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. . . . . ▶ [X]

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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT - SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

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

METRO INFECTIOUS DISEASE CONSULTANTS, LLC

901 MCCLINTOCK DRIVE
SUITE 107
BURR RIDGE, IL 60527

2b Employer Identification Number (EIN)
36-3966745

2c Sponsor's telephone number
630-654-0396

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	TARA KOWALSKI
	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")
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

901 MCCLINTOCK DRIVE
SUITE 107
BURR RIDGE, IL 60527

3b Administrator's EIN
36-3966745

3c Administrator's telephone number
630-654-0396

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**	219
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**	193
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	222
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	161
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT - SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

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

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04-3516284

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

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

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

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04-3516284

(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?
63 60	RECORDKEEPER	8459	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 55 50 72	BROKER	1	Yes [X] No [ ]	Yes [ ] No [X]	20403	Yes [ ] No [X]

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

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

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
MORGAN STANLEY SMITH BARNEY HOLDING	49 55 99 50 72	20403

(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.
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(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

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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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT - SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3518	0
(2) Participant contributions	1b(2)	228065	42000
(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)	308681	310764
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10023816	11049913
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1320235	1364236

		(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	11884315	12766913
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11884315	12766913

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)	517074	
(B) Participants	2a(1)(B)	997535	
(C) Others (including rollovers)	2a(1)(C)	102797	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1617406
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)	17195	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17195
(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)	185439	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		185439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4649657	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4441941	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		207716

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-727285
c Other income	2c		-9866
d Total income. Add all **income** amounts in column (b) and enter total	2d		1290605
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	399548	
(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)		399548
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8459	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8459
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		408007
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		882598
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GRAY HUNTER STENN, LLP (2) EIN: 36-3077757

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		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT - SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

Part I Distributions

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

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

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

EIN(s): 04-3581074

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (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):

GRAY HUNTER STENN LLP

Certified Public Accountants

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING AND 401(k) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
YEARS ENDED
DECEMBER 31, 2011 AND 2010

CONTENTS

	Page
Independent Auditor's Report	1
STATEMENTS AS OF DECEMBER 31, 2011 AND 2010	
Net Assets Available for Benefits	2
STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2011	
Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
SUPPLEMENTARY INFORMATION	
SCHEDULE AS OF DECEMBER 31, 2011	
Reportable Transactions	9
Assets Held for Investment Purposes at End of Year	10

GRAY HUNTER STENN LLP
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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Metro Infectious Disease Consultants, LLC
Profit Sharing and 401(K) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Metro Infectious Disease Consultants, LLC Profit Sharing and 401(K) Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedules as shown on pages 9 - 10. 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 investment information summarized in Note 4, which was certified by ING Institutional Plan Services, LLC, the custodian 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 the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's December 31, 2011 and 2010 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of or for the year ended December 31, 2011. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the custodian, 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.

Oak Brook, IL
October 3, 2012

Gray Hunter Stenn LLP

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
A S S E T S:		
Investments - at fair value	$ 12,414,149	$ 11,344,051
Participant loans receivable	310,764	308,681
Contributions receivable:		
Employer	527,412	519,146
Employee	42,000	228,065
Total receivables	569,412	747,211
Net assets available for benefits	$ 13,294,325	$ 12,399,943

See accompanying notes

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (529,435)
Interest and dividends	202,634
	(326,801)
Contributions:	
Employer	528,858
Employee	997,535
Rollover	102,797
	1,629,190
Total additions	1,302,389
Deductions from net assets attributed to:	
Benefits paid to participants	399,548
Administrative expenses	8,459
Total deductions	408,007
Net increase in assets available for benefits	894,382
Net assets available for benefits -	
Beginning of year	12,399,943
End of year	$ 13,294,325

See accompanying notes



METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING AND 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1: Description of the Plan:

The following brief description of the Metro Infectious Disease Consultants, LLC Profit Sharing and 401(k) Plan (the "Plan") is provided for general information. Participants should refer to the Plan document for more complete information.

The Plan is a defined contribution plan maintained for the benefit of eligible employees (as defined) of Metro Infectious Disease Consultants, LLC. (the "Company"), and it's affiliates Innovative Ventures, LLC., Heartland Home Infusions, Inc., and The Metro Foundation.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is designed as a qualified cash deferred arrangement pursuant to Section 401(k) of the Internal Revenue Code and provides for the following contributions which are to be maintained in separate accounts:

Employee-Directed Contributions:

Eligible employees of the Company may elect to defer up to 100% of their annual compensation (as defined in the Plan document), to the Plan, not to exceed Internal Revenue Code limitations.

Employer Contributions:

Employer contributions to the Plan are to be made by the Company by the due date of its income tax return. The amount of contributions is at the discretion of the Company's board of directors.

Employee Rollover Contributions:

The Plan allows for the receipt of amounts from any other qualified plan, subject to the provisions of applicable tax law.

Employees have the ability to direct their employee and employer contributions into a variety of investment options allowed by the Plan.

Investment income and the fair value appreciation or depreciation are allocated to participants and terminated participants (who have undistributed account balances) based on account balances, as defined.

NOTE 1: Description of the Plan (continued):

Forfeitures occur when employees terminate employment with less than 100% of the employer contribution vested. Forfeitures are allocated to the accounts of eligible participants in the same manner as allocations of contributions. There were $5,065 and $11,062 available for allocation at December 31, 2011 and 2010, respectively.

Participants are immediately vested in their contribution plus actual earnings thereon. Vesting in their employer contributions based upon years of continuous service with the Company. A participant is 100% vested after three years of continuous service. Each participant vests 100% upon reaching normal retirement age, death, or permanent disability. All employee contributions vest upon contribution.

Payments of benefits are made to participants or their beneficiaries upon death, retirement, disability, or termination of employment. Benefits are payable in a lump sum or by other methods as described in the Plan.

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 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through regular payroll deductions.

NOTE 2: Summary of Significant Accounting Policies:

The financial statements of Metro Infectious Disease Consultants, LLC Profit Sharing and 401(K) Plan have been prepared on the accrual method of accounting.

Investment income:

Interest income is recorded as earned on an accrual basis. The differences between the aggregate fair values of investments as of the end of the year and their carrying values (fair values at the beginning of the year for investments still owned, or purchase cost for acquisitions during the year) and net gains (losses) on sale of investments during the year, are reflected as net appreciation in fair value of investments.

NOTE 2: Summary of Significant Accounting Policies (continued):

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of benefits are recorded when paid.

NOTE 3: Investments:

During the year ended December 31, 2011, the Plan's investments (including investments bought, sold, and held during the year) depreciated in value as follows:

	2011
Registered investment companies	$ (529,435)

The following tabulation presents the fair value of the Plan's investments as of December 31, 2011 and 2010. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2011	2010
Europacific Growth R3	$ -	$ 653,877
American Funds Investment Co of Amer R3	630,438	-
Legg Mason Aggressive	644,011	575,224
Lord Abbett Affil	-	648,791
ING VP Money Market	2,714,202	-
Western Asset Money Market	-	2,357,670
Legg Mason Mid Cap Core	679,586	-
Self directed accounts	1,364,236	1,320,235
Other investments	6,381,676	5,788,254
	$ 12,414,149	$ 11,344,051

*All assets are classified as Level 1 assets that have quoted prices in active markets.

NOTE 3: Investments (continued):

Fair value disclosures -

Description	Fair Value Measurements 2010	2009
Mutual funds/equity securities*	$ 12,414,149	$ 11,344,051

NOTE 4: Information prepared and certified by custodian:

The following information included in the accompanying financial statements and supplemental schedule was obtained from the data that has been prepared and certified to as complete and accurate by the custodian.

	2011	2010
Investments, at fair value	$ 12,414,149	$ 11,344,051
Participant loans receivable	310,764	308,681
Investment income	(326,801)	1,634,337

NOTE 5: Income tax status:

The Plan obtained its latest determination letter on June 30, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Years ending December 31, 2009 through December 31, 2011 are still open for examination, pursuant to the applicable statue of limitations.

NOTE 6: Risk 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 the changes in the values of investment securities will occur in the near term and that such changes materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7: Plan termination and amendments:

The Company intends to continue the Plan indefinitely; however, it does have the right to terminate it, discontinue it, or amend it from time to time. If the Plan terminates, or there is a permanent discontinuance of contributions, all participants' accounts will become fully vested.

NOTE 8: Administrative expenses:

The Plan is responsible for all administrative expenses to the extent not borne by the Company.

NOTE 9: Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per financial statements to Schedule H of Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	$ 13,294,325	$ 12,399,943
Contributions receivable - Employer	(527,412)	(519,146)
Employer receivable included on Form 5500	-	3,518
Net assets available for benefits per Form 5500	$ 12,766,913	$ 11,884,315

The following is a reconciliation of employer contributions received per financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

	2011
Employer contributions received per financial statements	$ 528,858
Add: Prior year contributions receivable	519,146
Less: Current year contributions receivable	(527,412)
Less: prior year receivable included on Form 5500	(3,518)
Employer contributions per Schedule H of Form 5500	$ 517,074

NOTE 10: Subsequent events:

Subsequent events have been evaluated through October 3, 2012, which is the date the financial statements were issued.



SUPPLEMENTARY INFORMATION

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING AND 401(k) PLAN
FORM 5500
F.E.I.N.: 36-3966745
PLAN 001
DECEMBER 31, 2011

Schedule H - Part IV, Line 4j: Schedule of Reportable Transactions -

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
ING VP Money Market	Money Market Account	$ 3,168,284	$ -	$ -	$ -	$ 3,168,284	$ 3,168,284	$ -
Western Asset Money Market	Government & Agency Money Fund	$ -	$ 2,466,248	$ -	$ -	$ 2,466,248	$ 2,466,248	$ -

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING AND 401(k) PLAN
FORM 5500
F.E.I.N.: 36-3966745
PLAN 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2011

Schedule H: Part IV, Line 4i:

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Registered Investment Companies:			
	Alliance Bernstein 2010 A	Equity Mutual Funds		$ 2,848
	Alliance Bernstein 2015 A	Equity Mutual Funds		104,778
	Alliance Bernstein 2020 A	Equity Mutual Funds		74,242
	Alliance Bernstein 2025 A	Equity Mutual Funds		160,434
	Alliance Bernstein 2030 A	Equity Mutual Funds		108,984
	Alliance Bernstein 2035 A	Equity Mutual Funds		73,419
	Alliance Bernstein 2040 A	Equity Mutual Funds		40,524
	Alliance Bernstein 2045 A	Equity Mutual Funds		82,409
	American Funds Europacific Growth R3	Equity Mutual Funds		614,787
	American Funds Fundamental R3	Equity Mutual Funds		368,339
	American Funds Growth Fund R3	Equity Mutual Funds		457,691
	American Funds Investment Co of Amer R3	Equity Mutual Funds		630,438
	ING VP Money Market	Money Market Account		2,714,202
	Invesco Charter	Equity Mutual Funds		355,059
	Invesco Developing Market	Equity Mutual Funds		388,498
	Invesco European Growth Fund	Equity Mutual Funds		506,784
	Invesco Van Kamplen American	Equity Mutual Funds		453,333
	Legg Mason Aggressive Growth	Equity Mutual Funds		644,011
	Legg Mason Government Securities	Equity Mutual Funds		79,420
	Legg Mason High Income	Equity Mutual Funds		317,821
	Legg Mason Large Cap Growth	Equity Mutual Funds		214,353
	Legg Mason Mid Cap Core	Equity Mutual Funds		679,586
	Legg Mason S&P 500 Ind-A	Equity Mutual Funds		219,399
	Legg Mason Soc Awareness	Equity Mutual Funds		47,954
	Legg Mason Strat Inc	Equity Mutual Funds		619,415
	Legg Mason US Small Cap E	Equity Mutual Funds		356,338
	Lord Abbett Affil	Equity Mutual Funds		582,747
	Oppenheimer Main Street	Equity Mutual Funds		152,100
	Citi SmithBarney Self Directed Investments	Various Equitable Securities		1,364,236
			$	$ 12,414,149
	***Loans to Participants:**			
	At prevailing market rates, original loan terms one to five years		$ - 0 -	$ 310,764

*Represents a party-in-interest

**Cost information is not required for participant directed investments

5500 PLAN 001 PLAN YEAR 20110101 20111231

METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT-SHARING PLAN #:001 36-3966745

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

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
AllianceBernstein 2010 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,874.26	2,847.63
AllianceBernstein 2015 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	107,646.84	104,777.61
AllianceBernstein 2020 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	76,867.87	74,241.92
AllianceBernstein 2025 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	158,423.82	160,433.62
AllianceBernstein 2030 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	108,800.53	108,984.22
AllianceBernstein 2035 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	78,706.49	73,418.81
AllianceBernstein 2040 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	40,697.07	40,524.28
AllianceBernstein 2045 A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	83,651.38	82,409.18
Amer Euro Grwth R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	669,778.39	614,787.47
Amer Fundamental R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	308,672.19	368,339.47
Amer Growth Fund R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	402,548.68	457,691.02
Amer Invest Co R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	657,804.58	630,437.80
ING VP Money Market I	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,713,513.32	2,713,513.32
Invesco Charter	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	321,857.45	355,059.06
Invesco Develop Mrkts	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	449,614.47	388,555.27
Invesco European Growth	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	520,046.53	506,784.08
Invesco VK Amer Franchise	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	518,262.13	453,877.59
Legg BatteryUS SCp Eq Pr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	282,295.50	356,338.07
Legg CBrdge Agg Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	579,963.08	644,011.15
Legg CBrdge Lrge Cap Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	228,302.81	214,353.46
Legg CBrdge Mid Cap Core	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	655,250.97	679,586.30
Legg InvstCnsel SocAware	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	52,775.29	47,954.33
Legg S&P 500 Ind	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	207,532.37	219,399.48
Legg West Asset High Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	312,902.18	317,820.98
Legg West Asst Strat Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	587,055.56	619,414.56
Legg West Asst Backed Sec	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	72,663.54	79,420.03
Loan Fund	LOANS TO PARTICIPANTS: OTHER	310,764.27	310,764.27
Lord Abbett Affil (P)	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	678,051.74	582,746.80
Oppenheimer Main Street	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	150,948.14	152,099.82
Self-Directed Retirement Acct	OTHER INVESTMENTS	1,364,235.51	1,364,235.51