	FOrm 5500-5F Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo				`	2011			
Em	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).					(a) of This Form is Open to Public			
Pe	ension Benefit Guaranty Corporation	Complete all entries in accor	dance witl	h the instructions to the Form 5500)-SF.	Ins	pection		
-		entification Information							
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011			
Αı	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-partici	pant plan		
Βı	This return/report is:	the first return/report		eturn/report					
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
C (C Check box if filing under:								
		special extension (enter description							
		nation—enter all requested inform	ation		41				
	Name of plan /ILLE MEDICAL SPECIALISTS	PSC 401(K) PROFIT SHARING PL	AN		1b	Three-digit plan number (PN) ►	001		
					1c	Effective date o	•		
	Plan sponsor's name and addre	ess; include room or suite number (e PSC	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 61-11	fication Number 24412		
478 W	VHIRLAWAY DR. SUITE 100				2c	Sponsor's telep 859-23			
	/ILLE, KY 40422				2d	Business code (6211	see instructions)		
	Plan administrator's name and ILLE MEDICAL SPECIALISTS	address (if same as plan sponsor, e PSC 478 WHIRLA DANVILLE, k	WAY DR.			-	24412		
_						859-230	elephone number 5-6613		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/	report filed for this plan, enter the	40	EIN			
а	Sponsor's name				4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		18		
b Total number of participants at the end of the plan year					5b		21		
С		count balances as of the end of the			5c		18		
6a	• • •						X Yes No		
	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa		orm 5500-	SF and must instead use Form 550					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	1885043			2013812		
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7	b from line 7a)	. 7c	1885043			2013812		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal		
а	Contributions received or recei	vable from:	. 8a(1)	44307					
				36118					
	., .								
b	() () () () () () () () () () () () () (64003					
		8a(2), 8a(3), and 8b)					144428		
	Benefits paid (including direct r	ollovers and insurance premiums		15539					
е		ive distributions (see instructions)							
f		s (salaries, fees, commissions)		120					
g		- (
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)					15659		
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				128769		
j	Transfers to (from) the plan (se	e instructions)	. 8j						

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 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:

Part	V	Compliance Questions						_
10	Duri	ng the plan year:		Yes	No	Α	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		x			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		10b		х			
C	C Was the plan covered by a fidelity bond?						1	40000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		10e	х				352
f	${f f}$ Has the plan failed to provide any benefit when due under the plan?		10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				29245
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part		Pension Funding Compliance	1		1			
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							No
12								
. –	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	Ìf a ν	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.						
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			١	res X No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No		
С								
13c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
Caut								
Caut		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ie cal	136 12	ອວເສນ	isileu.		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	09/20/2012	DANIEL J. MORAN
HERE	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

	Form 5500-SF Short Form Annual I	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service This form is required to be fil	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe								
	Department of Labor Retirement Income Security Act of	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).								
	Penetion Report Quaranty Comportion	This Form is Open to Public Inspection								
-	Part Annual Report Identification Information									
		01/01/2	2011	and ending		12/31/2011				
Α	This return/report is for: a single-employer plan	a multiple	e-employer plan	(not multiemployer)	a one-participant plan					
в	This return/report is: the first return/report	the first return/report The final return/report								
	an amended return/report	a short pla	an year return/r	eport (less than 12 mo	onths)					
С	Check box if filing under: A Form 5558 automatic extension DFVC program									
	special extension (enter description)									
P	art II Basic Plan Information-enter all requested inform	nation								
1a	Name of plan				1b	Three-digit plan number				
	DANVILLE MEDICAL SPECIALISTS PSC					(PN) > 001				
	401(K) PROFIT SHARING PLAN				1c	Effective date of plan				
	·					01/01/1983				
2a	Plan sponsor's name and address; include room or suite number (DANVILLE MEDICAL SPECIALISTS PSC	employer, i	f for a single-err	nployer plan)	2b	Employer Identification Number (EIN) 61-1124412				
	DARVIDE ADDICAL STRETADISTS 150				20	Sponsor's telephone number				
					20	(859) 236-6613				
	478 WHIRLAWAY DR. SUITE 100				2d	Business code (see instructions)				
	DANVILLE		KY 4	0422		621111				
3a	Plan administrator's name and address (if same as plan sponsor, e SAME	enter "Same	ə")		3b	Administrator's EIN				
					3c Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	nis plan, enter the	4b EIN							
<u>a</u>	Sponsor's name				4c	PN				
5a	Total number of participants at the beginning of the plan year				5a	18				
b	Total number of participants at the end of the plan year				5b	21				
C	Number of participants with account balances as of the end of the complete this item)				5c	18				
		00								
6a	vvere all of the plan's assets during the plan year invested to eligit	ple assets?	(See instruction	1 20		X Yes No				
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of			27.Y						
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and conditi	ident qualified p ions.)	oublic accountant (IQF	PA)					
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and conditi	ident qualified p ions.)	oublic accountant (IQF	PA)					
b Pr	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	an indeper and conditi	ident qualified p ions.) SF and must in	oublic accountant (IQF	PA)	Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and conditi form 5500-	ident qualified p ions.) SF and must in	oublic accountant (IQF	PA)					
b Pa 7	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500-	ident qualified p ions.) SF and must in	oublic accountant (IQF Instead use Form 550 ginning of Year	PA)	(b) End of Year				
b Pč 7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi orm 5500- 7a . 7b	ident qualified p ions.) SF and must in	oublic accountant (IQF Instead use Form 550 ginning of Year	PA)	(b) End of Year				
b Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi orm 5500- 7a . 7b	ident qualified p ions.) SF and must in (a) Be	public accountant (IQF Instead use Form 550 ginning of Year 1,885,04	PA)	(b) End of Year 2,013,812				
b Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	an indeper and conditi form 5500- 7a 7b 7c	ident qualified p ions.) SF and must in (a) Be	ginning of Year 1,885,04 2,885,04	PA)	(b) End of Year 2,013,812 2,013,812				
b Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- . 7a . 7b . 7c . 8a(1)	ident qualified p ions.) SF and must in (a) Be	sublic accountant (IQF stead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30	PA)	(b) End of Year 2,013,812 2,013,812				
b Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	an indeper and conditi form 5500- 7a 7b 7b 7c 8a(1) 8a(2)	ident qualified p ions.) SF and must in (a) Be	ginning of Year 1,885,04 2,885,04	PA)	(b) End of Year 2,013,812 2,013,812				
b Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3)	ident qualified p ions.) SF and must in (a) Be	sublic accountant (IQF stead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30	PA) 00. 3 3 7 8	(b) End of Year 2,013,812 2,013,812				
b Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2620.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	ident qualified p ions.) SF and must in (a) Be	ublic accountant (IQF nstead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11	PA) 00. 3 3 7 8	(b) End of Year 2,013,812 2,013,812				
b Pa 7 a b c 8 a b b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	ident qualified p ions.) SF and must in (a) Be	ublic accountant (IQF nstead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11	PA) 0. 3 3 7 7 8 8	(b) End of Year 2, 013, 812 2, 013, 812 (b) Total				
b P? 7 a b c 8 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ident qualified p ions.) SF and must in (a) Be	Dublic accountant (IQF Instead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11 64,00 15,53	PA) 00. 3 3 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	(b) End of Year 2, 013, 812 2, 013, 812 (b) Total				
b Pa 7 a b c 8 a b c d	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi corm 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8a 8b 8c 8c 8d 8d	ident qualified p ions.) SF and must in (a) Be	bublic accountant (IQF instead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11 64,00	PA) 00. 3 3 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	(b) End of Year 2, 013, 812 2, 013, 812 (b) Total				
b Per 7 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2620.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c 8d 8c	ident qualified p ions.) SF and must in (a) Be	Dublic accountant (IQF Instead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11 64,00 15,53	PA) 00. 3 3 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	(b) End of Year 2, 013, 812 2, 013, 812 (b) Total (b) Total 144, 428				
b Per 7 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d	ident qualified p ions.) SF and must in (a) Be	Dublic accountant (IQF Instead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11 64,00 15,53	PA) 00. 3 3 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	(b) End of Year 2, 013, 812 2, 013, 812 (b) Total 144, 428				
b Per 7 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2620.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8a (3) 8a (3) 8a (3) 8a (4) 8a (1) 8a (2) 8a (3) 8a 8b 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	ident qualified p ions.) SF and must in (a) Be	Dublic accountant (IQF Instead use Form 550 ginning of Year 1,885,04 1,885,04) Amount 44,30 36,11 64,00 15,53	PA) 00. 3 3 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	(b) End of Year 2, 013, 812 2, 013, 812 (b) Total (b) Total 144, 428				

SF (2011)

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 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:

Par	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
с	C Was the plan covered by a fidelity bond?						14(0,000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)							352
f	f Has the plan failed to provide any benefit when due under the plan?			Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				29	,245
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11								
12								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver							
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		-	12b				
	C Enter the amount contributed by the employer to the plan for this plan year							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		<u> </u>	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		•••••	Y	es X N	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C 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.)								
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3			PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
	ion: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonab					able a	Schor	lula

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	+ D. Moran mp	9/20/12	DANIEL J. MORAN
HERE	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