# 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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1997

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MEDICAL ASSOCIATES OF BREVARD, LLC

P.O. BOX 361095
MELBOURNE, FL 32936

**2b** Employer Identification Number (EIN)
59-3360315

**2c** Sponsor's telephone number
321-253-2900

**2d** Business code (see instructions)
621111

**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. | 10/14/2011 | GERARD L. BESSETTE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
MEDICAL ASSOCIATES OF BREVARD, LLC

P.O. BOX 361095
MELBOURNE, FL 32936

**3b** Administrator's EIN
59-3360315

**3c** Administrator's telephone number
321-253-2900

**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** | 141 |
| **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** | 155 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 15 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 170 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 170 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 133 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MEDICAL ASSOCIATES OF BREVARD, LLC

**D** Employer Identification Number (EIN)
59-3360315

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

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

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

| (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 37 64 | RECORDKEEPER | 1500 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

| (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? |
|---|---|---|---|---|---|---|
| 55 49 99 | BROKER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 21720 | Yes [ ] No [X] |

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

GRAHAM, COTTRILL, JACKSON & HOSTETT

20-0422502

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 12000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MEDICAL ASSOCIATES OF BREVARD, LLC

**D** Employer Identification Number (EIN)
59-3360315

## 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) | | 3036 |
| **(2)** Participant contributions | 1b(2) | | 732 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(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) | 6070290 | 7748573 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 6070290 | 7752341 |
| | **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 | 6070290 | 7752341 |

## 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) | 382974 | |
| | **(B)** Participants | 2a(1)(B) | 720122 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 4095 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1107191 |
| **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) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(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) | 142281 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 142281 |
| | **(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) | | |
| (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) | | 662758 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1912230 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 216679 | |
| (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) | | 216679 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 13500 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 13500 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 230179 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1682051 |
| 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: LARSONALLEN LLP (2) EIN: 41-0746749

**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 | | 716 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# 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
MEDICAL ASSOCIATES OF BREVARD, LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MEDICAL ASSOCIATES OF BREVARD, LLC

**D** Employer Identification Number (EIN)
59-3360315

## 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): 04-3581074

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

## YEAR ENDED DECEMBER 31, 2010

**MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN**
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**YEAR ENDED DECEMBER 31, 2010**


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LarsonAllen LLP

CPAs, Consultants & Advisors

www.larsonallen.com

# INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Medical Associates of Brevard, LLC 401(k) Plan
Melbourne, Florida

We were engaged to audit the statement of net assets available for benefits - modified cash basis of Medical Associates of Brevard, LLC 401(k) Plan ("the Plan") as of December 31, 2010, and the related statement of changes in net assets available for benefits - modified cash basis for the year then ended and the supplemental schedules H, Line 4a – Schedule of Delinquent Participant Contributions and Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009, were audited by Graham, Cottrill, Jackson & Hostetter, LLP (whose practice became part of LarsonAllen LLP effective November 1, 2010). 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 ("ERISA"), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by ING Institutional Plan Services, LLC, on behalf of Reliance Trust Company ("the Trustee"). Their report dated September 29, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 cited in Note 4, which was certified by the Trustee except for comparing the information with the related information included in the 2010 financial statements and the supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2010, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, 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.

LarsonAllen LLP

**LarsonAllen LLP**

Orlando, Florida
October 13, 2011

**MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS –**
**MODIFIED CASH BASIS**

| **ASSETS** | December 31, 2010 | December 31, 2009 |
|---|---|---|
| **INVESTMENTS (at Fair Value)** | | |
| Registered Investment Companies | $ 7,748,573 | $ 6,070,290 |
| Total Investments | 7,748,573 | 6,070,290 |
| **RECEIVABLES** | | |
| Participant Contributions | 732 | - |
| Employer Contributions | 3,036 | - |
| Total Receivables | 3,768 | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 7,752,341 | $ 6,070,290 |

*See Accompanying Notes to Financial Statements.*

**MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS**
**YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| **ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:** | | |
| **INVESTMENT INCOME** | | |
| Net Appreciation in Fair Value of Investments | $ | 662,758 |
| Dividend Income | | 142,281 |
| Total Investment Income | | 805,039 |
| **CONTRIBUTIONS** | | |
| Participant | | 720,122 |
| Employer | | 382,974 |
| Rollover | | 4,095 |
| Total Contributions | | 1,107,191 |
| **BENEFITS PAID TO PARTICIPANTS** | | (216,679) |
| **ADMINISTRATIVE EXPENSES** | | (13,500) |
| **NET INCREASE** | | 1,682,051 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of Year | | 6,070,290 |
| End of Year | $ | 7,752,341 |

*See Accompanying Notes to Financial Statements.*

## NOTE 1 DESCRIPTION OF PLAN

The following description of Medical Associates of Brevard, LLC 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

### General

The Plan is a profit sharing (defined contribution) plan covering all full-time employees of Medical Associates of Brevard, LLC ("the Company") who have reached age twenty-one and have completed one year of service, as defined in the Plan Document. The Plan also contains a Roth feature to which employees can make contributions up to the maximum permitted by the Internal Revenue Service ("IRS"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and various provisions of the Internal Revenue Code ("IRC").

### Contributions

Employees may make elective deferrals (401(k)) of up to eighty-five percent of compensation as defined in the Plan Document or the maximum annual deferral determined by the IRS. Each pay period the Company contributes a safe harbor matching amount equal to one hundred percent of participant elective deferrals, not to exceed four percent of each participant's eligible compensation, for the Plan year. The contribution is limited by the maximum allowable deduction as determined by the IRC. The Company may also make discretionary non-elective contributions to the Plan which are not limited to the amount of net profits. The annual additions to a participant's elective deferral account, Roth account, and employer contribution accounts for a Plan year shall not exceed the maximum permissible amount.

### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, an allocation of Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account.

### Vesting

Participants are immediately one hundred percent vested upon entry into the Plan in their respective salary deferrals, Roth contributions, and the Company's safe harbor matching contributions. Vesting in the Company's discretionary non-elective contribution, plus earnings thereon, is based on years of continuous services. A participant is one hundred percent vested upon completion of six years of credited service, reaching normal retirement age, becoming disabled, or death, as further defined by the Plan Document.

### Benefit Payments

Upon termination of service, a participant may elect to receive the value of his or her vested account balance in a lump-sum amount.

## NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

### Hardship Withdrawals

Eligible participants may receive a distribution of their accounts in the event of a financial hardship due to an immediate and heavy financial need, as defined in the Plan Document.

### Forfeited Accounts

Forfeited amounts of terminated participants who are not one hundred percent vested in employer contributions may be used to reduce employer contributions or pay Plan expenses. Forfeited amounts used to reduce Plan expenses totaled $12,000 for the year ended December 31, 2010. Forfeited amounts still available to reduce Plan expenses or reduce future employer contributions totaled $18,185 and $30,137 at December 31, 2010 and 2009, respectively.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The accompanying financial statements have been prepared using the modified cash basis of accounting. Under this basis, revenues are generally recognized as collected, contributions are recognized as salary is earned, expenses are generally recognized as paid, and investments are presented at fair market value. This basis differs from accounting principles generally accepted in the United States of America primarily because the Plan has not recognized balances, and the related effect on earnings, of investment income receivable, distributions and accrued expenses payable, if any.

### Use of Estimates

The Plan administrator uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and reported revenues and expenditures. Actual results could differ from those estimates.

### Fair Value Measurements

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

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Fair Value Measurements (Continued)**

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

*Level 2:* Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2010 and 2009.

**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. The following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies (mutual funds) represent investments with various investment managers. The fair values of registered investment companies are valued at the closing price reported on the active market on which the individual securities are traded by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities.

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

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Benefit Payments

Benefits are recorded when paid.

### Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 13, 2011, the date the financial statements were available to be issued.

## NOTE 3 INVESTMENTS AND ADMINISTRATION OF PLAN ASSETS

The investments of the Plan are held by ING Institutional Plan Services, LLC, on behalf of Reliance Trust Company ("the Trustee") who also provides administrative services for the Plan. The Trustee invests the assets of the Plan at the direction of Plan participants as defined by the trust agreement.

The Trustee values the funds daily, allocates the earnings since the last valuation among the participants and makes disbursements to participants and beneficiaries of the Plan at the direction of the Plan's administrative committee and Plan participants.

## NOTE 3 INVESTMENTS AND ADMINISTRATION OF PLAN ASSETS (CONTINUED)

The following investments represent 5% or more of the Plan's net assets:

| | December 31, 2010 | December 31, 2009 |
|---|---|---|
| American Europacific Growth R3, 18,793 and 16,163 shares, respectively | $ 763,545 | $ 609,021 |
| American Growth Fund R3, 29,908 and 26,840 shares, respectively | $ 896,643 | $ 722,808 |
| American Investment Co R3, 19,354 and 18,033 shares, respectively | $ 543,848 | $ 467,057 |
| Legg Western Global Hi Yield Bond, 23,893 and 46,602 shares, respectively | $ 171,315 | $ 317,824 |
| Washington Mutual Investor R3, 35,412 and 38,427 shares, respectively | $ 958,253 | $ 941,846 |
| Western Asset Money Market, 638,701 and 483,478 shares, respectively | $ 638,701 | $ 483,478 |
| Fidelity Adv Free 2020 T, 47,343 and 43,000 shares, respectively | $ 568,122 | $ 464,401 |
| Fidelity Adv Free 2030 T, 39,468 and 34,091 shares, respectively | $ 479,926 | $ 368,526 |
| Legg Battery S&P 500 Index, 40,359 and 19,922 shares, respectively | $ 510,949 | $ 223,321 |

During the year ended December 31, 2010, the Plan's investments in registered investment companies (including gains and losses on investments bought, sold and held during the year) appreciated in value by $662,758.

## NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any audit procedures with respect to the following information certified by ING Institutional Plan Services, LLC, on behalf of Reliance Trust Company as complete and accurate, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedules.

(a) Investments held and certified by the Trustee:

| | December 31, | |
|---|---|---|
| | 2010 | 2009 |
| Registered Investment Companies | $ 7,748,573 | $ 6,070,290 |

(b) Investment income certified by the Trustee for the year ended December 31, 2010:

| | |
|---|---|
| Net Appreciation in Fair Value of Investments | $ 662,758 |
| Dividend Income | 142,281 |
| Total Investment Income Certified by the Trustee | $ 805,039 |

## NOTE 5 FAIR VALUE OF INVESTMENTS

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

| | 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments at Fair Value: | | | | |
| Registered Investment Companies: | | | | |
| Target | $ 1,410,524 | $ - | $ - | $ 1,410,524 |
| International | 1,180,205 | - | - | 1,180,205 |
| Growth | 1,530,140 | - | - | 1,530,140 |
| Blended | 701,921 | - | - | 701,921 |
| Other | 389,636 | - | - | 389,636 |
| Index | 510,949 | - | - | 510,949 |
| Bond | 428,244 | - | - | 428,244 |
| Value | 958,253 | - | - | 958,253 |
| Fixed Income | 638,701 | - | - | 638,701 |
| Total Investments at Fair Value | $ 7,748,573 | $ - | $ - | $ 7,748,573 |

## NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

| | 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments at Fair Value: | | | | |
| Registered Investment Companies: | | | | |
| Target | $ 1,063,873 | $ - | $ - | $ 1,063,873 |
| International | 971,918 | - | - | 971,918 |
| Growth | 1,279,724 | - | - | 1,279,724 |
| Blended | 589,319 | - | - | 589,319 |
| Other | 51,089 | - | - | 51,089 |
| Index | 223,321 | - | - | 223,321 |
| Bond | 465,722 | - | - | 465,722 |
| Value | 941,846 | - | - | 941,846 |
| Fixed Income | 483,478 | - | - | 483,478 |
| Total Investments at Fair Value | $ 6,070,290 | $ - | $ - | $ 6,070,290 |

## NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

Graham, Cottrill, Jackson & Hostetter, LLP provided auditing services to the Plan. Fees paid by the Plan for auditing services qualify as party-in-interest transactions and totaled $12,000 for the year ended December 31, 2010. In addition, fees paid by the Plan to the Trustee for investment management services qualify as party-in-interest transactions and totaled $1,500 for the Plan year ended December 31, 2010.

## NOTE 7 RISKS AND UNCERTAINTIES

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of the investments 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 – modified cash basis.

## NOTE 8 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants shall become one hundred percent vested upon termination of the Plan.

## NOTE 9 PLAN TAX STATUS

The Plan has obtained a favorable tax determination letter dated March 31, 2008, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan's management evaluates tax positions taken by the Plan and recognizes 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. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain 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 routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

## NOTE 10 NON-EXEMPT TRANSACTION

The Company failed to remit employee 401(k) deferral contributions for certain payroll periods within the timeframe prescribed by the Department of Labor. This is deemed a prohibited transaction in accordance with ERISA and the Internal Revenue Code. The Company has corrected the prohibited transaction by depositing the lost earnings and will file the required Form 5330 with the Internal Revenue Service and pay the appropriate excise tax.

**MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN**
**SCHEDULE H, LINE 4a-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**YEAR ENDED DECEMBER 31, 2010**

| | | Total that Constitute Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|
| Check Here if Late Participant Loan Repayments are Included | Total Particpant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outstide VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| | $ 716 | $ - | $ 716 | $ - | $ - |

There were unintentional delays by the Plan Sponsor in submitting 2010 employee deferrals in the amount of $716 to the Trustee. In September 2011, the Plan Sponsor reimbursed the Plan for lost earnings in the amount of $16.31.

**MEDICAL ASSOCIATES OF BREVARD, LLC 401(k) PLAN**
**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 | (d) Cost Value ** | (e) Current Value |
|---|---|---|---|---|
| | AlianceBernstein 2045 A | Registered Investment Company | | $ 139 |
| | American Europacific Growth R3 | Registered Investment Company | | 763,545 |
| | American Growth Fund R3 | Registered Investment Company | | 896,643 |
| | American Investment Co R3 | Registered Investment Company | | 543,848 |
| | American New Perspective R3 | Registered Investment Company | | 158,073 |
| | Fidelity Adv Free 2010 T | Registered Investment Company | | 14,348 |
| | Fidelity Adv Free 2015 T | Registered Investment Company | | 34,649 |
| | Fidelity Adv Free 2020 T | Registered Investment Company | | 568,122 |
| | Fidelity Adv Free 2025 T | Registered Investment Company | | 243,862 |
| | Fidelity Adv Free 2030 T | Registered Investment Company | | 479,926 |
| | Fidelity Adv Free 2035 T | Registered Investment Company | | 33,946 |
| | Fidelity Adv Free 2040 T | Registered Investment Company | | 35,532 |
| | Fidelity Adv Mid Cap Fund | Registered Investment Company | | 270,180 |
| | Franklin Flex Cap Growth R | Registered Investment Company | | 8,498 |
| | Invesco Real Estate Fund | Registered Investment Company | | 84,420 |
| | Legg Battery Em Markets Trust | Registered Investment Company | | 356,569 |
| | Legg Battery S&P 500 Index | Registered Investment Company | | 510,949 |
| | Legg Western Asset Core Bond | Registered Investment Company | | 64,251 |
| | Legg Western Asset Govt Security | Registered Investment Company | | 131,327 |
| | Legg Western Asset Short Term Bond | Registered Investment Company | | 61,351 |
| | Legg Western Global Hi Yield Bond | Registered Investment Company | | 171,315 |
| | Lord Abbett Fundamental P | Registered Investment Company | | 186,587 |
| | Lord Abbett Small Cap Blend P | Registered Investment Company | | 117,527 |
| | MFS Utilities | Registered Investment Company | | 21,295 |
| | Oppenheimer Quest Opp Value - A | Registered Investment Company | | 50,705 |
| | Oppenheimer Gold & SP Min | Registered Investment Company | | 283,921 |
| | Oppenheimer Intl Bond A | Registered Investment Company | | 60,091 |
| | Washington Mutual Investors R3 | Registered Investment Company | | 958,253 |
| | Western Asset Money Market | Registered Investment Company | | 638,701 |
| | | | | $ 7,748,573 |

** Indicates Party-in-Interest*
***Cost omitted for participant-directed accounts*

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MEDICAL ASSOCIATES OF BREVARD LLC 401(K) PLAN PLAN #:001 59-3513741

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| (B) IDENTITY OF ISSUE | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|---|---|---|---|
| AllianceBernstein 2045 A | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 125.62 | 138.58 |
| Amer Euro Grwth R3 | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 717,001.56 | 763,545.36 |
| Amer Growth Fund R3 | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 829,181.77 | 896,642.82 |
| Amer Invest Co R3 | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 554,635.00 | 543,847.52 |
| Amer New Persp R3 | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 147,505.66 | 158,072.59 |
| Fidelity Adv Free 2010 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 13,409.43 | 14,348.09 |
| Fidelity Adv Free 2015 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 27,487.88 | 34,649.43 |
| Fidelity Adv Free 2020 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 424,432.08 | 568,121.97 |
| Fidelity Adv Free 2025 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 180,764.34 | 243,861.58 |
| Fidelity Adv Free 2030 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 348,159.55 | 479,925.68 |
| Fidelity Adv Free 2035 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 29,568.46 | 33,946.36 |
| Fidelity Adv Free 2040 T | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 31,542.49 | 35,531.77 |
| Fidelity Adv Mid Cap Fund | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 260,258.28 | 270,180.37 |
| Franklin Flex Cap Grth R | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 6,239.46 | 8,497.79 |
| Invesco Real Estate Fund | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 71,449.62 | 84,419.65 |
| Legg Battery Em Mkts Trst | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 216,171.89 | 356,568.98 |
| Legg S&P 500 Ind | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 475,527.28 | 510,948.96 |
| Legg West Asset Core Bnd | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 62,955.20 | 64,251.22 |
| Legg West Asst Govt Secur | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 125,729.96 | 131,327.46 |
| Legg WstAsst ShrtTrm Bnd | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 61,968.40 | 61,351.24 |
| Legg Wstrn Glb HiYld Bnd | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 170,977.78 | 171,315.30 |
| Lord Abbett Fundamntl P | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 129,203.20 | 186,586.64 |
| Lord Abbett Sm Cap Blnd P | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 99,363.33 | 117,526.77 |
| MFS Utilities | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 19,476.31 | 21,294.82 |
| Oppen Quest Opp Value-A | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 46,501.95 | 50,705.09 |
| Oppenheimer Gold & Sp Min | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 301,464.19 | 283,921.29 |
| Oppenheimer Intl Bond-A | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 60,019.12 | 60,091.23 |
| Wash Mutual Investors R3 | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 995,842.44 | 958,252.89 |
| Western Asst Money Market | VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES | 638,701.12 | 638,701.12 |