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
FEMWELL GROUP HEALTH, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/2003

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

FEMWELL GROUP HEALTH, INC.

3225 AVIATION AVE STE 700
MIAMI, FL 33133

2b Employer Identification Number (EIN)
65-0505313

2c Sponsor's telephone number
305-273-4641

2d Business code (see instructions)
621399

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	JENNIE MARTINEZ
	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")
FEMWELL GROUP HEALTH, INC.

3225 AVIATION AVE STE 700
MIAMI, FL 33133

3b Administrator's EIN
65-0505313

3c Administrator's telephone number
305-273-4641

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	141
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	75
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	135
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	135
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	134
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
FEMWELL GROUP HEALTH, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FEMWELL GROUP HEALTH, INC.

D Employer Identification Number (EIN)
65-0505313

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	59501	0	01/01/2011	01/18/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
	50

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE PENSION STUDIO
209 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	50		5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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
FEMWELL GROUP HEALTH, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FEMWELL GROUP HEALTH, INC.

D Employer Identification Number (EIN)
65-0505313

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

JOHN HANCOCK LIFE INSURANCE COMPANY

RETIREMENT PLAN SERVICES, ET9
PO BOX 600
BUFFALO, NY 14201

01-0233346

(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)

THE NEWPORT GROUP

300 INTERNATIONAL PARKWAY
SUITE 270
HEATHROW, FL 32746

62-1868111

(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 64 12 50 37 60		14684	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

(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: TOLLEY DAVIS & COMPANY, PLLC

b EIN: 20-1401841

c Position: ACCOUNTANT

d Address: 9350 SOUTH DIXIE HIGHWAY
PENTHOUSE V
MIAMI, FL 33156

e Telephone: 305-670-1001

Explanation: TIMELINESS OF SERVICES AND THE COST ASSOCIATED WITH SERVICES PROVIDED

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
FEMWELL GROUP HEALTH, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FEMWELL GROUP HEALTH, INC.

D Employer Identification Number (EIN)
65-0505313

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: LIFESTYLE AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GOLD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: KEYBANK EB MANAG GUARANTEED INV CON

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

c EIN-PN 34-6903863-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60851

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
FEMWELL GROUP HEALTH, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FEMWELL GROUP HEALTH, INC.

D Employer Identification Number (EIN)
65-0505313

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		3860
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6452	40109
(2) Participant contributions	1b(2)		1830
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	53588	61080
(9) Value of interest in common/collective trusts	1c(9)		60942
(10) Value of interest in pooled separate accounts	1c(10)	1962182	
(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)		1982926
(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	2022222	2150747
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2022222	2150747

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)	133628	
(B) Participants	2a(1)(B)	70934	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		204562
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2448	
(F) Other	2b(1)(F)	13	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2461
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	59672	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		59672
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		41043
(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)		-66563
c Other income	2c		1881
d Total income. Add all **income** amounts in column (b) and enter total	2d		243056
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94561	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		94561
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	16292	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3678	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19970
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		114531
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		128525
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: KANE & COMPANY, P.A. (2) EIN: 65-0228605

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		220000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
FEMWELL GROUP HEALTH, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FEMWELL GROUP HEALTH, INC.

D Employer Identification Number (EIN)
65-0505313

Part I Distributions

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

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

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

EIN(s): 42-1558009 01-0233346

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):

FEMWELL GROUP HEALTH, INC.
401(K) PLAN

Financial Statements

December 31, 2011 and 2010

Kane & Company, P.A.
Certified Public Accountants

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

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December 31, 2011 and 2010

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Kane &Company, P.A.
Certified Public Accountants

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Administrative Committee
Femwell Group Health, Inc. 401(k) Plan
Miami, Florida

We were engaged to audit the accompanying financial statements of Femwell Group Health, Inc. 401(k) Plan as of December 31, 2011 and 2010, and for the years ended December 31, 2011 and 2010, and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by Charles Schwab Bank and John Hancock Life Insurance Company (U.S.A), the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Charles Schwab Bank held the Plan's investment assets and executed investment transactions for the period from January 15, 2011 to December 31, 2011, and that John Hancock Life Insurance Company (U.S.A) held the Plan's investment assets and executed investment transactions as of December 31, 2010, and for the period from January 1, 2011 to January 14, 2011. The plan administrator has obtained certifications from the trustees as of December 31, 2011 and 2010, and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kane & Company, P.A.

KANE & COMPANY, P.A.
Certified Public Accountants

October 4, 2012

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets:		
Investments (at fair value)	$ 2,043,776	$ 1,956,380
Contributions receivable	41,939	5,802
Notes receivable from participants	61,080	53,588
	$ 2,146,795	$ 2,015,770
Liabilities and Net Assets Available for Benefits:		
Liabilities	$ -	$ -
Net Assets Available for Benefits	2,146,795	2,015,770
	$ 2,146,795	$ 2,015,770

The accompanying notes are an integral part of these financial statements.

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010

	2011	2010
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 35,766	$ 228,386
Interest	2,366	1,928
	38,132	230,314
Contributions:		
Participants:		
Salary deferrals	70,934	64,405
Rollover	-	9,065
Employer	138,190	105,184
	209,124	178,654
	247,256	408,968
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	94,561	529,955
Administrative fees	21,670	3,939
	116,231	533,894
Increase (Decrease) in Net Assets Available for Benefits	131,025	(124,926)
Net Assets Available for Benefits - Beginning of Year	2,015,770	2,140,696
Net Assets Available for Benefits - End of Year	$ 2,146,795	$ 2,015,770

The accompanying notes are an integral part of these financial statements.

(1) Description of the Plan

The following description of the Femwell Group Health, Inc. (the "Employer") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) profit-sharing retirement plan covering all full-time employees of Femwell Group Health, Inc. who (a) are age twenty-one or older, and (b) have completed at least one thousand hours during a twelve-month period immediately following the date of hire. The Plan commenced on January 1, 2007 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is designed to qualify as a "Safe Harbor 401(k) Plan." A Safe Harbor 401(k) Plan, among other features, must provide for employer contributions that may be (a) employer matching contributions (limited to employees who defer), or (b) employer contributions made on behalf of all eligible employees (regardless of whether they make elective deferrals). Safe Harbor 401(k) Plans are exempted from the annual nondiscrimination tests applicable to traditional 401(k) plans, provided the Safe Harbor requirements are satisfied.

Contributions

Participants may elect to contribute a specific percentage or dollar amount of annual compensation as pre-tax deferrals, or Roth deferrals, as defined in the Plan. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employer matching and discretionary contributions may also be made to the Plan on behalf of eligible participants, at such time as deemed appropriate by the Employer. For the years ended December 31, 2011 and 2010, elective deferrals and catch-up contributions from participants were limited to a statutory maximum of $16,500 and $5,500, respectively, for both years. The statutory maximum annual contributions from all sources (including elective deferrals, employee contributions, employer matching and discretionary contributions, and allocations of forfeitures to participant accounts) were limited to the lesser of (a) 100% of the participant's compensation, or (b) $49,000 (excluding catch-up contributions for those age fifty or older), for both 2011 and 2010. The statutory maximum contribution amounts are subject to annual cost-of-living adjustments.

Pursuant to the provisions of the Plan, Safe Harbor employer contributions may be determined each plan year, at the discretion of the Employer. For 2011 and 2010, the Plan has elected to provide for annual Safe Harbor employer contributions on behalf of all eligible employees in an amount equal to 3% of their compensation. The Employer must provide written notice to each eligible employee for the plan year of the employee's

(1) Description of the Plan (Continued)

Contributions (Continued)

rights and obligations under the Plan in accordance with Federal Tax Regulations Section 1.401(k)-3(d)(2).

Investment Options

Participants may direct the investment of their contributions into various investment options offered by the Plan. The accounts of participants not directing the investment of their contributions will automatically be invested in accordance with the default investment alternatives established under the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution (if any) and the Employer's Safe Harbor contribution on behalf of the corresponding participant. In addition, each participant's account is credited with allocations for the following (if any) (a) the Employer's matching and discretionary contribution, and, (b) Plan investment earnings. Each participant's account is charged with the participant's distribution and allocations for the following (if any) (a) Plan investment losses, and (b) Plan operating expenses. Allocations of Plan investment earnings or losses are based on each participant's investment election, as defined in the Plan. Allocations of Plan operating expenses may be charged pro-rata to each participant in relation to the size of each participant's account balance or as an equal dollar amount based on the number of participants in the Plan. Alternatively, the Employer may elect to assume all, or part, of the Plan operating expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer contributions and earnings thereon is based on a "6-year graded vesting schedule," as follows:

Years of Vesting Service	Vested Percentage
0 - 1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

(Continued)

(1) Description of the Plan (Continued)

Vesting (Continued)

Safe Harbor employer contributions, plus actual earnings thereon, are always fully vested.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or beneficiary may request to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant may receive a distribution from his or her account prior to termination of employment provided the participant (a) has attained age fifty-nine and a half, or (b) has incurred a financial hardship, as described in the Plan. Involuntary distributions of $5,000 or less may made by the Plan.

Forfeitures

Forfeitures will be used to reduce future Employer and/or matching contributions. For the years ended December 31, 2011 and 2010, the Plan had no forfeited nonvested accounts.

Participant Loans

The Plan permits loans to participants, their beneficiaries, and alternate payees pursuant to a signed promissory note, provided that the borrower qualifies as a "party in interest" as defined by ERISA Section 3(14). All current employees of the Employer and certain former employees qualify as parties in interest. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate equal to the prime rate, plus 1%. Loan terms are limited to periods not in excess of five years, unless the loan is taken for the purchase of a primary residence. Principal and interest is paid generally through monthly payroll withholding, except to the extent the Employer determines withholding is not practical given the level of the participant's wages, the frequency with which the participant is paid, or other circumstances. A loan is due and payable immediately on the date of the Participant's termination of employment (unless the Participant is a "party in interest" as described in the Plan), or upon termination of the Plan (notwithstanding any contrary provision in the promissory note).

(2) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the plan are prepared on the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 3 for discussion of fair value measurements). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

The Plan pays for substantially all of the expenses of maintaining the Plan. During 2011, the Employer elected to assume part of the Plan operating expenses.

Subsequent Events

The Plan has evaluated subsequent events for potential recognition and disclosure through October 4, 2012, the date the financial statements were available to be issued.

(Continued)

(3) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels, defined as follows: (a) Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, (b) Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and (c) Level 3 inputs are unobservable and have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. For the years ended December 31, 2011 and December 31, 2010, all of the Plan's investments had been classified as Level 1.

The following table presents the Plan's investment assets at fair value as of December 31, 2011 and 2010:

Investment Funds	December 31, 2011 (Level 1)	December 31, 2010 (Level 1)
Balanced funds	$ -	$ 442,660
Blend funds	340,105	-
Bond funds	390,620	28,168
Equity funds	-	551,063
Fixed income funds	314,722	36,531
Global/international funds	391,032	165,627
Growth funds	322,180	391,310
Index funds	-	108,424
Money market funds	-	175,386
Sector funds	-	39,236
Value funds	285,117	17,975
	$ 2,043,776	$ 1,956,380

(Continued)

(3) Fair Value Measurements (Continued)

The information on the Plan's investment assets at fair value as of December 31, 2011 and 2010, including the related transactions and income for the years ended December 31, 2011 and 2010, was provided to the plan administrator by Charles Schwab Bank and John Hancock Life Insurance Company (U.S.A), the trustees of the Plan. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustees is complete and accurate. See Note 4.

(4) Investments and Plan Amendment

As of December 31, 2010, and for the period from January 1, 2011 to January 14, 2011, the Plan had an agreement with John Hancock Life Insurance Company (U.S.A) to provide retirement plan services including, but not limited to, investment management and valuation, recordkeeping services and custody of the underlying assets, through an "Accumulated Retirement Account," a group annuity contract issued to qualified retirement plans, primarily 401(k) plans. Effective January 15, 2011, the Plan has an agreement with Charles Schwab Trust Company, a division of Charles Schwab Bank (the "Trustee"), to provide safekeeping and custody of the underlying assets. Also, effective on January 15, 2011, the Plan has two additional separate agreements with unrelated entities, as follows: (1) ERISA Fiduciary Advisors, Inc. (the "Advisor"), to provide investment management and monitoring of investment options offered to participants of the Plan; and (2) Newport Retirement Services, Inc. (the "Recordkeeper"), to provide recordkeeping services for the Plan, including, but not limited to, maintaining records for each participant's account under the Plan. The agreements with the Trustee, Advisor and Recordkeeper may be terminated by the plan administrator pursuant to the applicable provisions of the agreements.

Charles Schwab Trust Company, also known as Business Trust Division ("BTD"), utilizes various financial institutions, insurance companies, mutual fund agents, and Charles Schwab & Co., Inc. (the "Schwab Broker-Dealer,"), as depositories and/or custodians with respect to BTD accounts. Securities are priced electronically on the BTD's systems using data provided by various pricing vendors used either directly by the Trustee or by the Schwab Broker-Dealer, or, if applicable, as directed by the Plan Administrator, based on individual security valuations prepared by, and received from, independent third-party valuation firms. Mutual fund, collective trust fund, and money market fund securities are generally priced on a daily basis. Guaranteed contracts and other insurance products and securities issued by other banks are generally manually priced on a monthly basis, or updated based on individual issuer account statements provided by the issuer, or the Plan Administrator, to the Trustee on a periodic basis. Nonpublicly traded securities, where prices are not easily or readily available from standard pricing sources, are generally priced on an annual basis based on receipt of valuation reports produced by independent third-party valuation firms.

(Continued)

(4) Investments and Plan Amendment (Continued)

The following presents investment funds that represent 5% or more of the Plan's net assets as of December 31, 2011 and 2010:

	December 31, 2011	December 31, 2010
500 Index Fund	$ -	$ 77,072
DFA Inflation-Protected Securities Portfolio Institutional Class	150,056	-
EuroPacific Growth Fund Class R5	174,434	-
Lifestyle Fund - Aggressive Portfolio	-	413,323
Lifestyle Fund - Balanced Portfolio	-	283,227
Lifestyle Fund - Growth Portfolio	-	237,621
Lifestyle Fund - Moderate Portfolio	-	82,452
Money Market Fund	-	175,386
Oppenheimer Global Fund	-	120,116
Oppenheimer International Growth Fund Class Y	165,099	-
T. Rowe Price Equity Income Fund	168,051	-
TCW Core Fixed-Income Fund Institutional Class	197,290	-
The Growth Fund of America	-	137,126
Vanguard Intermediate-Term Treasury Fund Investor Shares	103,817	-
Vanguard Large Cap Index Fund Investor Shares	258,199	-
Wells Fargo Advantage Growth Fund Administrator Class	224,500	-
	$ 1,441,446	$ 1,526,323

* Nonparticipant-directed.

(Continued)

(4) Investments and Plan Amendment (Continued)

During 2011, the Plan investments (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by $35,766, as follows:

DFA Emerging Markets Core Equity Portfolio Institutional Class	$ (10,169)
DFA Inflation-Protected Securities Portfolio Institutional Class	20,604
EuroPacific Growth Fund Class R5	(25,275)
Lifestyle Fund - Aggressive Portfolio	11,387
Lifestyle Fund - Balanced Portfolio	5,678
Lifestyle Fund - Growth Portfolio	5,440
Northern Mid Cap Index Fund	(3,075)
Oppenheimer International Growth Fund Class Y	(13,319)
Prudential Jennison Natural Resources Fund Class Z	(7,822)
T. Rowe Price Equity Income Fund	(6,311)
TCW Core Fixed-Income Fund Institutional Class	11,916
Vanguard Intermediate-Term Treasury Fund Investor Shares	17,833
Vanguard Large Cap Index Fund Investor Shares	(3,451)
Wells Fargo Advantage Growth Fund Administrator Class	14,680
Other funds	17,650
	$ 35,766

The information included on the schedule of assets (held at end of the year), on page 13, and the schedule of reportable transactions, on page 14, has been certified as complete and accurate by the trustees of the Plan. See Note 3.

(5) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(6) Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will continue to be 100% vested in their accounts. The Employer will direct the distribution of participant accounts in a manner permitted by the Plan as soon as practicable.

(7) Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Charles Schwab Investment Management, Inc. ("CSIM"). CSIM is an investment company affiliate of the Trustee and, therefore, these transactions may qualify as party-in-interest transactions, as defined by the Plan. In addition, pursuant to the provisions of the agreement with the Trustee, the Trustee may contract or make other arrangements for the provision of services to the Plan with any organizations affiliated with, or subsidiaries of, the Trustee, including Schwab Broker-Dealer, Charles Schwab Corporation, and their respective affiliates and subsidiaries. Accordingly, these transactions, if any, may be considered party-in-interest.

(8) Tax Status

The Internal Revenue Service has determined and informed the Employer, by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 that would require recognition of a liability (or asset) or disclosure in the financial statements.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

SUPPLEMENTAL INFORMATION

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2011

(a) Parties-in-interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio Institutional Class	$ 62,137	$ 51,499
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	140,304	150,056
	Eagle funds	Eagle Small Cap Growth Fund Class R5	13,622	13,517
	American Funds	EuroPacific Growth Fund Class R5	202,632	174,434
	Goldman Sachs	Goldman Sachs Growth Opportunities Fund Institutional Class	33,060	30,082
	Northern Funds	Northern Mid Cap Index Fund	66,265	62,756
	Oppenheimer Funds	Oppenheimer International Growth Fund Class Y	180,358	165,099
	PIMCO	PIMCO Income Fund Class A	30,924	29,963
	Prudential Investments	Prudential Jennison Natural Resources Fund Class Z	61,979	54,081
*	Schwab Funds	Schwab Small Cap Index	20,991	19,150
	T. Rowe Price	T. Rowe Price Equity Income Fund	177,273	168,051
	TCW	TCW Core Fixed-Income Fund Institutional Class	194,575	197,290
	Franklin Templeton Investment Funds	Templeton Global Bond Fund Advisor Class	82,558	76,247
	Vanguard	Vanguard Intermediate-Term Treasury Fund Investor Shares	101,009	103,817
	Vanguard	Vanguard Large Cap Index Fund Investor Shares	266,070	258,199
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	88,281	87,120
	Vanguard	Vanguard Small Capitalization Value Index Fund Investor Shares	48,794	45,498
	Vanguard	Vanguard Wellington Fund Admiral Shares	5,570	5,496
	KeyBank, N.A	Victory DCS Magic Fund	60,900	60,849
	Victory	Victory Established Value Fund Class R	70,294	66,072
	Wells Fargo Advantage	Wells Fargo Advantage Growth Fund Administrator Class	213,996	224,500
			$ 2,121,592	$ 2,043,776

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

Year ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
John Hancock Funds II	Lifestyle Fund - Balanced Portfolio	$ -	$ 290,985	$ -	$ -	$ 240,690	$ 290,985	$ 50,295
John Hancock Funds II	Lifestyle Fund - Growth Portfolio	$ -	$ 244,687	$ -	$ -	$ 222,202	$ 244,687	$ 22,485
John Hancock Funds II	Lifestyle Fund - Aggressive Portfolio	$ -	$ 426,303	$ -	$ -	$ 359,087	$ 426,303	$ 67,216
John Hancock Trust	Money Market Fund	$ -	$ 175,337	$ -	$ -	$ 176,027	$ 175,337	$ (690)
The Growth Fund of America	The Growth Fund of America	$ -	$ 140,329	$ -	$ -	$ 140,685	$ 140,329	$ (356)
Oppenheimer Global Fund	Oppenheimer Global Fund	$ -	$ 123,621	$ -	$ -	$ 119,636	$ 123,621	$ 3,985
Charles Schwab Bank	Schwab Value Advantage Money Fund	$ 1,990,910	$ 1,990,910	$ -	$ -	$ 1,990,910	$ 1,990,910	$ -
Dimensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	$ 184,817	$ -	$ -	$ -	$ 184,817	$ 184,817	$ -
American Funds	EuroPacific Growth Fund Class R5	$ 161,054	$ -	$ -	$ -	$ 161,054	$ 161,054	$ -
Oppenheimer Funds	Oppenheimer International Growth Fund Class Y	$ 155,573	$ -	$ -	$ -	$ 155,573	$ 155,573	$ -
T. Rowe Price	T. Rowe Price Equity Income Fund	$ 150,456	$ -	$ -	$ -	$ 150,456	$ 150,456	$ -
TCW	TCW Core Fixed-Income Fund Institutional Class	$ 243,030	$ -	$ -	$ -	$ 243,030	$ 243,030	$ -
Vanguard	Vanguard Intermediate-Term Treasury Fund Investor Shares	$ 120,015	$ -	$ -	$ -	$ 120,015	$ 120,015	$ -
Vanguard	Vanguard Intermediate-Term Treasury Fund Investor Shares	$ -	$ 112,137	$ -	$ -	$ 105,031	$ 112,137	$ 7,106
Vanguard	Vanguard Large Cap Index Fund Investor Shares	$ 243,722	$ -	$ -	$ -	$ 243,722	$ 243,722	$ -
Wells Fargo Advantage	Wells Fargo Advantage Growth Fund Administrator Class	$ 111,369	$ -	$ -	$ -	$ 111,369	$ 111,369	$ -
Wells Fargo Advantage	Wells Fargo Advantage Growth Fund Administrator Class	$ 112,137	$ -	$ -	$ -	$ 112,137	$ 112,137	$ -

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 ☒ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FEMWELL GROUP HEALTH, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/2003

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

FEMWELL GROUP HEALTH, INC.

3225 AVIATION AVE STE 700
MIAMI FL 33133

2b Employer Identification Number (EIN) 65-0505313

2c Sponsor's telephone number 305-273-4641

2d Business code (see instructions) 621399

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	Jennie Martinez	10/3/12	JENNIE MARTINEZ
	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

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

Year ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
John Hancock Funds II	Lifestyle Fund - Balanced Portfolio	$ -	$ 290,985	$ -	$ -	$ 240,690	$ 290,985	$ 50,295
John Hancock Funds II	Lifestyle Fund - Growth Portfolio	$ -	$ 244,687	$ -	$ -	$ 222,202	$ 244,687	$ 22,485
John Hancock Funds II	Lifestyle Fund - Aggressive Portfolio	$ -	$ 426,303	$ -	$ -	$ 359,087	$ 426,303	$ 67,216
John Hancock Trust	Money Market Fund	$ -	$ 175,337	$ -	$ -	$ 176,027	$ 175,337	$ (690)
The Growth Fund of America	The Growth Fund of America	$ -	$ 140,329	$ -	$ -	$ 140,685	$ 140,329	$ (356)
Oppenheimer Global Fund	Oppenheimer Global Fund	$ -	$ 123,621	$ -	$ -	$ 119,636	$ 123,621	$ 3,985
Charles Schwab Bank	Schwab Value Advantage Money Fund	$ 1,990,910	$ 1,990,910	$ -	$ -	$ 1,990,910	$ 1,990,910	$ -
Dimensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	$ 184,817	$ -	$ -	$ -	$ 184,817	$ 184,817	$ -
American Funds	EuroPacific Growth Fund Class R5	$ 161,054	$ -	$ -	$ -	$ 161,054	$ 161,054	$ -
Oppenheimer Funds	Oppenheimer International Growth Fund Class Y	$ 155,573	$ -	$ -	$ -	$ 155,573	$ 155,573	$ -
T. Rowe Price	T. Rowe Price Equity Income Fund	$ 150,456	$ -	$ -	$ -	$ 150,456	$ 150,456	$ -
TCW	TCW Core Fixed-Income Fund Institutional Class	$ 243,030	$ -	$ -	$ -	$ 243,030	$ 243,030	$ -
Vanguard	Vanguard Intermediate-Term Treasury Fund Investor Shares	$ 120,015	$ -	$ -	$ -	$ 120,015	$ 120,015	$ -
Vanguard	Vanguard Intermediate-Term Treasury Fund Investor Shares	$ -	$ 112,137	$ -	$ -	$ 105,031	$ 112,137	$ 7,106
Vanguard	Vanguard Large Cap Index Fund Investor Shares	$ 243,722	$ -	$ -	$ -	$ 243,722	$ 243,722	$ -
Wells Fargo Advantage	Wells Fargo Advantage Growth Fund Administrator Class	$ 111,369	$ -	$ -	$ -	$ 111,369	$ 111,369	$ -
Wells Fargo Advantage	Wells Fargo Advantage Growth Fund Administrator Class	$ 112,137	$ -	$ -	$ -	$ 112,137	$ 112,137	$ -

FEMWELL GROUP HEALTH, INC. 401(K) PLAN

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2011

(a) Parties-in-interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio Institutional Class	$ 62,137	$ 51,499
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	140,304	150,056
	Eagle funds	Eagle Small Cap Growth Fund Class R5	13,622	13,517
	American Funds	EuroPacific Growth Fund Class R5	202,632	174,434
	Goldman Sachs	Goldman Sachs Growth Opportunities Fund Institutional Class	33,060	30,082
	Northern Funds	Northern Mid Cap Index Fund	66,265	62,756
	Oppenheimer Funds	Oppenheimer International Growth Fund Class Y	180,358	165,099
	PIMCO	PIMCO Income Fund Class A	30,924	29,963
	Prudential Investments	Prudential Jennison Natural Resources Fund Class Z	61,979	54,081
*	Schwab Funds	Schwab Small Cap Index	20,991	19,150
	T. Rowe Price	T. Rowe Price Equity Income Fund	177,273	168,051
	TCW	TCW Core Fixed-Income Fund Institutional Class	194,575	197,290
	Franklin Templeton Investment Funds	Templeton Global Bond Fund Advisor Class	82,558	76,247
	Vanguard	Vanguard Intermediate-Term Treasury Fund Investor Shares	101,009	103,817
	Vanguard	Vanguard Large Cap Index Fund Investor Shares	266,070	258,199
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	88,281	87,120
	Vanguard	Vanguard Small Capitalization Value Index Fund Investor Shares	48,794	45,498
	Vanguard	Vanguard Wellington Fund Admiral Shares	5,570	5,496
	KeyBank, N.A	Victory DCS Magic Fund	60,900	60,849
	Victory	Victory Established Value Fund Class R	70,294	66,072
	Wells Fargo Advantage	Wells Fargo Advantage Growth Fund Administrator Class	213,996	224,500
			$ 2,121,592	$ 2,043,776