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;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

GREATER HOUSTON ANESTHESIOLOGY, P.A.

2411 FOUNTAIN VIEW DRIVE, SUITE 200
HOUSTON, TX 77057

2b Employer Identification Number (EIN) 76-0482007

2c Sponsor's telephone number 713-458-4120

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.	08/17/2012	JON REECE THOMPSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
GREATER HOUSTON ANESTHESIOLOGY, P.A.

2411 FOUNTAIN VIEW DRIVE, SUITE 200
HOUSTON, TX 77057

3b Administrator's EIN
76-0482007

3c Administrator's telephone number
713-458-4120

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**	578
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**	551
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	118
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	670
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	670
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	665
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A.

D Employer Identification Number (EIN)
76-0482007

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

UHY LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	6598	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 37 52	NONE	4755	Yes [X] No [ ]	Yes [X] No [ ]	0	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: UHY LLP	**b** EIN: 20-0694403	
c Position: AUDITOR		
d Address: 1717 MAIN STREET, SUITE 2400 DALLAS, TX 75201	**e** Telephone: 214-243-2900	

Explanation: CURRENT AUDITOR PROVIDES BETTER SERVICE AND BETTER PRICE

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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A.

D Employer Identification Number (EIN)
76-0482007

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: VANGUARD RETIREMENT SAVINGS TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
23-2186884-022	C	4098559

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A.

D Employer Identification Number (EIN)
76-0482007

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	3726	162
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1311896	1527171
(2) Participant contributions	1b(2)	312166	288984
(3) Other	1b(3)	14726	201979
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	41907	31379
(B) All other	1c(3)(B)	43072	36322
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	118148	153737
(B) Common	1c(4)(B)	12940721	11207301
(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)	807363	1012632
(9) Value of interest in common/collective trusts	1c(9)	2355825	4098559
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	92008460	98403110
(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	109958010	116961336
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	57310	33462
k Total liabilities (add all amounts in lines 1g through1j)	1k	57310	33462
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	109900700	116927874

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)	6580481	
(B) Participants	2a(1)(B)	6559869	
(C) Others (including rollovers)	2a(1)(C)	11598	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		13151948
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	92398	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	42428	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		134826
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	4175	
(B) Common stock	2b(2)(B)	195823	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2420780	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2620778
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10787849	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10934066	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-146217

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1378654	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1378654
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4982
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3829535
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10548164
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3505140	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	369	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3505509
f Corrective distributions (see instructions)	2f		369
g Certain deemed distributions of participant loans (see instructions)	2g		1265
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	13847	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13847
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3520990
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7027174
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCCONNELL & JONES LLP (2) EIN: 76-0488832

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		16592
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		1000000
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
GREATER HOUSTON ANESTHESIOLOGY, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREATER HOUSTON ANESTHESIOLOGY, P.A.

D Employer Identification Number (EIN)
76-0482007

Part I Distributions

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

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

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

EIN(s): 23-2186884

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):

MJ
McCONNELL & JONES LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Participants and Plan Administrator of the
Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statements and supplementary information, as listed in the Table of Contents, of the Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and for the year then ended. These financial statements are the responsibility of Plan management. The statement of net assets available for benefits as of December 31, 2010 was reported on by other auditors whose report dated September 15, 2011, disclaimed an opinion for the reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to the financial statements, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

McConnell & Jones LLP

Houston, Texas
July 31, 2012

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Houston, TX 77056
Phone: 713.968.1600
Fax: 713.968.1601

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Greater Houston Anesthesiology, P.A.
401(k) Profit Sharing Plan

Independent Auditors' Report and Financial Statements

December 31, 2011 and 2010

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN

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December 31, 2011 and 2010

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MJ
McCONNELL & JONES LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Participants and Plan Administrator of the
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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

McConnell & Jones LLP

Houston, Texas
July 31, 2012

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GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair value	$ 113,930,408	$ 107,508,132
Receivables		
Participant contributions	288,984	312,166
Employer contributions	1,527,171	1,311,896
Notes receivable from participants	1,012,632	807,363
Other receivables	201,979	14,726
Total receivables	3,030,766	2,446,151
Interest bearing cash	162	3,726
Total Assets	116,961,336	109,958,009
Liabilities		
Other liabilities	(33,462)	(57,310)
Net assets, at fair value	116,927,874	109,900,700
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(89,052)	(92,768)
Net assets available for benefits	$ 116,838,822	$ 109,807,931

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2011

Additions:	
Investment income:	
Interest	$ 92,398
Dividends	2,620,778
Total investment income	2,713,176
Interest on notes receivable from participants	42,428
Contributions:	
Employer	6,580,481
Participant	6,559,869
Rollover	11,598
Total contributions	13,151,948
Total additions	15,907,552
Deductions:	
Net depreciation in fair value of investments	(5,354,406)
Benefits paid to participants	(3,508,408)
Administrative expenses	(13,847)
Total deductions	(8,876,661)
Net increase	7,030,891
Net assets available for benefits, beginning of year	109,807,931
Net assets available for benefits, end of year	$ 116,838,822

Note 1: Description of the Plan

General

Effective January 1, 1996, Greater Houston Anesthesiology, P.A. (the Employer, the Company or the Plan Sponsor) adopted the Greater Houston Anesthesiology, P.A. 401(k) Profit Sharing Plan (the Plan) to provide retirement benefits for all eligible employees. The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan, as amended and restated effective January 1, 2009, is a defined contribution plan covering eligible employees of the Employer and certain affiliated service groups (Physician Association or P.A.) employers. Employees of the Company and employees of P.A. (collectively employees or participants) who are 20½ years or older are eligible to contribute to the Plan. Per the restated Plan, employees are immediately eligible to become a contributing participant. Employees are eligible for employer matching and discretionary contributions after reaching age 20½, one year of service and 1,000 hours of service. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, as amended (ERISA) and subsequent related amendments and revisions.

Contributions

Participants may contribute up to 100% of their pre-tax compensation (elective deferral) to the Plan. The Plan also allows participants to make Roth, after-tax contributions which, combined with pre-tax contributions, are subject to Internal Revenue Code (IRC) limits of $16,500 with a $5,500 per year catch up for participants age 50 and older in 2011. The Employer matches the lesser of 4% of eligible compensation or an amount equal to 67% of a participant's elective deferral which does not exceed 6% of the participant's compensation. The Plan also provides for an additional discretionary Employer contribution to be made to eligible participants. During 2011, the Employer made discretionary Employer contributions in the amount of $4,025,175.

Participant Account Balances

Each participant's account is credited with the participant's contribution, the Employer's contributions and Plan earnings. Income or loss allocations, where applicable, are based on a participant's pro rata account balance in the applicable funds, as defined in the plan document. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are always fully vested in their participant contributions, Employers matching and discretionary contributions and in the actual earnings attributable thereon.

Forfeitures

Forfeitures result from excess aggregate contributions to the Plan, and voided checks for contributions that the Company has already funded. Amounts forfeited are used to reduce future Company contributions. The forfeiture balance at December 31, 2011 and 2010 was $933 and $34,800, respectively, and $4,846 was used to reduce Company contributions in 2011 Plan Year.

Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by the highest outstanding loan balance during the prior 12-month period or 50% of their account balance at the discretion of the plan administrator. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing rates. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Under the terms of the Plan Agreement, participants who terminate their employment with the Employer may receive all amounts credited to their accounts. Upon the death of the participant while actively employed, distribution is made in accordance with the participant's previous direction. Upon becoming eligible to receive the value of their Plan account, participants may choose to receive such account either in the form of a single lump sum cash payment or in the form of installment payments. The Plan also allows participants to make hardship and in-service withdrawals, subject to certain limitations, as defined in the Plan document.

Administrative Expenses

The Employer, at its discretion, pays certain administrative fees on behalf of the Plan. All expenses not paid by the Employer are paid by the Plan.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate, participants' accounts will be distributed in a manner consistent with that required by the Plan document.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires Plan management to use estimates that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. See Note 4 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits present 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 benefits is prepared on a contract value basis.

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

Payment of Benefits

Benefits paid directly to participants are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2011 and 2010. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Plan Management's Review of Subsequent Events

In preparing the accompanying financial statements, Plan management has reviewed all known events that have occurred after December 31, 2011, and through July 31, 2012, the date which the financial statements are available to be issued, for inclusion in the financial statements and footnotes.

Note 3: Investments

Individual investments that represent 5% or more of the Plan's net assets in either year at December 31, 2011 and 2010 are as follows:

	2011	2010
Vanguard Brokerage Option: Common Corporate Stock	$ 11,207,301	$ 12,940,721
PIMCO Total Return Fund, Administrative Class	6,300,393	5,837,915
Vanguard 500 Index Fund Investor Shares	11,423,511	11,248,636
Vanguard Intermediate – Term Treasury	6,497,493	4,389,165
Vanguard Mid-Cap Index Fund Investor Shares	8,728,671	9,013,971
Vanguard Prime Money Market Fund	7,707,539	5,848,257
Vanguard Brokerage Option: Mutual Funds	9,151,859	7,324,575
Other investments less than 5%, individually	52,913,641	50,904,892
	$ 113,930,408	$ 107,508,132

During 2011, the Plan's investments (including gains and losses on investments bought, sold and held during the year) depreciated in value as follows:

Registered investment companies	$ (3,829,535)
Common/collective trust	(4,982)
Stocks, warrants, corporate debt instruments and U.S. government securities	(1,519,889)
	$ (5,354,406)

Interest and dividends realized on the Plan's investments for the year ended December 31, 2011 were $2,713,176.

Stable Value Fund

The Vanguard Retirement Savings Trust (Stable Value Fund) utilizes synthetic guaranteed investment contracts (Synthetic GICs). A Synthetic GIC includes a wrap contract issued by an insurance company or other financial institution and a portfolio of fixed income assets that are owned by the Stable Value Fund. The wrap contract provides that realized and unrealized gains and losses on the assets covered by the wrap contract are not reflected immediately in the net assets of the Stable Value Fund, but rather are amortized over the duration of the assets or other agreed upon period, through adjustments to the future interest crediting rates. The wrap contract provides a guarantee that all qualified participant withdrawals will occur at contract value which represents contributions made under the contract, plus earnings, less withdrawals made under the contract and administrative expenses.

The crediting rates for Synthetic GICs are reset periodically and are based on the market value of the portfolio of assets covered by the contracts.

As of December 31, 2010 and December 31, 2011, the gross yields of the Stable Value Fund were 3.56% and 3.31%, respectively.

Wrap contracts provide that withdrawals associated with certain events not in the ordinary course of fund operations may be paid at market rather than contract value. Examples of such circumstances may include significant plan design changes, complete or partial plan terminations, severance programs, early retirement programs, the closing or sale of a subsidiary, bankruptcy of the plan sponsor or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

Note 4: Fair Value Measurements

Accounting standards provide a framework for measuring fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The inputs used to measure fair value are assessed using a three tiered hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1
Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.

Level 2
Inputs include (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in markets that are not active; (c) observable inputs other than quoted prices; (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Categorization within the fair value hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Registered investment companies: Valued at quoted net asset value (NAV) of shares held by the Plan at year end.

Stocks, warrants, corporate debt instruments and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Common/collective trust: Valued at net asset value, as determined by the issuer, based on the fair value of the underlying assets.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

	2011	2010
Level 1:		
Registered investment companies		
Fixed income funds	$ 2,557,766	$ 3,100,321
Blended funds	-	3,282,455
Government securities funds	13,056,663	10,331,113
Growth funds	32,771,762	30,420,407
Index funds	20,152,182	20,554,132
Money market funds	7,707,539	8,312,875
Specialty funds	-	273,982
Value funds	6,351,427	7,846,248
Foreign/global funds	6,653,912	7,886,927
	89,251,251	92,008,460
Stocks, warrants, corporate debt instruments and U.S. government securities		
Domestic stock	16,882,478	10,535,172
Foreign stock	1,612,241	1,123,848
Warrants	15,754	-
Exchange traded funds/closed end funds	1,848,687	1,281,701
Preferred stock	153,737	118,148
Corporate debt instruments	62,514	79,858
Municipal debt instruments	5,187	5,120
	20,580,598	13,143,847
	109,831,849	105,152,307
Level 2:		
Common/collective trust		
Stable value fund	4,098,559	2,355,825
Total assets at fair value	$ 113,930,408	$ 107,508,132

Note 5. Investments in Certain Entities that Calculate NAV Per Share

The tables below sets forth fair value measurements of the investments in certain entities that calculate NAV per share or its equivalent, as of December 31, 2011 and 2010:

	Fair Value Estimated Using NAV per Share December 31, 2011				
	Fair Value[1]	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common/collective trusts					
Vanguard Retirement Savings Trust[2]	$ 4,098,559	None	Daily	None	None

	Fair Value Estimated Using NAV per Share December 31, 2010				
	Fair Value[1]	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common/collective trusts					
Vanguard Retirement Savings Trust[2]	$ 2,355,825	None	Daily	None	None

[1] The fair values of the investment have been estimated using the NAV of the investment.

[2] Represents pooled funds invested primarily in short-term, high credit-quality fixed income consistent with a 2 to 4-year average duration that seeks to maintain a stable net asset value.

Note 6: Party-in-Interest Transactions

The Plan invests in shares of mutual funds and a common/collective trust fund managed by Vanguard Fiduciary Trust Company, the trustee of the Plan, therefore, these transactions qualify as party-in-interest. Certain fees paid to the Trustee for investment management services are incorporated into the expense ratios of the individual mutual funds and common/collective trust and are paid directly from investment fund balances thereby affecting fund earnings. Participants should refer to the individual fund's prospectus for additional information regarding fund fees.

Note 7: Risks and Uncertainties

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

Note 8: Income Tax Status

Effective January 1, 2008, the Plan Sponsor amended and restated the Plan by adopting a non-standardized prototype plan developed by the Trustee. The prototype plan received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, which stated that the form of the prototype plan is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan has not applied for its own determination letter. Plan management intends for the Plan to operate as a qualified Plan and will do whatever is necessary to maintain the tax qualified status of the Plan. During 2009, the Plan submitted a Voluntary Compliance Program application to the IRS under its Employee Plan Compliance Resolution System to retroactively amend the Plan dating back to January 1, 2005, thereby correcting the Plan for certain excess deferrals in the amount of approximately $245,000, before earnings, made under the existing Plan Agreement. In response to this submission, the IRS issued a favorable Compliance Statement dated October 16, 2009, in which the IRS allowed the retroactive amendment. As a result, no corrections were required to be made in the Plan's financial statements. The Plan also filed, in 2010 and 2011 with the DOL, a Voluntary Fiduciary Correction Program (VFCP) application seeking approval to correct the late remittances of participant contributions under the Plan covering the 2009 and 2010 Plan Year. By a letter dated December 29, 2010 and October 3, 2011 for the Plan year covering 2009 and 2010 respectively the DOL issued a favorable Compliance Statement approving the correction proposed by the Employer.

US GAAP requires the plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note 10: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Form 5500 at December 31, 2011 and 2010:

	2011	2010
Net assets available for benefits per the financial statements	$ 116,838,822	$ 109,807,931
Adjustment from contract value to fair value for fully benefit-responsive contracts	89,052	92,768
Other adjustment	-	1
Net assets available for benefits per Form 5500	$ 116,927,874	$ 109,900,700

The following is a reconciliation of the increase in net assets available for benfits per the financial statements to Form 5500 for the year ended December 31, 2011:

Increase in net assets available for benefits per the financial statements	$ 7,030,891
Net adjustment from contract value to fair value for fully benefit- responsive contracts	(3,717)
Increase in net assets available for benefits per Form 5500	$ 7,027,174

Note 10: Subsequent events

The Plan intends to submit a VFCP application in 2012 to the DOL to correct late remittances in 2011 by the Employer of participant contribution and loan remittances for 2011 totaling $16,592.

Supplementary Information

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN
EIN: 76-0428007 PN: 001

Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2011

	Participant Contributions Transferred late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if late participant loan payments are included: ☑	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction VFCP	
2010	$ 17,987	$ -	$ -	$ -	$ 17,987
2011	$ 16,592	$ 16,592	$ -	$ -	$ -

GREATER HOUSTON ANESTHESIOLOGY, P.A.
401(k) PROFIT SHARING PLAN
EIN: 76-0428007 PN: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment*	*(d) Cost***	*(e) Current Value*
	Columbia Acorn Fund Class Z	Registered Investment Company		$ 1,598,963
	MFS Research Fund - Class A Shares	Registered Investment Company		2,203,005
	Morgan Stanley Inst. Fund Trust Midcap Growth Advisor	Registered Investment Company		2,519,375
	PIMCO Total Return Fund, Administrative Class	Registered Investment Company		6,300,393
	Perkins Mid Cap Value Fund	Registered Investment Company		1,983,317
	T Rowe Price Small-Cap Value Fund, Inc; Advisor Class	Registered Investment Company		2,478,576
	TRP Blue Chip Growth Fund	Registered Investment Company		4,296,643
*	Vanguard 500 Index Fund Investor Shares	Registered Investment Company		11,423,511
*	Vanguard Emerging Markets Stock Index Fund Investor Shares	Registered Investment Company		1,516,251
*	Vanguard Intermediate-Term Treasury Fund Investor Shares	Registered Investment Company		6,497,493
*	Vanguard International Growth Fund Investor Shares	Registered Investment Company		539,210
*	Vanguard International Value Fund	Registered Investment Company		4,598,450
*	Vanguard Mid-Cap Index Fund Investor Shares	Registered Investment Company		8,728,671
*	Vanguard Prime Money Market Fund	Registered Investment Company		7,707,539
*	Vanguard Short-Term Federal Fund Investor Shares	Registered Investment Company		258,777
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company		221,015
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company		1,469,112
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company		2,602,921
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company		5,297,765
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company		3,635,828
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company		3,849,367
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company		2,060,505
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company		3,069,031
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company		1,310,950
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company		296,737
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company		30,672
*	Vanguard Target Retirement Income	Registered Investment Company		867,640
*	Vanguard Windsor II Fund Investor Shares	Registered Investment Company		1,889,535
*	Vanguard Brokerage Option - Preferred corporate debt instruments	Self-Directed Brokerage Accounts		31,380
*	Vanguard Brokerage Option - Other corporate debt instruments	Self-Directed Brokerage Accounts		36,322
*	Vanguard Brokerage Option - Preferred corporate stock	Self-Directed Brokerage Accounts		153,737
*	Vanguard Brokerage Option - Common corporate stock	Self-Directed Brokerage Accounts		11,207,301
*	Vanguard Brokerage Option - Registered investment companies	Self-Directed Brokerage Accounts		9,151,859
*	Vanguard Retirement Savings Trust	Common/Collective Trust		4,098,559
	TOTAL PLAN INVESTMENTS AT FAIR VALUE			113,930,408
	Interest bearing cash			162
*	Notes receivable from participants	4.25% - 9.25% due through July 18, 2025	-0-	1,013,897
				$ 114,944,467

* *Indicates a party-in-interest.*
*** Participant-directed investment; cost information is not required.*

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December 31, 2011

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment*	*(d) Cost***	*(e) Current Value*
	Columbia Acorn Fund Class Z	Registered Investment Company		$ 1,598,963
	MFS Research Fund - Class A Shares	Registered Investment Company		2,203,005
	Morgan Stanley Inst. Fund Trust Midcap Growth Advisor	Registered Investment Company		2,519,375
	PIMCO Total Return Fund, Administrative Class	Registered Investment Company		6,300,393
	Perkins Mid Cap Value Fund	Registered Investment Company		1,983,317
	T Rowe Price Small-Cap Value Fund, Inc; Advisor Class	Registered Investment Company		2,478,576
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	Interest bearing cash			162
*	Notes receivable from participants	4.25% - 9.25% due through July 18, 2025	-0-	1,013,897
				$ 114,944,467

* *Indicates a party-in-interest.*
*** Participant-directed investment; cost information is not required.*

GREATER HOUSTON ANESTHESIOLOGY, P.A.
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Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2011

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	Check here if late participant loan payments are included: ☑	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction VFCP	
2010	$ 17,987	$ -	$ -	$ -	$ 17,987
2011	$ 16,592	$ 16,592	$ -	$ -	$ -