S	84-0592523	0.50% x assets	1.22%
MFS INTERNATIONAL VALUE R3	04-3158862	0.85% x assets	1.36%
MFS UTILITIES R3	04-3158862	0.87% x assets	1.09%
MFS VALUE R3	04-3158862	0.87% x assets	0.97%
MUTUAL GLOBAL DISCOVERY A	22-2894171	0.35% x assets plus $12/participant	1.33%
OPPENHEIMER DEVELOPING MARKETS A	93-6305075	0.25% x assets plus lesser of ($12/ participant or 0.25% x assets)	1.36%
OPPENHEIMER GOLD AND SPEC MIN A	13-3155639	0.25% x assets plus lesser of ($12/ participant or 0.25% x assets)	1.11%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.90%
PIONEER OAK RIDGE SMCAP GROWTH A	13-5657669	0.55% x assets	1.36%
PIONEER STRATEGIC INCOME A	04-3453709	0.55% x assets	1.10%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.32%
RIDGEWORTH SM CAP VALUE EQUITY A	23-2678674	0.75% x assets	1.44%
THE HARTFORD GLOBAL HEALTH R4	22-2937447	0.65% x assets	1.35%
THE HARTFORD TARG RETIRE 2020 R4	22-2937447	0.65% x assets	0.90%
THE HARTFORD TARG RETIRE 2030 R4	22-2937447	0.65% x assets	0.90%
THE HARTFORD TARG RETIRE 2040 R4	22-2937447	0.65% x assets	0.90%
THE HARTFORD TARG RETIRE 2050 R4	22-2937447	0.65% x assets	0.95%
THORNBURG VALUE R4	06-1158764	0.50% x assets	1.25%

[1] At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[2] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

The Hartford Global Health Inv Opt	0.90% x assets
The Hartford Target Retirement 2020 Inv Opt	0.15% x assets
The Hartford Target Retirement 2030 Inv Opt	0.15% x assets
The Hartford Target Retirement 2040 Inv Opt	0.15% x assets
The Hartford Target Retirement 2050 Inv Opt	0.15% x assets

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Hartford Life Insurance Company EIN: 06-0974148 **$54.00**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Trust service fee **$400.00**
Service Codes: 25, 99 (if Reliance Trust Company is acting as directed trustee)

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Annual fee and basis point fee for Mesirow plan fiduciary service **$116.35**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **$44.20**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Merrill Lynch
1400 Merrill Lynch Drive
Mail Stop NJ2-140-03-51
Pennington, NJ 08534

Bank of America
Merrill Lynch

**********AUTO**MIXED AADC 088

CCL80204 105 6704 3
006704
Tom Bedford
1 South School Ave.
Suite 1000
Sarasota, FL 34237

Plan Name: DENTAL CARE ALLIANCE, LLC 401K
Plan Number: 241146

April 9, 2011

Dear Plan Sponsor,

Enclosed please find information that Bank of America Merrill Lynch has prepared to assist you and your Form 5500 preparer in completing Form 5500 Schedule C for the plan identifed above (the "Plan").[1]

In general, Department of Labor guidelines on the Form 5500 Schedule C require disclosure of direct and indirect compensation paid from plan assets to individuals, corporations and other parties who provide services to certain employer-sponsored plans that are subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The enclosed report lists revenues paid directly or indirectly from your plans' assets with respect to services provided to the plan by Bank of America Merrill Lynch.[2] Please share this information with your Form 5500 preparer.[3] For more information regarding the Form 5500 Schedule C reporting requirements, please refer to the U.S. Department of Labor's Employee Benefits Security Administration website at http:/www.dol.gov/ebsa.

We are providing the enclosed Employer Plan Annual Revenue Information Report and related disclosure information to assist you, your attorney and your other personal professional advisors in completing your plan's Form 5500 Schedule C. Other service providers to your plan, including Bank of America Corporation affiliates, may provide additional documentation to you in connection with your Schedule C reporting. Accordingly, it is important that you refer to all of these documents, including your plan's individual contracts and invoices, for the payor, compensation and other information necessary to complete your plan's Form 5500 Schedule C. It is also important to note that neither Bank of America nor its affiliates provide tax, accounting or legal advice. We strongly recommend that you consult with your personal professional advisors as to any tax, accounting or legal statements made herein as well as for any assistance in completing your plan's Schedule C.

Should you have any questions with regard to the information we have provided or need additional information, please contact your Bank of America Merrill Lynch representative or your third party provider.

Sincerely,

Bank of America Merrill Lynch

[1] Plan sponsors with under 100 employees: certain small plans may not be required to file a schedule C. Please consult with your personal professional advisors as to your obligations to file the Schedule C.

[2] The enclosed report discloses gross revenues before expenses incurred for services we provide to your plan.

[3] If Bank of America Merrill Lynch provides recordkeeping services for your plan, and we prepare your Form 5500, we will use the information in the enclosed report and any information you provide from other service providers to prepare your plan's Schedule C.

Bank of America Merrill Lynch is a marketing name for the Retirement Services business of Bank of America Corporation ("BAC"). Banking and fiduciary activities are performed by wholly owned banking affiliates of BAC, including Bank of America, N.A., Member FDIC. Brokerage services are performed by wholly owned brokerage affiliates of BAC, including Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), a registered broker-dealer, member SIPC.

Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value

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EMPLOYER PLAN ANNUAL REVENUE INFORMATION REPORT

January 2010 - December 2010

DIRECT COMPENSATION

Type of Compensation	Service Provider	Service Provider EIN	Service Provider Address	Service Provider Relationship to Employer or Organization	Direct Compensation Paid By Plan	Formula in lieu of Dollar Amount
RECORDKEEPING AND INFORMATION MANAGEMENT	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER	$5,040.00	
SECURITIES BROKERAGE COMMISSIONS AND FEES	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER	$7,039.29	

INDIRECT COMPENSATION

Type of Compensation	Service Provider	Service Provider EIN	Service Provider Address	Service Provider Relationship to Employer or Organization	Indirect Compensation	Formula in lieu of Dollar Amount	Qualifies as Eligible Indirect Compensation
INVESTMENT MANAGEMENT FEES (INDIRECT)	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER	$3,190.81		Yes
NON-MONETARY COMPENSATION	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER		See Disclosure Document	Yes
SHAREHOLDER SERVICING FEES	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER	$17,404.40		Yes

INDIRECT COMPENSATION continued

Type of Compensation	Service Provider	Service Provider EIN	Service Provider Address	Service Provider Relationship to Employer or Organization	Indirect Compensation	Formula in lieu of Dollar Amount	Qualifies as Eligible Indirect Compensation
SUB-TRANSFER AGENCY FEES	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER	$48,139.47		Yes
FLOAT REVENUE	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER		See Disclosure Document	Yes
DISTRIBUTION (12B-1) FEES	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER	$23,584.48		Yes
OTHER INVESTMENT FEES AND EXPENSES	MERRILL LYNCH, PIERCE, FENNER AND SMITH	135674085	4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281	RECORDKEEPER		See Disclosure Document	Yes

241371000067040002 NO SELECTS:

Employer Plan Annual Revenue Information Report Disclosure

This *Employer Plan Annual Revenue Information Report Disclosure* is being provided in conjunction with your *Employer Plan Annual Revenue Information Report* provided by Bank of America Merrill Lynch[1] as a service provider to your plan and includes information that is relevant to employee benefit plans which may be required to file Form 5500 for plan years on or after January 1, 2009. The *Employer Plan Annual Revenue Information Report* includes information about revenues that have been paid directly from your plan to Bank of America Merrill Lynch. This Disclosure document contains information about *eligible indirect compensation that may have been received* by Bank of America Merrill Lynch. This revenue may have been paid to Bank of America Merrill Lynch as fees or for services or investments from a variety of sources, including the mutual funds offered as investment options under your plan. The indirect compensation reported hereunder is intended to comply with the requirements for the reporting of eligible indirect compensation.

Float Revenue - Float

Please refer to the Float disclosure provided by Bank of America Merrill Lynch which reviews cash management practices that affect your plan. For additional information or for a copy of this Float disclosure please contact your Bank of America Merrill Lynch Representative.

Investment Management Fees (Indirect) - Institutional, Retail Money Funds, Retirement Bank Account and Collective Investment Trust

Institutional, Retail Money Funds, Retirement Bank Account (RBA) and Collective Investment Trust amounts have been estimated using an asset value derived by averaging weeks'-end assets.

Non-monetary Compensation - Gifts and Entertainment

Plan sponsors or their representatives who attend conferences or educational events sponsored by the Retirement Services business unit may decide it is necessary to report the allocated portion of Bank of America Merrill Lynch's cost associated with their attendance on Schedule C of IRS Form 5500. Beginning in 2009, Bank of America Merrill Lynch provided the attendees of events sponsored by the Retirement Services business unit with notice of the cost allocation amount at the time they registered for the event. If you have questions or need the cost figures, please contact your Bank of America Merrill Lynch Representative.

Bank of America Merrill Lynch will report gifts and entertainment received by it or its employees to the extent such amounts exceed the U.S. Department of Labor ("DOL") Form 5500 Schedule C de minimis thresholds for any plan in a single year. In general, under DOL rules if each gift or entertainment item allocable to a plan in a single year is valued at less than $50 and the aggregate value of gifts from one source in that year is less than $100 (excluding for this purpose individual items under $10), the gift and entertainment items received are not required to be reported. If the $100 aggregate value limit is exceeded, then the value of all the gifts over $10 must be included in the report. The determination of whether Schedule C disclosure of gift and entertainment items is required is made by Bank of America Merrill Lynch after examining the gift and entertainment items recorded each year and the value of the recorded gift or entertainment items as may be attributable to a plan client under DOL rules.

Other Investment Fees and Expenses - Money Market Deposit Account (MMDA)

Bank of America Merrill Lynch may receive a fee directly from each participating depository institution of no more than 2% of the average daily deposit balance held by the depository institution in Money Market Deposit Accounts established at the depository institution. The amount of the fee varies from time to time. For more information regarding MMDA, please refer to your service agreement. Other than the regular annual financial service fee applicable to your central asset account, there will be no charge, fee or commission imposed with respect to your MMDA account.

Retirement Preservation Trust

Bank of America Merrill Lynch may have received compensation from the Retirement Preservation Trust (the "Trust") in 2010 for services to the Trust or in connection with its operation. For example, accounting, audit, pricing and miscellaneous fees and expenses were charged to Trust income and paid to certain service providers, including affiliates, and reflected in the value of the investment or return on investment of participating plans. Please refer to the Trust fee disclosure materials, including your individual contract, for a complete description of these fees (and any waiver of all or a portion of these fees) as applicable to your plan.

We are providing this disclosure information to assist you, your attorney and your other personal professional advisors in completing your plan's Form 5500 Schedule C. Other service providers to your plan, including Bank of America Corporation affiliates, may provide additional documentation to you in connection with your Schedule C reporting. Accordingly, it is important that you refer to all of these documents, including your plan's individual contracts and invoices, for the payor, compensation and other information necessary to complete your plan's Form 5500 Schedule C.

It is also important to note that neither Bank of America nor its affiliates provide tax, accounting or legal advice. We strongly recommend you consult your personal professional advisors as to any tax, accounting or legal statements made herein as well as for any assistance in completing your plan's Schedule C.

Any statements contained herein were not intended or written to be used for the purpose of avoiding U.S., federal, state or local tax penalties.

Bank of America Merrill Lynch makes available investment products sponsored, managed, distributed or provided by companies that are affiliates of Bank of America Corporation or in which Bank of America Corporation has a substantial economic interest, including BofA Global Capital Management and BlackRock.

[1] Bank of America Merrill Lynch is a marketing name for the Retirement Services business of Bank of America Corporation ("BAC"). Banking and fiduciary activities are performed by wholly owned banking affiliates of BAC, including Bank of America, N.A., Member FDIC. Brokerage services are performed by wholly owned brokerage affiliates of BAC, including Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), is a registered broker-dealer and member SIPC.

Investment Products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value

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charles SCHWAB

DENTAL CARE ALLIANCE 401K PLAN
Annual Fee Disclosure

April 18, 2011

DENTAL CARE ALLIANCE 401K PLAN
1 S SCHOOL AVE STE 1000
SARASOTA, FL 34237

Dear Client,

Department of Labor regulations require that retirement plan service providers report the compensation they have earned from each retirement plan to the plan administrator on an annual basis for use by the plan administrator to complete IRS Form 5500, Schedule C.

Enclosed please find the report of compensation earned by Charles Schwab and its affiliates, for DENTAL CARE ALLIANCE 401K PLAN for services provided during the period of January 1, 2010 - December 31, 2010.

Because retirement plans with fewer than 100 participants generally are not required to file Schedule C, please refer to the IRS instructions for Form 5500 to determine if it's necessary for you to report the information we've provided on your plan's annual return.

If you have any questions regarding the information on the enclosed report or about using this information to prepare Form 5500 for the plan, please contact the plan's third party administrator or recordkeeper.

Sincerely,
Charles Schwab & Co., Inc.

©2009 Charles Schwab and/or its affiliates. All rights reserved. (0609-9371) MKT REG52115-00 (10/09)

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charles SCHWAB

DENTAL CARE ALLIANCE 401K PLAN
Information for Form 5500, Schedule C
For January 1, 2010 - December 31, 2010

This information summarizes the compensation paid for your plan to Charles Schwab & Co. Inc., and its affiliates (Schwab), or to other service providers, for services related to the plan. Information provided is for the period shown above or for the portion of the plan year that Schwab provided services for your plan. Amounts paid from the plan may be reportable on the plan's annual Form 5500, Schedule C, if applicable. Please refer to the instructions for Form 5500, Schedule C to determine if your plan is required to file the form and for more details of what should be reported.

Direct Payments From The Plan to Schwab:

Account Type	Paid To	EIN	Description	Amount
Participant Brokerage	Charles Schwab & Co., Inc.	94-1737782	Brokerage Fees	$796.55
Total Direct Payments From the Plan to Schwab				$796.55

Several Schwab entities may work together to provide services to your plan and may share the proceeds of fees collected with Charles Schwab & Co, Inc., Charles Schwab Trust Company, a division of Schwab Bank, Schwab Retirement Plan Services, Inc., Schwab Retirement Plan Services Company, or Charles Schwab Investment Management, Inc. as needed to support the cost of services provided by these affiliates.

The above fees include brokerage or other investment related fees charged to accounts in the plan for services provided by Charles Schwab and its affiliates when those trading arrangements and/or services are requested by parties with trading authority. This could include authorization from plan participants if your plan offers a participant self -directed brokerage option. More detailed fee information is provided when each account is opened or as the particular trading arrangements and/or services are requested. For more information regarding these fees, please contact a Schwab representative for more information and a current copy of the Schwab Pricing Guide and account application(s).

If you have retained additional service providers for this plan that are not listed in this report or other fees that were paid from the plan and not specifically disclosed separately from other plan transactions, you may want to contact such other service providers for more information.

Indirect Compensation Received by Schwab:
Indirect compensation is any compensation received for services related to the plan that is not paid directly by the plan or plan sponsor. Schwab receives the following indirect compensation from your plan:

Shareholder Related Servicing: Charles Schwab & Co., Inc. may receive compensation from mutual fund companies for investments in the plan (including Schwab proprietary and other funds). This compensation may be paid by the fund company or one of its affiliates. Disclosure of this compensation was previously provided by CS & Co, Inc. and its affiliates who provide services for your plan. For more details please refer to your Schwab account agreement and Appendix 1 - Shareholder Servicing Payment Rates.

Non-Monetary Compensation: Schwab's Gift's and Entertainment Policy provides that gifts to or from a customer, financial institution, news or financial media (other than a close relative) may not exceed a total value of $100 in any calendar year without prior approval. If you need additional information, please contact your Schwab service representative.

Eligible Indirect Compensation Received by Schwab:
In general, certain types of indirect compensation that have previously been disclosed may be categorized as eligible indirect compensation. While all amounts paid from the plan should be considered when determining which service providers to report, IRS Form 5500 instructions state that there is no need to report the amount or formula for eligible indirect compensation on Form 5500, Schedule C. The below information lists the types of eligible indirect compensation Schwab may earn for your plan and where to find the written disclosures used to determine Schwab's compensation.

Fund Management: Charles Schwab Investment Management Inc. earns compensation for advisory and certain administrative services performed for the Schwab proprietary funds (Schwab or Laudus funds). Disclosure of this compensation is provided in a fund prospectus, available from Charles Schwab & Co, Inc. (EIN 94-1737782) or its affiliates.

Cash Float: Charles Schwab & Co. Inc. and its affiliates may receive compensation on uninvested cash or cash in transit at the end of each business day. For more details, please refer to the current Schwab brokerage account agreements applicable to your plan.

Indirect Compensation Paid to Others:
In general, mutual fund companies that your plan invests in receive only Eligible Indirect Compensation from the plan. Details of the amounts or rates received are disclosed in the mutual fund prospectuses provided by Charles Schwab & Co., Inc. (EIN 94-1737782) or its affiliates and agents.

Additional Disclosures:
Schwab may receive certain amounts from various mutual fund companies to offset the costs associated with educational programs such as client conferences, internal seminars, articles and publications. These sponsorships are unrelated to the contractual services provided by Schwab with respect to the plan.

Charles Schwab Investment Management, Inc., is an affiliate of Charles Schwab & Co. Inc.

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DENTAL CARE ALLIANCE 401K PLAN
Information for Form 5500, Schedule C
For January 1, 2010 - December 31, 2010

Appendix 1 - Shareholder Servicing Payment Rates :
Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from mutual fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by mutual fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's mutual fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.18%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Fidelity Investments	06-1194217	Rate of 0.14% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.23% of average daily balance of asset(s)

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the mutual fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

Charles Schwab and Co, Inc. may also receive a periodic maintenance fee from various mutual fund companies for Transaction Fee fund positions that are held at Schwab that averages $20 per account per impacted fund position per year. The estimated total earned for all accounts in your plan was $6.67 and is not included in the above formulas.

If you need additional information, please contact your third party administrator or recordkeeper.

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DENTAL CARE ALLIANCE 401(K) PLAN

Financial Statements and Supplemental Schedule
December 31, 2010 and 2009

DENTAL CARE ALLIANCE 401(K) PLAN

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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Income Security Act of 1974 have been omitted because they are not applicable.

CHERRY BEKAERT & HOLLAND
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Report of Independent Certified Public Accountants

To the Administrative Committee
Dental Care Alliance 401(k) Plan
Sarasota, Florida

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of Dental Care Alliance 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010, and the supplemental Form 5500, Schedule H, Line 4i - 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 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 the Merrill Lynch Bank & Trust Company, FSB, as of December 31, 2009 and for the period from January 1, 2010 through September 30, 2010 and Hartford Life Insurance Company as of December 31, 2010 and for the period from October 1, 2010 through December 31, 2010, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Merrill Lynch Bank & Trust Company, FSB and Hartford Life Insurance Company hold or held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustees as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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 by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cherry, Bekaert & Holland, L.L.P.

Tampa, Florida
October 4, 2011

DENTAL CARE ALLIANCE 401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
ASSETS		
Investments, at fair value:		
Investment contract with insurance company:		
Fixed account	$ 3,768,524	$ -
Pooled separate accounts	16,050,670	-
	19,819,194	-
Money market accounts, interest bearing	-	3,714,627
Mutual funds	-	12,853,664
Self-directed account	223,684	201,446
	20,042,878	16,769,737
Receivables:		
Participant	119,089	101,958
Employer	21,064	18,325
Notes receivable from participants	407,303	385,024
	547,456	505,307
Total assets	20,590,334	17,275,044
LIABILITIES		
Excess contributions payable	54,915	92,825
Net assets available for benefits at fair value	20,535,419	17,182,219
Adjustments from fair value to contract value for fully benefit responsive investment contracts (Notes 2 and 5)	(34,434)	-
Net assets available for benefits	$ 20,500,985	$ 17,182,219

See notes to financial statements.

DENTAL CARE ALLIANCE 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,122,722
Interest and dividends on investments	353,069
Total investment income	1,475,791
Contributions:	
Participants	2,694,922
Employer	463,627
Rollovers	231,835
	3,390,384
Interest income on notes receivable from participants	19,459
Total additions	4,885,634
Deductions from net assets attributed to:	
Benefits paid to participants	1,561,735
Administrative expenses	5,133
Total deductions	1,566,868
Net increase in net assets available for benefits	3,318,766
Net assets available for benefits, beginning of year	17,182,219
Net assets available for benefits, end of year	$ 20,500,985

See notes to financial statements.

Note 1 – Description of Plan

Plan Description – The Dental Care Alliance 401(k) Plan ("the Plan") became effective on January 1, 2002, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is sponsored by Dental Care Alliance, LLC (the Company and Plan Administrator). The Plan is a defined contribution plan covering all active employees and affiliates of the Company. The following is a summary of major plan provisions. Participants should refer to the Plan document for more information.

Participation – The Plan is a defined-contribution plan available to employees who have attained the age of 18 and completed three months of service. Employees are automatically enrolled in the Plan on the first day of the month coinciding with the date that eligibility requirements are met.

Contributions – Salary deferral contributions are made by participating employees via payroll deductions in amounts authorized by the individual employees. Non-highly compensated participants may contribute up to 25% of pretax annual compensation and highly compensated employees may contribute up to 15% of pretax annual compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants who have attained the age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Company may, at its discretion, make a matching contribution equal to 25% of the participant's elective deferral not to exceed 6% of compensation, as defined. Also, the Company may provide additional discretionary profit-sharing contributions to those employees who have completed 1,000 hours of service during the Plan year.

Participant Accounts – Each participant's account is adjusted for distributions to the participant, participants' contributions, employer-matching contributions, and Plan earnings (losses), as well as a portion of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the trustee of the Plan's assets. Participants direct the investment of their accounts among the investment funds allowed under the Plan.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Upon employee death or disability or termination of the Plan, the employer matching contributions become 100% vested. Participants are vested in employer matching contributions and actual earnings thereon based upon years of services defined in the Plan, as follows:

Years of Service	Vesting %
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Note 1 – Description of Plan (continued)

Notes Receivable from Participants – Participants may borrow from their fund accounts the lesser of 50% of their vested account balance or $50,000, less the participant's highest outstanding loan amount during the prior twelve months. The notes are secured by the balance in the participant's vested account and bear a fixed interest rate which is initially set at the prime rate as listed on the last business day of each month in the Wall Street Journal plus 1%. Principal and interest is collected ratably through payroll deductions, on an after-tax basis, and must be repaid within five years, although they can be extended up to 30 years for the purchase of a primary residence. Notes receivable from participants are valued at cost plus accrued interest. Interest rates on these loans range from 4.25% to 9.25%.

For participants who have an outstanding note and miss payments due to leave of absence or military leave of absence, as defined in the Plan, missed payments can be made up by the end of the last day of the quarter following the quarter in which the payments were missed. A note is considered in default if a payment is not made by the last day of the grace period. Under certain circumstances the note payment may be re-amortized and the loan maturity date extended.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, annual installments over the life of the participant and spouse, or installments over a period of time not to exceed the assumed life expectancy of the participant or spouse. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when processed and paid by the Plan.

Payments under the Plan's hardship provision result in a suspension of contributions to the Plan for a period of six months, and may not be made any more frequently than once a year.

Forfeitures – Forfeited amounts arising under the Plan are used to reduce future employer contributions to the Plan. Excess forfeitures will be used to offset Plan administration expenses and any remaining forfeitures will be allocated to Participants. In accordance with ERISA, this amount must be held until the participant has incurred a five year break in service or until their entire vested balance has been distributed. For the year ended December 31, 2010, forfeitures of approximately $22,000 were used to reduce employer contributions. At December 31, 2010 and 2009, forfeited nonvested accounts available for future use totaled approximately $55,000 and $34,000, respectively.

Note 2 – Summary of Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting. Benefits paid to participants are recorded when paid.

Note 2 – Summary of Accounting Policies (continued)

New Accounting Pronouncements – In January 2010, the Financial Accounting Standards Board ("FASB") updated financial reporting standards ("the Update") to improve disclosures regarding fair value measurements. This Update requires entities to (1) disclose separately the amounts of significant transfers in and out of investments valued using Level 1 and Level 2 fair value measurements and describe the reasons for the transfers and (2) present separately (i.e., on a gross basis rather than as one net number) information about purchases, sales, issuances, and settlements in the roll forward disclosure of changes in investments valued using Level 3 fair value measurements. The Update also requires fair value disclosures on a more detailed basis (by class of assets and liabilities rather than by major category or line item in the Statement of Net Assets Available for Benefits). Finally, the Update requires additional disclosures regarding the valuation techniques and inputs used to measure fair value for investments valued using Level 2 and Level 3 inputs. For all portions of the Update except for changes required in the Level 3 investment roll forward information, this Update is effective for interim and annual reporting periods beginning after December 15, 2009 (the 2010 Plan year). For the changes required in the Level 3 investment roll forward information, the Update is effective for fiscal years beginning after December 15, 2010 (the 2011 Plan year). As all of the requirements of this Update are only disclosure related, the adoption of the required portions of this Update in 2010 did not have any effect on any amounts in the accompanying basic financial statements.

On September 16, 2010, the FASB updated financial reporting standards on reporting notes receivable to participants by defined contribution pension plans whereby notes receivable from participants are to be reclassified from plan investments to notes receivable and measured at the unpaid principal balance plus accrued but unpaid interest. This change is effective for the 2010 Plan year. The Plan adopted this change in accounting method as of December 31, 2010, and the comparative Statement of Net Assets Available for Benefits as of December 31, 2009 has been adjusted to apply the new method retrospectively. The Plan's Net Assets Available for Benefits was not affected by this change in accounting principle.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See below for discussion of *Fair Value Measurements*.

While investment contracts held by a defined-contribution plan are required to be reported at fair value, 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 Statement of Net Assets Available for Benefits as of December 31, 2010 presents the fair value of fully benefit-responsive investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Note 2 – Summary of Accounting Policies (continued)

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Fair Value Measurements – Generally Accepted Accounting Principles in the United States of America ("GAAP") provides a framework for measuring fair value. The 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).

Three levels of inputs may be used to measure fair value:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methods used for instruments measured at fair value, including the general classification of such instruments, pursuant to the valuation hierarchy.

Money Market, Fixed, Pooled, and Self-directed Accounts – These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments most of which are traded on an active market and the balance of which are traded on secondary markets.

Mutual Funds – These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

Note 2 – Summary of Accounting Policies (continued)

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events – Management has evaluated subsequent events through October 4, 2011 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Note 3 – Information Provided and Certified by the Trustees (Unaudited)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Merrill Lynch Bank and Trust Company, FSB as of December 31, 2009 and for the period from January 1, 2010 through September 30, 2010 and by Hartford Life Insurance Company as of December 31, 2010 and for the period from October 1, 2010 through December 31, 2010, the trustees of the Plan, as permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2010	**2009**
Investment contract with insurance company:		
Fixed account	$ 3,768,524	$ -
Pooled separate accounts	16,050,670	-
Money market accounts, interest bearing	-	3,714,627
Mutual funds	-	12,853,664
Self-directed account	223,684	201,446
	20,042,878	16,769,737
Notes receivable from participants	407,303	385,024
Adjustment from fair value to contract value for fully benefit responsive investment contracts	(34,434)	-
	$ 20,415,747	$ 17,154,761

	Year Ended December 31, 2010
Net appreciation in fair value of investments	$ 1,122,722
Interest and dividends on investments	$ 353,069
Interest income on notes receivable from participants	$ 19,459

Note 3 – Information Provided and Certified by the Trustees (Unaudited) (continued)

During 2010, the Plan's investments held by the Trustees (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Mutual funds	$	(315,633)
Self-directed account		22,238
Pooled separate accounts		1,416,117
	$	1,122,722

The following table represents the fair value of individual investments that represent 5% or more of the Plan assets as of December 31:

	2010		2009	
Description of Investment	Shares	Market Value	Shares	Market Value
Fixed accounts, interest bearing	2,807,722	$ 3,768,524	3,714,627	$ 3,714,627
American Funds AMCAP Investment Option **	118,209	2,196,329	-	-
Davis New York Venture Investment Option	49,595	1,703,109	38,019	1,177,826
PIMCO Total Return Investment Option **	143,274	1,554,523	-	-
Goldman Sachs Government Income Investment Option **	99,801	1,496,021	-	-
BNY Mellon DL Large Cap Stock Index Investment Option **	84,986	1,205,597	-	-
Pioneer Strategic Income Investment Option **	94,274	1,031,362	-	-
BlackRock S&P 500 Index I *	-	-	79,890	1,088,895
American AMCap Fund CL R3 CM *	-	-	99,073	1,623,804
		12,955,465		7,605,152
Remaining assets not greater than 5% of plan assets		7,087,413		9,164,585
Total investments held by the trustee		$ 20,042,878		$ 16,769,737

* Asset does not represent 5% or more of the net assets available for benefits as of December 31, 2010.
** Asset does not represent 5% or more of the net assets available for benefits as of December 31, 2009.

The Plan offers participants the opportunity to invest in a self-directed brokerage account which allows the participants to purchase and hold investments that are not offered as part of the Plan's core investment options. Investment options available in the self-directed brokerage account include asset allocation, equities, mutual funds and asset flows. At December 31, 2010 and 2009, the self-directed account balance was $223,684 and $201,446, respectively.

Note 4 – Fair Value Measurements

Following is a summary of the fair value of the Plan's investments based upon the inputs used to determine those fair values as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts: *				
Asset Allocation/Balance	$ -	$ 1,209,199	$ -	$ 1,209,199
Bond	-	2,585,885	-	2,585,885
International/Global	-	1,605,477	-	1,605,477
Large Cap/Value	-	5,478,790	-	5,478,790
Mid Cap	-	1,088,753	-	1,088,753
Real Estate	-	175,691	-	175,691
Small Cap	-	1,077,804	-	1,077,804
Specialty	-	2,079,129	-	2,079,129
Target Retirement	-	749,942	-	749,942
		16,050,670		16,050,670
Fixed account *	-	3,768,524	-	3,768,524
Self-directed account *	-	223,684		223,684
Total assets at fair value	$ -	$ 20,042,878	$ -	$ 20,042,878

* Amounts are unaudited. See Note 3

	Assets at Fair Value as of December 31, 2009			
	(Level 1)	(Level 2)	(Level 3)	Total
Money market funds *	$ -	$ 3,714,627	$ -	$ 3,714,627
Mutual funds *	12,853,664	-	-	12,853,664
Self-directed accounts *	-	201,446	-	201,446
Total assets at fair value	$ 12,853,664	$ 3,916,073	$ -	$ 16,769,737

* Amounts are unaudited. See Note 3

Note 5 – Fully Benefit-Responsive Contracts (Unaudited)

The Plan has invested in an investment contract at December 31, 2010 which includes a fixed account which was determined to be fully benefit-responsive. As a result of the contract being fully benefit-responsive, the contract value is the relevant measurement attribute for that portion of the Net Assets Available for Benefits attributable to the investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract (Fixed Account) at December 31, 2010 was $3,768,524. The crediting interest rate is based on a formula agreed upon with the issuer and it represents a minimum guaranteed interest rate of 3% at December 31, 2010. Such interest rates are viewed on a quarterly basis for resetting.

Note 6 – Investment Contracts with Insurance Company

The Plan invests in pooled separate investment accounts, self-directed accounts, and fixed accounts with Hartford Life Insurance Company ("Hartford"). Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution and Plan earnings, and is charged for Plan withdrawals. Participants are charged with administration fees related to maintenance of their accounts as charged by Hartford.

Note 7 – Employee Contributions and Excess Contributions Payable

Contributions received from participants for 2010 are net of payments of $54,915 made in 2011 to certain active participants for the return of excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the Plan's Statement of Net assets Available for Benefits as excess contributions payable at December 31, 2010. Such amounts aggregated $92,825 at December 31, 2009.

Note 8 – Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2007.

Note 9– Plan Termination

The Company anticipates the Plan will continue without interruption but reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts and net assets of the Plan shall be distributed to the participants and beneficiaries of the Plan.

Note 10 – Administrative Expense

Certain Plan administration costs are borne by the Company. During the year ended December 31, 2010, the Company paid approximately $12,000 in administrative expenses on behalf of the Plan.

Note 11 – Party-in-Interest Transactions

Certain Plan investments are shares in mutual and money market funds, and pooled separate accounts managed by the Merrill Lynch Bank & Trust Company, FSB and Hartford Life Insurance Company. Merrill Lynch Bank & Trust Company, FSB and Hartford Life Insurance Company are the Plan's Trustees and, therefore, these investment transactions qualify as party-in-interest transactions. The supplemental Schedule of Assets (Held at End of Year) identifies these investments as of December 31, 2010. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 12 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2010 and 2009 to Net Assets Available for Benefits in Form 5500:

	December 31,	
	2010	2009
Net assets available for benefits per the financial statements	$ 20,500,985	$ 17,182,219
Add: Excess contributions payable	54,915	92,825
Less: Participant receivable	119,089	-
Less: Employer receivable	21,064	-
Total net assets available for benefits per the Form 5500	$ 20,415,747	$ 17,275,044

The following is a reconciliation of Net Increase in Net Assets Available for Benefits per the financial statements for the year ended December 31, 2010 to Net Increase in Net Assets Available for Benefits in Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 3,318,766
Add: Excess contribution payable, December 31, 2010	54,915
Less: Excess contribution payable, December 31, 2009	(92,825)
Less: Participant receivable, December 31, 2010	(119,089)
Less: Employer receivable, December 31, 2010	(21,064)
Net increase in net assets available per the Form 5500	$ 3,140,703

Note 13 – Risks and Uncertainties

The Plan provides for various investment options in any combination of mutual and market funds. Investment securities are exposed to various risks, such as interest rate, market credit and overall market volatility. 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 Statements of Net Assets Available for Benefits.

Supplemental Schedule

DENTAL CARE ALLIANCE 401(K) PLAN

(Plan Number: 001, Employer Identification Number: 82-0580763)
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(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
		Fixed Account:		
*	Hartford Life Insurance Company	Fixed accounts, interest bearing	**	$ 3,768,524
		Pooled Separate Accounts:		
*	Hartford Life Insurance Company	American Funds AMCAP Investment Option	**	2,196,329
*	Hartford Life Insurance Company	Davis New York Venture Investment Option	**	1,703,109
*	Hartford Life Insurance Company	PIMCO Total Return Investment Option	**	1,554,523
*	Hartford Life Insurance Company	Goldman Sachs Government Income Investment Option	**	1,496,021
*	Hartford Life Insurance Company	BNY Mellon DL Large Cap Stock Index Investment Option	**	1,205,597
*	Hartford Life Insurance Company	Pioneer Strategic Income Investment Option	**	1,031,362
*	Hartford Life Insurance Company	Pioneer Oak Ridge Small Cap Growth Investment Option	**	1,000,255
*	Hartford Life Insurance Company	BlackRock International Opportunities Investment Option	**	872,223
*	Hartford Life Insurance Company	RidgeWorth Mid-Cap Value Equity Investment Option	**	733,140
*	Hartford Life Insurance Company	Mutual Global Discovery Investment Option	**	712,653
*	Hartford Life Insurance Company	BlackRock Global Allocation Investment Option	**	705,449
*	Hartford Life Insurance Company	Oppenheimer Developing Markets Investment Option	**	422,116
*	Hartford Life Insurance Company	Thornburg Value Investment Option	**	332,854
*	Hartford Life Insurance Company	The Hartford Target Retirement 2030 Investment Option	**	281,305
*	Hartford Life Insurance Company	American Century Small Cap Value Investment Option	**	277,879
*	Hartford Life Insurance Company	The Hartford Target Retirement 2040 Investment Option	**	249,076
*	Hartford Life Insurance Company	Franklin High Income Investment Option	**	246,351
*	Hartford Life Insurance Company	Ivy Asset Strategy Investment Option	**	222,364
*	Hartford Life Insurance Company	The Hartford Target Retirement 2020 Investment Option	**	191,315
*	Hartford Life Insurance Company	Invesco Real Estate Investment Option	**	175,691
*	Hartford Life Insurance Company	MFS Utilities Investment Option	**	138,437
*	Hartford Life Insurance Company	Goldman Sachs Growth Opportunities Investment Option	**	77,734
*	Hartford Life Insurance Company	RidgeWorth Small Cap Value Equity Investment Option	**	41,549
*	Hartford Life Insurance Company	MFS Value Investment Option	**	40,900
*	Hartford Life Insurance Company	Oppenheimer Gold & Special Minerals Investment Option	**	36,000
*	Hartford Life Insurance Company	BlackRock Global Financial Services Investment Option	**	35,035
*	Hartford Life Insurance Company	The Hartford Target Retirement 2050 Investment Option	**	28,246
*	Hartford Life Insurance Company	The Hartford Global Health Investment Option	**	22,554
*	Hartford Life Insurance Company	MFS International Value Investment Option	**	19,914
*	Hartford Life Insurance Company	Janus Overseas Investment Option	**	689
				16,050,670
		Self-directed Account:		
*	Hartford Life Insurance Company	Self-directed account	**	223,684
		Notes Receivable from Participants:		
*	Plan participants	Notes receivable from participants with interest rates ranging from 4.25% to 9.25% secured by participant accounts	-0-	407,303
	Adjustment from fair value to contract value for fully benefit responsive investment contracts			(34,434)
				$ 20,415,747

* Represents a fund managed by a party-in-interest

** Column (d) cost information is not presented as these investments are self-directed

DENTAL CARE ALLIANCE 401(K) PLAN

(Plan Number: 001, Employer Identification Number: 82-0580763)
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(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
		Fixed Account:		
*	Hartford Life Insurance Company	Fixed accounts, interest bearing	**	$ 3,768,524
		Pooled Separate Accounts:		
*	Hartford Life Insurance Company	American Funds AMCAP Investment Option	**	2,196,329
*	Hartford Life Insurance Company	Davis New York Venture Investment Option	**	1,703,109
*	Hartford Life Insurance Company	PIMCO Total Return Investment Option	**	1,554,523
*	Hartford Life Insurance Company	Goldman Sachs Government Income Investment Option	**	1,496,021
*	Hartford Life Insurance Company	BNY Mellon DL Large Cap Stock Index Investment Option	**	1,205,597
*	Hartford Life Insurance Company	Pioneer Strategic Income Investment Option	**	1,031,362
*	Hartford Life Insurance Company	Pioneer Oak Ridge Small Cap Growth Investment Option	**	1,000,255
*	Hartford Life Insurance Company	BlackRock International Opportunities Investment Option	**	872,223
*	Hartford Life Insurance Company	RidgeWorth Mid-Cap Value Equity Investment Option	**	733,140
*	Hartford Life Insurance Company	Mutual Global Discovery Investment Option	**	712,653
*	Hartford Life Insurance Company	BlackRock Global Allocation Investment Option	**	705,449
*	Hartford Life Insurance Company	Oppenheimer Developing Markets Investment Option	**	422,116
*	Hartford Life Insurance Company	Thornburg Value Investment Option	**	332,854
*	Hartford Life Insurance Company	The Hartford Target Retirement 2030 Investment Option	**	281,305
*	Hartford Life Insurance Company	American Century Small Cap Value Investment Option	**	277,879
*	Hartford Life Insurance Company	The Hartford Target Retirement 2040 Investment Option	**	249,076
*	Hartford Life Insurance Company	Franklin High Income Investment Option	**	246,351
*	Hartford Life Insurance Company	Ivy Asset Strategy Investment Option	**	222,364
*	Hartford Life Insurance Company	The Hartford Target Retirement 2020 Investment Option	**	191,315
*	Hartford Life Insurance Company	Invesco Real Estate Investment Option	**	175,691
*	Hartford Life Insurance Company	MFS Utilities Investment Option	**	138,437
*	Hartford Life Insurance Company	Goldman Sachs Growth Opportunities Investment Option	**	77,734
*	Hartford Life Insurance Company	RidgeWorth Small Cap Value Equity Investment Option	**	41,549
*	Hartford Life Insurance Company	MFS Value Investment Option	**	40,900
*	Hartford Life Insurance Company	Oppenheimer Gold & Special Minerals Investment Option	**	36,000
*	Hartford Life Insurance Company	BlackRock Global Financial Services Investment Option	**	35,035
*	Hartford Life Insurance Company	The Hartford Target Retirement 2050 Investment Option	**	28,246
*	Hartford Life Insurance Company	The Hartford Global Health Investment Option	**	22,554
*	Hartford Life Insurance Company	MFS International Value Investment Option	**	19,914
*	Hartford Life Insurance Company	Janus Overseas Investment Option	**	689
				16,050,670
		Self-directed Account:		
*	Hartford Life Insurance Company	Self-directed account	**	223,684
		Notes Receivable from Participants:		
*	Plan participants	Notes receivable from participants with interest rates ranging from 4.25% to 9.25% secured by participant accounts	-0-	407,303
	Adjustment from fair value to contract value for fully benefit responsive investment contracts			(34,434)
				$ 20,415,747

* Represents a fund managed by a party-in-interest

** Column (d) cost information is not presented as these investments are self-directed