# 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), 6057(b), 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

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
FLORIDA HEART ASSOCIATES RETIREMENT PLAN

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

**1c** Effective date of plan 12/01/1997

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

FLORIDA HEART ASSOCIATES, P.L.

1550 BARKLEY CIR
FORT MYERS, FL 33907-4539

**2b** Employer Identification Number (EIN) 65-0690931

**2c** Sponsor's telephone number 239-938-2109

**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. | 07/26/2012 | LISA HARRIS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/26/2012 | LISA HARRIS |
| | **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")
FLORIDA HEART ASSOCIATES, P.L.

1550 BARKLEY CIR
FORT MYERS, FL 33907-4539

**3b** Administrator's EIN
65-0690931

**3c** Administrator's telephone number
239-938-2109

**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** | 110 |
| **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** | 87 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 17 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 104 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 104 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 100 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 3 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

| | | |
|---|---|---|
| **(1)** | 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

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FLORIDA HEART ASSOCIATES RETIREMENT PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA HEART ASSOCIATES, P.L.

**D** Employer Identification Number (EIN)
65-0690931

## 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
PRINCIPAL 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 |
|---|---|---|---|---|---|
| 42-0127290 | 61271 | 450739 | 104 | 01/01/2011 | 12/31/2011 |

**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 |
|---|---|
| 14721 | 6478 |

**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

MURRAY III, EDWARD W.
12660 WORLD PLAZA LANE
BLDG 73
FORT MYERS, FL 33907

| (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 |
|---|---|---|---|
| 14721 | 6478 | REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN | 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 (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| | | | |

**(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 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 4329629 |

**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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 0 |

## 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 organizations(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<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.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FLORIDA HEART ASSOCIATES RETIREMENT PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA HEART ASSOCIATES, P.L.

**D** Employer Identification Number (EIN)
65-0690931

## 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (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? |
|---|---|---|---|---|---|---|
| 13 50 64 | CONTRACT ADMINISTRATOR | 13020 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

**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)

| (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 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

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FLORIDA HEART ASSOCIATES RETIREMENT PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
FLORIDA HEART ASSOCIATES, P.L.

**D** Employer Identification Number (EIN)
65-0690931

**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: PRIN INTL EMERG MARKETS SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-013 | P | 365277 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-027 | P | 83914 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-005 | P | 331969 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-015 | P | 511713 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-016 | P | 410438 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-028 | P | 338103 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-023 | P | 420848 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-070 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 342151 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP BLEND II SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-065 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 241309 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-066 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 364327 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE III SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-068 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-075 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 70532 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-076 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 144880 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-077 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 456473 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-078 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 61873 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-079 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20376 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-080 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17804 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE SGNTURE

**b** Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 93-6274328-001 | C | 2146475 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL 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) |
|---|---|---|
| 42-0127290-096 | P | 147640 |

**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 |

# 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

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FLORIDA HEART ASSOCIATES RETIREMENT PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA HEART ASSOCIATES, P.L.

**D** Employer Identification Number (EIN)
65-0690931

## 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) | 551086 | 855 |
| **(2)** Participant contributions | 1b(2) | 9646 | 5377 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **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) | 2069355 | 2146475 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3780345 | 4329629 |
| **(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) | 2156720 | 2137288 |
| **(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 | 8567152 | 8619624 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | |
| **h** Operating payables | 1h | 0 | |
| **i** Acquisition indebtedness | 1i | 0 | |
| **j** Other liabilities | 1j | 0 | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 8567152 | 8619624 |

## 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) | 36444 | |
| **(B)** Participants | 2a(1)(B) | 464212 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 454 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 501110 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 43343 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 43343 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(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) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(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) | | 39802 |
| | **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | -131776 |
| | **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| | **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| | **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -75538 |
| **c** | Other income | 2c | | 0 |
| **d** | Total income. Add all **income** amounts in column (b) and enter total | 2d | | 376941 |
| | **Expenses** | | | |
| **e** | Benefit payment and payments to provide benefits: | | | |
| | **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 294375 | |
| | **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| | **(3)** Other | 2e(3) | 0 | |
| | **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 294375 |
| **f** | Corrective distributions (see instructions) | 2f | | 17073 |
| **g** | Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** | Interest expense | 2h | | |
| **i** | Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| | **(2)** Contract administrator fees | 2i(2) | 13021 | |
| | **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| | **(4)** Other | 2i(4) | 0 | |
| | **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 13021 |
| **j** | Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 324469 |
| | **Net Income and Reconciliation** | | | |
| **k** | Net income (loss). Subtract line **2j** from line **2d** | 2k | | 52472 |
| **l** | Transfers of assets: | | | |
| | **(1)** To this plan | 2l(1) | | 0 |
| | **(2)** From this plan | 2l(2) | | 0 |

## 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: JEFFREY TUSCAN **(2)** EIN: 26-0254161

**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 | | 131 |
| **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 | 0 |
| **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 | 0 |
| **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 | 0 |
| **e** | Was this plan covered by a fidelity bond? **4e** | X | | 325000 |
| **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

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FLORIDA HEART ASSOCIATES RETIREMENT PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA HEART ASSOCIATES, P.L.

**D** Employer Identification Number (EIN)
65-0690931

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 42-0127290

**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 (include any prior year accumulated funding deficiency not waived) ..... **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 or other authority 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. 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): _____

**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):

# FLORIDA HEART ASSOCIATES RETIREMENT PLAN

## FINANCIAL STATEMENTS, TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

## YEAR ENDED DECEMBER 31, 2011

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.

TUSCAN
& Company, PA
Certified Public Accountants & Consultants

**Affiliations**
Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants
Private Companies Practice Section
Tax Division

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Florida Heart Associates Retirement Plan
1550 Barkley Circle
Fort Myers, FL 33907

We were engaged to audit the financial statements and the supplementary schedules of the Florida Heart Associates Retirement Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements and the supplementary schedules 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 E, which was certified by Principal Life Insurance Company, the trustee/custodian of the Plan, except for comparing the information with the related information included in these financial statements and the supplementary schedules. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes all investment transactions. The Plan administrator has obtained a certification from the trustee/custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee/custodian is complete and accurate (29 CFR 2520.103-5(c)).

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

Because of the significance of the information in the Plan's financial statements and supplementary schedules that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and the supplementary schedules taken as a whole.

The form and content of the information included in the financial statements and the supplementary schedules, other than that derived from the information certified by the trustee/custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Tuscan & Company, P.A.

TUSCAN & COMPANY, P.A.
Fort Myers, Florida
June 19, 2012

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE**
**FOR PLAN BENEFITS (MODIFIED CASH BASIS)**
**December 31, 2011 and 2010**

| **ASSETS** | 2011 | 2010 |
|---|---|---|
| Investments at fair value: | | |
| Principal Life - Contract number (4)50739 | | |
| Common collective investment trusts | $ 2,146,475 | $ 2,069,355 |
| Mutual funds | 2,137,288 | 2,156,720 |
| Pooled separate accounts | 4,329,627 | 3,780,345 |
| TOTAL INVESTMENTS | 8,613,390 | 8,006,420 |
| Contributions receivable | 556,235 | 560,732 |
| NET ASSETS AT FAIR VALUE | 9,169,625 | 8,567,152 |
| Adjustment from fair value to contract value for fully benefit-responsive contracts | (48,775) | (41,419) |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 9,120,850 | $ 8,525,733 |

The accompanying notes are an integral part of this statement.

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)**
**Years ended December 31, 2011 and 2010**

| | 2011 | 2010 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| **Investment income** | | |
| Net gain (loss) on investments (realized and unrealized) | $ (174,868) | $ 855,676 |
| Interest and dividends | 43,343 | 45,252 |
| Total investment income | (131,525) | 900,928 |
| **Contributions (Cash)** | | |
| Employee - deferral | 464,213 | 489,649 |
| Employer - match | 36,444 | 54,291 |
| Employer - discretionary | 550,000 | 550,000 |
| Rollover | 454 | 48,968 |
| | 1,051,111 | 1,142,908 |
| TOTAL ADDITIONS TO NET ASSETS | 919,586 | 2,043,836 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Benefits paid to participants | 294,375 | 1,645,180 |
| Refunds | 17,073 | 2,718 |
| Administrative expenses | 13,021 | 13,600 |
| TOTAL DEDUCTIONS FROM NET ASSETS | 324,469 | 1,661,498 |
| Net increase in net assets | 595,117 | 382,338 |
| **Net assets available for plan benefits:** | | |
| BEGINNING OF YEAR | 8,525,733 | 8,143,395 |
| END OF YEAR | $ 9,120,850 | $ 8,525,733 |

The accompanying notes are an integral part of this statement.

## NOTE A - DESCRIPTION OF PLAN

The following description of Florida Heart Associates (the "Company") (Sponsor) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a 401(k) defined contribution retirement plan covering substantially all eligible employees of the Florida Heart Associates, P.L. (the Company) and affiliated entities collectively (the Company). The Plan was originally adopted on December 1, 1997 and is intended to provide participants with future retirement benefit opportunities. The Plan was restated on July 1, 2009 and again on December 1, 2010. The Plan is subject to the provisions of IRS Code Section 401(k), which allows for employee contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Plan administration

For the years ended December 31, 2011 and 2010, the trustee/custodian of the Plan was Principal Life Insurance Company (Third Party Administrator). Employer and participant contributions are held and managed by the trustee/custodian, which invests cash received, interest, and dividend income in accordance with participant direction, and makes distributions to participants.

### Contributions

Participants can elect to enroll in the Plan and contribute a portion of their compensation, up to the maximum specified by the IRS by completing a salary elective deferral agreement. An eligible participant's annual salary reduction (deductible) contributions may not exceed the lesser of 100 percent of the participant's compensation or $16,500 for calendar years 2011 and 2010. Deferral contributions may include after-tax Roth contributions and pre-tax deferrals. Some participants may contribute more by taking advantage of "catch up" provisions authorized by federal law. The Plan provides for two types of employer contributions. The Company will contribute a "matching" contribution amount equal to 25% of the employee's elective deferral up to the first 4% of the employee's compensation. The Company may also contribute a non-elective "discretionary" contribution. The discretionary contributions made will be determined by the

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Contributions, continued

Company based on the top-heavy minimum contribution calculation. The participant does not have to make 401(k) contributions to be eligible for employer discretionary contributions.

During the year ended December 31, 2010, the Plan was amended to allow for eligible participants to designate all or any portion of their future elective deferral contributions as Roth elective deferral contributions.

### Vesting

Upon attainment of normal retirement age (age 65), or early retirement age, if employment terminates prior to attainment of retirement age due to death or disability, the participant is 100% vested. However, upon termination of employment for any other reason, a participant is entitled to a portion of their account (excluding salary deferred amounts and any related income earned thereon which is immediately 100% vested) in accordance with the following five year vesting schedule:

| Years of Service* | Employer Match | Discretionary Contribution |
|---|---|---|
| Less than one (1) | 0% | 0% |
| One (1) | 20% | 20% |
| Two (2) | 40% | 40% |
| Three (3) | 60% | 60% |
| Four (4) | 80% | 80% |
| Five (5) or more | 100% | 100% |

*Vesting in the employer match and discretionary contributions of the participant accounts is based on participant's years of continuous service. The employee is immediately vested in the employee's respective contributions.

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Payment of benefits

Payments are made upon termination of service due to retirement, early retirement, death, disability, or financial hardship. Financial hardship distributions are permitted as described by Federal Rules. If a participant experiences a situation of extreme financial hardship where a request for withdrawal as defined by the Internal Revenue Code is requested and approval is granted by the Plan's trustees, the participant may withdraw all or any part of the vested account resulting from elective deferral contributions, not including investment earnings. At termination, retirement or death, vested account balances less than $5,000 will be paid in a single lump sum payment. Vested account balances greater than $5,000 are distributed in the manner elected by the participant, payable monthly as a life annuity providing income that continues for the life of the participant or spouse, monthly payments over a fixed period of time or single sum payment. Upon death of participant remaining balance is paid to beneficiary. Benefits due terminated employees, either through retirement or otherwise, are recorded when paid.

### Forfeitures

Forfeitures resulting from termination of Plan participation of non-vested employees may be first used to pay Plan expenses. Any forfeitures remaining shall be used to offset the first contribution made after the forfeiture is determined.

For the years ended December 31, 2011 and 2010, approximately $25,202, and $8,118 had been forfeited and used to reduce administrative costs of the Plan and/or employer contributions.

### Participant accounts

Each participant's account is credited with the participant's contribution and the allocation of the Company's contribution and the participant's pro rata share of the Plan earnings as determined and allocated under the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon termination employees can elect to leave their account balance in the Plan if the balance is greater than $5,000. As of December 31, 2011 and 2010, the amount held in the Plan for terminated vested participants is $689,984 and $627,666 respectively.

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Participant accounts, continued

Participants may select from a broad array of investment account options to invest their respective participant account. See Footnote E for a listing of investment options selected as of December 31, 2011.

### Loans

Loans are not available to participants under the Plan.

### Expenses

All administrative expenses incurred by the Trustee/Custodian, the Servicing Agent and/or Investment Advisors are paid for by the Plan with Plan assets.

### Hardship

Participants may withdraw amounts limited to deferral amounts, within the respective participant's account, for immediate and severe financial need. Elective deferral contributions will be suspended for six months following the date of the withdrawal.

### Plan eligibility

Employees qualify for participation in the elective deferral portion of the Plan upon completion of one year of service (of at least 1,000 hours) and attainment of age 21. The plan offers monthly entry dates.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

### Basis of accounting

Florida Heart Associates Retirement Plan prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable. Accordingly, the accompanying financial statements are not intended to present

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

### Basis of accounting, continued

financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

### Investments

Investments held by a collective investment trust (the "Fund") are required to be reported at fair value. The fair value of the collective trust is determined at the close of business each day based in quoted or appraised market value. However, contract value is the relevant measurement attribute for that portion of the net assets of a collective investment trust 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 underlying defined-contribution plan. The accompanying portfolio of investments reflects both the fair value as well as the adjustment to contract value for each investment that is deemed benefit responsive. The statements of net assets available for plan benefits presents the fair value of the 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 Plan Benefits were prepared on a contract value basis.

The change between the fair value and contract value of the Plan's fully benefit-responsive investment (common collective investment trusts) contracts at December 31, is reflected below:

| | 2011 | 2010 | Change |
|---|---|---|---|
| Investments at fair value | $ 2,146,475 | $ 2,069,355 | $ 77,120 |
| Investments at contract value | 2,097,700 | 2,027,936 | 69,764 |
| Adjustments to contract value | $ (48,775) | $ (41,419) | $ 7,356 |

The Plan's pooled separate and mutual fund investments are stated at market value. The values of each account are determined at the close of each business day based on quoted or appraised market value. The value of the accounts are expressed in units. The unit value is the dollar value of one unit and is determined at the close of each business day by dividing the value of the entire account by the total number of units in the account. The values of the forfeiture accounts are equal to actual cash value and or outstanding balance at the respective year-end.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Events limiting contract value treatment**

Market value events may limit the ability of the Investment Trust (Fund) to transact at contract value with the issuer. Market value events are events or conditions that occur which are outside of the normal operation of the Fund and lead to any Fund disbursements which have or will have a material adverse effect on the operations of the Fund and a financial effect on the investment contract or wrap issuer's interest hereunder.

Such events may include but are not limited to: Fund administration is amended or changed, merger or consolidation of investors, group terminations or layoffs, implementation of an early retirement program, termination or partial termination of the Fund, failure to meet certain tax qualifications, participant communication that is designed to influence participants not to invest in the Fund, transfers to competing options without meeting the equity wash provisions of the Fund, and plan sponsor withdrawals without the appropriate notice to the Fund and/or issuer.

In the normal course of business, such events or conditions would not limit the ability of the Fund to transact at contract value with the participants in the Fund. The Fund is managed to maintain a certain amount of liquidity to provide for the day-to-day liquidity needs of participants as well as the occasional market value event.

**Termination events by the issuers within the Fund**

An issuer can terminate an investment contract upon the event of default by the contract holder, Adviser or Trustee if the issuer determines in its reasonable discretion, such event has had, or is likely to have a material adverse effect on the issuer's interest with respect to the contract.

Such events may include but are not limited to: management of the portfolio is not in accordance with investment guidelines, a breach of any material obligation under the wrap agreement, any representation or warranty made by the contract holder becomes untrue in any material way, a replacement of the Adviser without prior consent of the issuer, the Fund is terminated or ceases to qualify as a group trust or plans cease to meet the appropriate tax qualification, or the wrap becomes a prohibited transaction within the meaning of Section 406 of ERISA.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Fully benefit responsive investment valuation within the Fund**

Investments in contracts within the Fund are presented in the portfolio of investments at contract value, which represents invested principal plus accrued interest thereon. The contracts are nontransferable but provide for benefit responsive withdrawals and participant transfers to noncompeting options by plan participants at contract value. In the event facts and circumstances provide evidence that contract value is impaired, the contracts would be presented at fair value. In determining contract value, the Trustee considers such factors as the benefit responsiveness of the contracts, the ability of the parties to the contracts to perform in accordance with the terms of the contracts and the likelihood of default by the issuer of an investment security.

Investments in regulated investment companies or collective investment trusts are valued at the net asset value per share/unit on valuation date.

**Investment contracts within the Fund**

Investment contracts can be structured as nonparticipating, participating or a combination thereof. Conventional Guaranteed Investment Contracts (GICs) issued by insurance companies are primarily nonparticipating, wherein the contact holder does not participate in any gains and losses incurred due to performance of the underlying portfolio relative to the book value at times of withdrawals. Conversely, synthetic investment contracts, or wrap contracts, issued by insurance companies or banks, are primarily participating, wherein the contract holder participates in gains and losses incurred due to the performance of the underlying portfolio relative to book value at times of withdrawals. Gains and losses are amortized through future crediting rate re-sets. Participating structures are the most common structure utilized in this Fund.

GIC contracts are typically issued with a fixed crediting rate and a fixed maturity date that does not change over the life of the contract. Wrap contracts typically re-set on a monthly or quarterly basis as negotiated with the wrap issuer and do not have a final stated maturity date. The wrap contracts in this Fund are predominately re-set on a monthly basis with a one-month look back for the portfolio statistics. The wrap contract issuer guarantees a minimum 0% crediting rate although a wrap does not absorb any loss for credit default in an underlying portfolio.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Investment contracts within the Fund, continued**

The gross crediting rate formula is negotiated in the wrap contract and is typically represented as:

CR = (MV/BV)^(1/D)*(1+YTM)-1 where:

MV = market value of portfolio
BV = book value of portfolio
D = weighted average duration of portfolio
YTM = annualized dollar or duration weighted yield to maturity of the portfolio

The net crediting rate is equal to the gross crediting rate minus the wrap fee due the contract issuer and if applicable, minus the sub-advisor fees for specific investment strategies. Crediting rates reflect the amortization of realized and unrealized gains and losses in the underlying portfolio over the duration of the portfolio and, in consequence, may not reflect the actual returns achieved in the portfolio. From time to time the crediting rate may be significantly greater or less than current market interest rates.

A number of factors can influence future crediting rates, which may include but are not limited to: portfolio cash flows, underlying portfolio performance, current market interest rates for reinvestment, duration posture, change in credit ratings, default or bankruptcy by an asset or wrap issuer, the unexpected receipt of principal and interest payments, extraordinary withdrawals and certain wrap contract terms, including wrap fees.

The gross crediting rate formula is also subject to re-negotiation by the contract issuer and/or the contract holder. Events which may warrant the use of a different crediting rate formula or variables utilized in the formula illustrated above include, but are not limited to, depressed market value to book value ratios, credit events or pricing pressures within the wrapped portfolio that impacts market valuation.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

**Investment contracts within the Fund, continued**

Synthetic investment contracts are comprised of both investment and contractual components. The investment component consists of securities or shares of units of a pooled portfolio of fixed-income securities, referred to as the underlying investments. Underlying investments may include, but are not limited to:

- Asset-backed securities
- Corporate bonds
- Mortgage-backed securities
- Securities issued or backed by the U.S. government agencies, government sponsored enterprises or similar U.S. government entities or instrumentalities
- Shares of mutual finds primarily invested in the above
- Units of commingled pools primarily invested in the above
- Money market instruments

This investment component is "wrapped" by contracts issued by third-party financial institutions. This wrap becomes the contractual component and provides for benefit withdrawals and investment exchanges at the full contract value of the synthetic investment contracts (i.e., principal plus accrued interest) notwithstanding the actual market value of the underlying investments (i.e., fair value of security plus accrued interest). In this manner, wrap contracts are designed to smooth out the impact of normal market fluctuations associated with the performance of the underlying investments.

Wrap contract issuers place restrictions on minimum/maximum portfolio durations and on the minimum credit quality of the underlying investments.

Most of the investments underlying the synthetic contracts have expected average lives. That is, they have a target maturity date that is subject to change depending on market conditions. Should the expected average life of the investments shorten or extend, the crediting rate on the contract is normally reset to reflect the investments' net yield to maturity. If the underlying investments prepay prior to their expected maturity, the cash flows from the investments are typically reinvested in new investments.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

**Investment contracts within the Fund, continued**

At December 31, 2011, the Fund held a synthetic investment contract in which the underlying investment consisted of units of the Union Bond & Trust Company Actively Managed Fund, another of the Trustee's Collective Trust Funds. The primary objective of the Actively Managed Fund is to provide participating entities with a medium for collective investment primarily in actively managed fixed income portfolios sub-advised by multiple managers with specific investment strategies. The sub-advisors are Pacific Investment Management Company (PIMCO), Wellington Capital Management and Blackrock, Inc.

At December 31, 2011, the Fund also held a synthetic investment contract in which the underlying investment is a portfolio of assets managed by Principal Global Investors, LLC, an affiliate of the Trustee. This sub-advisor has expertise in managing high quality, intermediate term, fixed income portfolios.

At December 31, 2011, the Fund held synthetic investment contracts for which the underlying investments are sub-advised by managers affiliated with the synthetic contract issuers. The sub-advisors are Aviva Investors North America, Met Life Investments, New York Life Investments, and Prudential Investment Management.

The following tables are intended to show the hypothetical impacts to the Fund's crediting rate over the next four quarterly periods as a result of changes in yields on the underlying investments, and changes in yields on underlying investments combined with a significant redemption from the Fund.

| December 31, 2011 | Assumption |
|---|---|
| Portfolio gross crediting rate | 2.392% |
| Current market interest rate | 1.351% |
| Percent market rate change per interval | 25% |
| Participant cash flows | (10)% |

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

**Investment contracts within the Fund, continued**

| | | % Market Rate Change | (50%) | (25%) | No Change | 25% | 50% |
|---|---|---|---|---|---|---|---|
| Participant cash flows: | None | 12/31/2011 | 2.392% | 2.392% | 2.392% | 2.392% | 2.392% |
| | | 3/31/2012 | 2.272% | 2.276% | 2.276% | 2.273% | 2.267% |
| | | 6/30/2012 | 2.095% | 2.136% | 2.174% | 2.209% | 2.241% |
| | | 9/30/2012 | 1.935% | 2.010% | 2.081% | 2.150% | 2.217% |
| | | 12/31/2012 | 1.794% | 1.898% | 2.000% | 2.099% | 2.195% |

| | | % Market Rate Change | (50%) | (25%) | No Change | 25% | 50% |
|---|---|---|---|---|---|---|---|
| Participant cash flows: | -10% | 12/31/2011 | 2.392% | 2.392% | 2.392% | 2.392% | 2.392% |
| | | 3/31/2012 | 2.460% | 2.427% | 2.390% | 2.350% | 2.306% |
| | | 6/30/2012 | 2.261% | 2.270% | 2.275% | 2.277% | 2.275% |
| | | 9/30/2012 | 2.083% | 2.129% | 2.172% | 2.211% | 2.247% |
| | | 12/31/2012 | 1.925% | 2.004% | 2.080% | 2.153% | 2.222% |

The above is illustrative only and based on the assumptions given below. The crediting rate on the portfolio and total returns actually achieved by investors in the future may vary significantly from the above illustration due to market, plan and cash flow events.

- The basis for current market interest rate is the actual yield to maturity of underlying assets.
- The above represents an estimate based on current crediting rate calculation conventions.
- The illustrative crediting rate calculations are gross of wrap fees.
- Assumptions used in crediting rate calculation:
  - Market value to book value ratio = 102.325%, initial gross crediting rate = 2.392%.
  - The participant cash flow example above reflects the manager's methodology in paying benefits and managing overall portfolio allocations.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Investment income within the Fund**

For fully benefit-responsive synthetic investment contracts, earnings on the underlying assets are factored into the next computation of the crediting rate re-set.

**Income recognition**

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. In accordance with the policy of stating investments at fair market value, any change in unrealized appreciation or depreciation for the year is combined with realized gains and losses reflected in the statement of changes in net assets available for Plan benefits as net gain (loss) on investments.

**Income tax status**

The Plan adopted a Prototype Non-Standardized Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Parties-in-interest transactions**

Certain Plan investments are managed by Principal Life Insurance Co., which is the trustee/custodian as defined by the Plan. Principal also performs certain Plan administrative functions. Certain administrative functions are performed by officers and employees of the Partnership. No such officer or employee receives compensation from the Plan.

**Plan termination**

Although the Company has not expressed any intent to do so, the Plan may be terminated at any time subject to the provisions of ERISA. In the event of termination, all participants would become 100% vested and their individual accounts nonforfeitable. Participant accounts will be held in the Plan and continue to earn interest until benefits are provided in accordance with the terms of the Plan.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

### Use of estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the statement of net assets available for Plan benefits and the changes during the reporting period. Accordingly, actual results could differ from these estimates.

### Fair value of financial instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

### Subsequent events

Subsequent events have been evaluated through June 19, 2012, which is the date the financial statements were available to be issued.

## NOTE C - MARKET RISK

The Plan invests in various investment securities and in various companies within various markets. All of the Plan's investments are recorded at fair market value in accordance with the reporting requirements governing the Plan. Net changes in asset value is reflected as net appreciation (depreciation) in fair value of investments. All such investments are subject to various market and economic risk factors as well as the national and global economies and 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 the participant's account balances and amounts reported in the Plan's financial statements and supplementary schedules. Investments may lose principal and/or value.

## NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Plan Benefits and consist of the following:

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets Level (1) | Observable Inputs Other Than Quoted Prices Level (2) |
| **2011** | | | |
| Common Collective Trusts | $ 2,146,475 | $ - | $ 2,146,475 |
| Mutual Funds | 2,137,288 | 2,137,288 | - |
| Pooled Separate Accounts | 4,329,627 | - | 4,329,627 |
| TOTAL INVESTMENTS | $ 8,613,390 | $ 2,137,288 | $ 6,476,102 |
| **2010** | | | |
| Common Collective Trusts | $ 2,069,355 | $ - | $ 2,069,355 |
| Mutual Funds | 2,156,720 | 2,156,720 | - |
| Pooled Separate Accounts | 3,780,345 | - | 3,780,345 |
| TOTAL INVESTMENTS | $ 8,006,420 | $ 2,156,720 | $ 5,849,700 |

**Fair value measurements**

FASB ASC 820-10-50-1 (formerly Financial Accounting Standards Board Statement No. 157), "Fair Value Measurements," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level (2) inputs primarily include fixed income securities or investment contracts and inputs other than quoted prices, Level (3) inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value. No Level (3) inputs were used by the Plan.

**NOTE D - FAIR VALUE MEASUREMENTS, CONTINUED**

**Level (1) fair value measurements**

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

**Level (2) fair value measurements**

Fair value is based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly. The Plan's Level 2 assets include investment contracts (common collective trusts) and pooled separate accounts.

**Level (3) fair value measurements**

Fair value is based on significant unobservable inputs for the asset or liability. The Plan does not currently have any Level 3 assets or liabilities.

## NOTE E - INVESTMENTS

The following table represents the fair values of the Plan's Assets maintained by the Trustee/Custodian at December 31:

| **Principal Life (Trustee/Custodian)**** | 2011 | | 2010 | |
|---|---|---|---|---|
| Common Collective Investment Trust | | | | |
| Morley Financial Stable Value Signature | $ 2,146,475 | * | $ 2,069,355 | * |
| Pooled separate accounts: | | | | |
| Principal Bond and Mortgage | 331,969 | | 235,308 | |
| Principal U.S. Property | 83,914 | | 76,480 | |
| Principal Lifetime Strategic Income | 17,804 | | 19,955 | |
| Principal Lifetime 2010 | 70,532 | | 112,378 | |
| Principal Lifetime 2020 | 144,880 | | 176,556 | |
| Principal Lifetime 2030 | 456,473 | * | 394,044 | |
| Principal Lifetime 2040 | 61,873 | | 61,534 | |
| Principal Lifetime 2050 | 20,376 | | 24,108 | |
| Principal Large Cap S&P 500 Index | 410,438 | | 394,578 | |
| Principal Mid Cap S&P 400 Index | 420,848 | | 388,148 | |
| Principal Small Cap S&P 600 Index | 338,103 | | 327,223 | |
| Principal Diversified International | 511,713 | * | 542,176 | * |
| Principal International Emerging Markets | 365,277 | | 64,905 | |
| T. Rowe Price Large Cap Growth I | 364,327 | | 199,393 | |
| T. Rowe Large Cap Blend II | 241,309 | | 251,440 | |
| Alliance Bernstein Large Cap Value III | - | | - | |
| Alliance Bernstein Small Cap Growth I | 342,151 | | 293,939 | |
| DFA Vaughan Nelson Small Cap Value II | 147,640 | | 218,180 | |
| | 4,329,627 | | 3,780,345 | |
| Mutual fund accounts: | | | | |
| Fidelity Large Cap T Fund | 72,138 | | 124,389 | |
| Fidelity Mid Cap T Fund | 259,379 | | 339,184 | |
| MFS Value R2 Fund | 133,317 | | 80,729 | |
| Invesco Global Health Care Fund | 41,768 | | 37,640 | |
| American Funds Hi-inc Tr R3 Fund | 412,438 | | 350,774 | |
| American Funds Growth Fund of America | 483,227 | * | 542,152 | * |
| American Funds Washington Mutual | 353,477 | | 303,895 | |
| American Century Mid Cap Value Fund | 110,282 | | 124,517 | |
| American Funds New Perspective | 271,262 | | 253,440 | |
| | 2,137,288 | | 2,156,720 | |
| Total Investments | $ 8,613,390 | | $ 8,006,420 | |

* Investments equal to or greater than 5% of net assets available for Plan benefits at end of Plan year.

** Considered to be a party-in-interest.

**NOTE E - INVESTMENTS, CONTINUED**

**Information certified by Trustee**

The Plan administrator has elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Life, the trustee/custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for Plan benefits as of December 31, 2011 and 2010, and the schedule of assets (held at end of year), and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2011 and 2010.

## NOTE F · RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 for the years ended December 31:

| | 2011 | 2010 |
|---|---|---|
| **Net Assets, beginning of year, January 1, per the financial statements** | $ 8,525,733 | $ 8,143,395 |
| Adjustment from contract value to fair value for benefit responsive contracts | 41,419 | 13,741 |
| Net assets, beginning of year, January 1, per Form 5500 | $ 8,567,152 | $ 8,157,136 |
| **Net Assets, end of year, December 31, per the financial statements** | $ 9,120,850 | $ 8,525,733 |
| Adjustment for discretionary contribution receivable | (550,000) | - |
| Adjustment from contract value to fair value for benefit responsive contracts | 48,775 | 41,419 |
| Net Assets, end of year December 31, per Form 5500 | $ 8,619,625 | $ 8,567,152 |

The following is a reconciliation of changes in net assets available for Plan benefits per the financial statements to the Form 5500 for the years ended December 31:

| | 2011 | 2010 |
|---|---|---|
| Net increase (decrease) in Assets Available for Benefits per the financial statements | $ 595,117 | $ 382,338 |
| Adjustment for discretionary contribution receivable | (550,000) | - |
| Adjustment from contract value to fair value for benefit responsive contracts | 7,356 | 27,678 |
| Rounding | (1) | - |
| Net increase (decrease) in Assets Available for Benefits per the Form 5500 | $ 52,472 | $ 410,016 |

There were no other reconciling items noted for the year ended December 31, 2011 and 2010.

# SUPPLEMENTARY SCHEDULES

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**EIN: 65-0690931**
**PLAN NUMBER: 001**
**SCHEDULE 1**
**FORM 5500, PART IV, SCHEDULE H, line (4)(j)- REPORTABLE TRANSACTIONS**
**For the year ended December 31, 2011**

| IDENTITY OF PARTY INVOLVED | DESCRIPTION OF ASSETS | NUMBER OF PURCHASES | NUMBER OF SALES | TOTAL DOLLAR VALUE OF PURCHASES | TOTAL DOLLAR VALUE OF SALES | DATE |
|---|---|---|---|---|---|---|

None Noted

Reportable transactions are defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**EIN: 65-0690931**
**PLAN NUMBER: 001**
**SCHEDULE 2**
**FORM 5500, PART IV, SCHEDULE H, line (4)(j)- REPORTABLE TRANSACTIONS**
**For the year ended December 31, 2010**

| IDENTITY OF PARTY INVOLVED | DESCRIPTION OF ASSETS | NUMBER OF PURCHASES | NUMBER OF SALES | TOTAL DOLLAR VALUE OF PURCHASES | TOTAL DOLLAR VALUE OF SALES | DATE |
|---|---|---|---|---|---|---|

None Noted

Reportable transactions are defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**EIN: 65-0690931**
**PLAN NUMBER: 001**
**SCHEDULE 3**
**FORM 5500, PART IV, SCHEDULE H, line (4)(i) - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)**
**December 31, 2011**

| IDENTITY OF ISSUER | | DESCRIPTION OF INVESTMENT | NUMBER OF UNITS | FAIR VALUE (2) | |
|---|---|---|---|---|---|
| Morley Financial | (1) | Morley Financial Stable Value Signature Fund | 119,523 | $ 2,146,475 | * |
| Principal Life | (1) | Principal Bond and Mortgage | 331 | 331,969 | |
| Principal Life | (1) | Principal U.S. Property | 146 | 83,914 | |
| Principal Life | (1) | Principal Lifetime Strategic Income | 1,128 | 17,804 | |
| Principal Life | (1) | Principal Lifetime 2010 | 4,426 | 70,532 | |
| Principal Life | (1) | Principal Lifetime 2020 | 8,948 | 144,880 | |
| Principal Life | (1) | Principal Lifetime 2030 | 28,907 | 456,473 | * |
| Principal Life | (1) | Principal Lifetime 2040 | 3,959 | 61,873 | |
| Principal Life | (1) | Principal Lifetime 2050 | 1,366 | 20,376 | |
| Principal Life | (1) | Principal Large Cap S&P 500 Index | 7,752 | 410,438 | |
| Principal Life | (1) | Principal Mid Cap S&P 400 Index | 17,132 | 420,848 | |
| Principal Life | (1) | Principal Small Cap S&P 600 Index | 13,446 | 338,103 | |
| Principal Life | (1) | Principal Diversified International | 9,929 | 511,713 | * |
| Principal Life | (1) | Principal International Emerging Markets | 7,594 | 365,277 | |
| T. Rowe Price | (1) | T. Rowe Price Large Cap Growth I | 32,922 | 364,327 | |
| T. Rowe Price | (1) | T. Rowe Large Cap Blend II | 19,256 | 241,309 | |
| Alliance Bernstein | (1) | Alliance Bernstein Small Cap Growth I | 28,135 | 342,151 | |
| Vaughan Nelson | (1) | DFA Vaughan Nelson Small Cap Value II | 10,842 | 147,640 | |
| Fidelity | (1) | Fidelity Large Cap T Fund | 4,057 | 72,138 | |
| Fidelity | (1) | Fidelity Mid Cap T Fund | 13,566 | 259,379 | |
| MFS | (1) | MFS Value R2 Fund | 6,003 | 133,317 | |
| Invesco | (1) | Invesco Global Health Care Fund | 1,536 | 41,768 | |
| American Funds | (1) | American Funds Hi-inc Tr R3 Fund | 38,690 | 412,438 | |
| American Funds | (1) | American Funds Growth Fund of America | 17,057 | 483,227 | * |
| American Funds | (1) | American Funds Washington Mutual | 12,517 | 353,477 | |
| American Funds | (1) | American Century Mid Cap Value Fund | 9,434 | 110,282 | |
| American Funds | (1) | American Funds New Perspective | 10,539 | 271,262 | |
| | | | 429,141 | $ 8,613,390 | |

* Investments equal to or greater than 5% of net assets available for Plan benefits at the end of the Plan year.

(1) Held by Principal Life in contract number (4)-50739 and considered to be a party-in-interest.

(2) Stated at fair value. Historical cost data was not available.

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**EIN: 65-0690931**
**PLAN NUMBER: 001**
**SCHEDULE 4**
**FORM 5500, PART IV, SCHEDULE H, line (4)(i) - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)**
**December 31, 2010**

| IDENTITY OF ISSUER | | DESCRIPTION OF INVESTMENT | NUMBER OF UNITS | FAIR VALUE (2) | |
|---|---|---|---|---|---|
| Morley Financial | (1) | Morley Financial Stable Value Signature Fund | 117,321 | $ 2,069,355 | * |
| Principal Life | (1) | Principal Bond and Mortgage | 250 | 235,308 | |
| Principal Life | (1) | Principal U.S. Property | 154 | 76,480 | |
| Principal Life | (1) | Principal Lifetime Strategic Income | 1,308 | 19,955 | |
| Principal Life | (1) | Principal Lifetime 2010 | 7,122 | 112,378 | |
| Principal Life | (1) | Principal Lifetime 2020 | 10,767 | 176,556 | |
| Principal Life | (1) | Principal Lifetime 2030 | 24,358 | 394,044 | |
| Principal Life | (1) | Principal Lifetime 2040 | 3,798 | 61,534 | |
| Principal Life | (1) | Principal Lifetime 2050 | 1,549 | 24,108 | |
| Principal Life | (1) | Principal Large Cap S&P 500 Index | 7,588 | 394,578 | |
| Principal Life | (1) | Principal Mid Cap S&P 400 Index | 15,447 | 388,148 | |
| Principal Life | (1) | Principal Small Cap S&P 600 Index | 13,086 | 327,223 | |
| Principal Life | (1) | Principal Diversified International | 9,351 | 542,176 | * |
| Principal Life | (1) | Principal International Emerging Markets | 1,116 | 64,905 | |
| T. Rowe Price | (1) | T. Rowe Price Large Cap Growth I | 17,934 | 199,393 | |
| T. Rowe Price | (1) | T. Rowe Large Cap Blend II | 19,933 | 251,440 | |
| Alliance Bernstein | (1) | Alliance Bernstein Small Cap Growth I | 24,263 | 293,939 | |
| Vaughan Nelson | (1) | DFA Vaughan Nelson Small Cap Value II | 15,074 | 218,180 | |
| Fidelity | (1) | Fidelity Large Cap T Fund | 6,853 | 124,389 | |
| Fidelity | (1) | Fidelity Mid Cap T Fund | 16,775 | 339,184 | |
| MFS | (1) | MFS Value R2 Fund | 3,566 | 80,729 | |
| Invesco | (1) | Invesco Global Health Care Fund | 1,409 | 37,640 | |
| American Funds | (1) | American Funds Hi-inc Tr R3 Fund | 31,125 | 350,774 | |
| American Funds | (1) | American Funds Growth Fund of America | 18,084 | 542,152 | * |
| American Funds | (1) | American Funds Washington Mutual | 11,230 | 303,895 | |
| American Funds | (1) | American Century Mid Cap Value Fund | 9,898 | 124,517 | |
| American Funds | (1) | American Funds New Perspective | 8,997 | 253,440 | |
| | | | 398,356 | $ 8,006,420 | |

* Investments equal to or greater than 5% of net assets available for Plan benefits at the end of the Plan year.

(1) Held by Principal Life in contract number (4)-50739 and considered to be a party-in-interest.

(2) Stated at fair value. Historical cost data was not available.

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**EIN: 65-0690931**
**PLAN NUMBER: 001**
**SCHEDULE 5**
**FORM 5500, PART IV, SCHEDULE H, line (4)(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AT THE END OF PLAN YEAR**
**(MODIFIED CASH BASIS)**
**December 31, 2011**

| | TOTAL THAT CONSTITUTES NONEXEMPT PROHIBITED TRANSACTIONS | | | |
|---|---|---|---|---|
| PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN | CONTRIBUTIONS NOT CORRECTED | CONTRIBUTIONS CORRECTED OUTSIDE VFCP | CONTRIBUTIONS PENDING CORRECTION IN VFPC | TOTAL FULLY CORRECTED UNDER VFCP AND PTE 2002-51 |
| $ 130.64 | | $ 130.64 | | |

**FLORIDA HEART ASSOCIATES RETIREMENT PLAN**
**EIN: 65-0690931**
**PLAN NUMBER: 001**
**SCHEDULE 6**
**FORM 5500, PART IV, SCHEDULE H, line (4)(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AT THE END OF PLAN YEAR**
**(MODIFIED CASH BASIS)**
**December 31, 2010**

| | TOTAL THAT CONSTITUTES NONEXEMPT PROHIBITED TRANSACTIONS | | | |
|---|---|---|---|---|
| PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN | CONTRIBUTIONS NOT CORRECTED | CONTRIBUTIONS CORRECTED OUTSIDE VFCP | CONTRIBUTIONS PENDING CORRECTION IN VFPC | TOTAL FULLY CORRECTED UNDER VFCP AND PTE 2002-51 |
| $ 130.64 | | $ 130.64 | | |

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& Company, PA
Certified Public Accountants & Consultants

**Affiliations**
Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants
Private Companies Practice Section
Tax Division



# INDEPENDENT AUDITOR'S REPORT TO MANAGEMENT

To the Plan Committee
Florida Heart Associates Retirement Plan
1550 Barkley Circle
Fort Myers, FL 33907

In planning and performing our limited scope audit of the financial statements of Florida Heart Associates Retirement Plan (the "Plan"), for the year ended December 31, 2011, we considered the Plan's internal control components as a basis for designing our auditing procedures. Although our audit was not designed to provide assurance on internal control, we noted certain matters involving the internal control and its operation and are submitting, for your consideration, related recommendations designed to help the Plan make improvements and achieve operational efficiencies. Our comments reflect our desire to be of continuing assistance to the Plan.

## PRIOR YEAR COMMENTS THAT CONTINUE TO APPLY:

1. I-9's Should be Retained for all Compensated Individuals
   During the participant testing, we noted that one (1) of the twenty-five (25) participants selected did not have an I-9 Form on file.

   We recommend that all compensated individuals, regardless of whether they are classified as employees complete a I-9 form to be retained in in their personnel file.

   Current Year Addendum: We noted that for the year ended December 31, 2011 all of the participants tested had an I-9 on file.

2. Current Enrollment Forms and Change Forms Should be Completed for all Participants
   During the participant testing, we noted that (3) three of the twenty-five (25) participants selected did not have enrollment forms on file that agreed with the current amount being contributed by the employee. This was due to employees who had taken a hardship withdraw but never updated their forms to discontinue their contributions or were re-hired but never updated their forms.

2. Current Enrollment Forms and Change Forms Should be Completed for all Participants, continued

We recommend that all changes are recorded on enrollment forms and retained in the employee's file. This should include decisions to stop contributing or re-start contributing. The forms on file should reflect the actual contrubtions to the Plan by the employee.

Current Year Addendum: We noted that for the year ended December 31, 2011 all of the participants tested had a completed enrollment form.

3. Contributions Should be Made Timely

During our review of the Plan's 5500, we noted that a participant contribution was transmitted to the plan untimely. We were informed that this was an error in which the contribution was credited to the incorrect employee's account, the error was detected and corrected. We understand that this is not a normal occurrence and recommend that the Plan continue to be monitored and reviewed so that any errors can be detected and corrected as soon as reasonably possible.

2010 Addendum: We have been informed that this issue has been resolved in the beginning of fiscal year 2010, however it is still being reported as unresolved on the 5500 return. We recommend that this be discussed and resolved with the Plan Trustee/Custodian.

Current Year Addendum: We continue to recommend the preceding comment.

4. Board Should Specifically Approve Employer Contributions

During our review of the Plan Adoption Agreements we noted that the amount or percentage of matching employer contributions was not specified but rather was noted that the percentage would be determined by Florida Heart Associates. We further noted that the Board approved a discretionary contribution to remain the same percentage as 2008 but the Plan minutes did not specify the percentages or dollar amounts.

We recommend that the Board approve the specific employer match percentage and the specific discretionary match percentages or dollar amounts and that this approval be documented in the Board Minutes.

Current Year Addendum: We continue to recommend the preceding comment.

**CURRENT YEAR COMMENTS:**

1. Enrollment Dates Should be Reviewed for New Hires

   During participant testing, we noted one (1) of the twenty-five (25) participants selected had a hire date on their I-9 that did not agree with their hire date per Principal's records. Based on the hire date on the I-9, the employee was eligible to enroll in the plan four months earlier than their actual enrollment date.

   We recommend that management determine the effect of this error and correct it in a timely manner. In addition, we recommend that enrollment dates be reviewed regularly to ensure accuracy.

This report is intended solely for the information and use of management, the Plan Committee and others within the Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Tuscan & Company, P.A.

TUSCAN & COMPANY, P.A.
Fort Myers, Florida
June 19, 2012

F051TF

# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FLORIDA HEART ASSOCIATES RETIREMENT PLAN

EIN 65 0690931
PLAN NUMBER 001
PLAN YEAR 01/01/2011 TO 12/31/2011

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| | The American Funds | Registered Investment Company<br>Am Fds Grth Fd of Am R3 Fund | $ 0.00 | $ 483,227.13 |
| | American Funds Service Company | Registered Investment Company<br>Am Fds New Persp R3 Fund | $ 0.00 | $ 271,262.38 |
| | American Funds Service Company | Registered Investment Company<br>Am Fds Wash Mut Inv R3 Fund | $ 0.00 | $ 353,477.12 |
| | The American Funds | Registered Investment Company<br>Am Funds Hi-inc Tr R3 Fund | $ 0.00 | $ 412,437.88 |
| | American Century Investments | Registered Investment Company<br>American Cent MdCp Val A Fd | $ 0.00 | $ 110,282.05 |
| | Fidelity Investments | Registered Investment Company<br>Fidelity Adv Large Cap T Fund | $ 0.00 | $ 72,138.03 |
| | Fidelity Investments | Registered Investment Company<br>Fidelity Adv Stk Sel MdCp T Fd | $ 0.00 | $ 259,378.64 |
| | AIM Investments | Registered Investment Company<br>Invesco Glob Health Care A Fd | $ 0.00 | $ 41,767.78 |
| | MFS Investment Management | Registered Investment Company<br>MFS Value R2 Fund | $ 0.00 | $ 133,317.19 |
| * | Principal Life Insurance Company | Pooled Separate Accounts<br>Prin Bond and Mortgage SA-R6 | $ 0.00 | $ 331,969.08 |
| * | Principal Life Insurance Company | Pooled Separate Accounts<br>Prin Diversified Intl SA-R6 | $ 0.00 | $ 511,712.99 |
| * | Principal Life Insurance Company | Pooled Separate Accounts<br>Prin Intl Emerg Markets SA-R6 | $ 0.00 | $ 365,276.95 |
| * | Principal Life Insurance Company | Pooled Separate Accounts<br>Prin LargeCap Blend II SA-R6 | $ 0.00 | $ 241,309.42 |
| * | Principal Life Insurance Company | Pooled Separate Accounts<br>Prin LargeCap Growth I SA-R6 | $ 0.00 | $ 364,327.42 |
| * | Principal Life Insurance Company | Pooled Separate Accounts<br>Prin LgCap S&P 500 Index SA-R6 | $ 0.00 | $ 410,437.78 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FLORIDA HEART ASSOCIATES RETIREMENT PLAN

EIN 65 0690931
PLAN NUMBER 001
PLAN YEAR 01/01/2011 TO 12/31/2011

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6 | $ 0.00 | $ 17,804.45 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6 | $ 0.00 | $ 70,532.02 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6 | $ 0.00 | $ 144,879.67 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6 | $ 0.00 | $ 456,473.23 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6 | $ 0.00 | $ 61,873.29 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6 | $ 0.00 | $ 20,375.57 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-R6 | $ 0.00 | $ 420,848.45 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin SmallCap Growth I SA-R6 | $ 0.00 | $ 342,151.20 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin SmallCap Value II SA-R6 | $ 0.00 | $ 147,640.27 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin SmCap S&P 600 Index SA-R6 | $ 0.00 | $ 338,102.99 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin U.S. Property Sep Acct-R6 | $ 0.00 | $ 83,914.39 |
| * | Union Bond & Trust Company | Common/Collective Trust Principal Stable Value Sgnture | $ 0.00 | $ 2,146,475.00 |
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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)