

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
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 <u>URGENT CARE MSO, LLC 401(K) PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>09/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan	<u>09/01/2004</u>
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan	<u>09/01/2004</u>				
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>URGENT CARE MSO, LLC</u> <u>1751 EARL CORE ROAD</u> <u>MORGANTOWN, WV 26505</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>26-3667220</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>304-225-2500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621493</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-3667220</u>	2c Sponsor's telephone number <u>304-225-2500</u>	2d Business code (see instructions) <u>621493</u>	
2b Employer Identification Number (EIN) <u>26-3667220</u>					
2c Sponsor's telephone number <u>304-225-2500</u>					
2d Business code (see instructions) <u>621493</u>					

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>TRISHA PLEVICH</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") URGENT CARE MSO, LLC 1751 EARL CORE ROAD MORGANTOWN, WV 26505	3b Administrator's EIN 26-3667220 3c Administrator's telephone number 304-225-2500
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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
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5 Total number of participants at the beginning of the plan year	5	1436
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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	1765
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	129
d Subtotal. Add lines 6a , 6b , and 6c	6d	1894
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1894
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	790
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	17

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 URGENT CARE MSO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 URGENT CARE MSO, LLC	D Employer Identification Number (EIN) 26-3667220	

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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
CHARLES SCHWAB INVEST MGMT INC

94-3106735

(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)

NEWPORT RETIREMENT SERVICES, INC.

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?
12 15 37 50 60 64	NONE	84032	Yes ☒ No ☐	Yes ☐ No ☒	10354	Yes ☐ No ☒

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

VALMARK ADVISORS, INC.

31-1509466

(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?
28 51	NONE	50370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
12 19 21 25 65	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	10884	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
NEWPORT RETIREMENT SERVICES, INC.	15 60	10354

(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.
CHARLES SCHWAB TRUST COMPANY 42-1558009	REVENUE SHARING USED TO OFFSET PLAN EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST COMPANY	12 19 21 25 65	10884

(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.
NEWPORT RETIREMENT SERVICES, INC. 62-1868111	TRUST TRADE PARTNER/CUSTODIAN FEES FOR PLAN YEAR

(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.

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>URGENT CARE MSO, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>URGENT CARE MSO, LLC</u>	D Employer Identification Number (EIN) <u>26-3667220</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1900051</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TD AMERITRADE STR ALLOC CAP PRESERV</u>		
b Name of sponsor of entity listed in (a): <u>TD AMERITRADE TRUST COMPANY</u>		
c EIN-PN <u>20-0937408-115</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>365211</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TD AMERITRADE STR ALLOC INC & GROW</u>		
b Name of sponsor of entity listed in (a): <u>TD AMERITRADE TRUST COMPANY</u>		
c EIN-PN <u>20-0937408-116</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>322236</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TD AMERITRADE STR ALLOC BALANCED</u>		
b Name of sponsor of entity listed in (a): <u>TD AMERITRADE TRUST COMPANY</u>		
c EIN-PN <u>20-0937408-117</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1019074</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TD AMERITRADE STR ALLOC MODERATE</u>		
b Name of sponsor of entity listed in (a): <u>TD AMERITRADE TRUST COMPANY</u>		
c EIN-PN <u>20-0937408-118</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>999222</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TD AMERITRADE STR ALLOC GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>TD AMERITRADE TRUST COMPANY</u>		
c EIN-PN <u>20-0937408-119</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>389891</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TD AMERITRADE STR ALLOC AGG GR</u>		
b Name of sponsor of entity listed in (a): <u>TD AMERITRADE TRUST COMPANY</u>		
c EIN-PN <u>20-0937408-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>442319</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC PORT 2015**b** Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN 20-0937408-177	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1376855
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a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC PORT 2025**b** Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN 20-0937408-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1053853
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a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC PORT 2035**b** Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN 20-0937408-179	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1047254
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a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC PORT 2045**b** Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN 20-0937408-180	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 656077
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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)
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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)
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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)
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> 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 URGENT CARE MSO, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 URGENT CARE MSO, LLC	D Employer Identification Number (EIN) 26-3667220	

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		135876
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	44585	47811
(2) Participant contributions	1b(2)	79947	79656
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10	0
(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)	239020	322171
(9) Value of interest in common/collective trusts.....	1c(9)	8282840	9572043
(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)	5206144	5888555
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	13852546	16046112

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13852546	16046112
---	-----------	----------	----------

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)	1451910	
(B) Participants	2a(1)(B)	2695642	
(C) Others (including rollovers)	2a(1)(C)	263774	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4411326
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)	11176	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11176
(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)	170327	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		170327
(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)		0

		(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)		73908
(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)		-497224
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4169513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1820854	
(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)		1820854
f Corrective distributions (see instructions)	2f		20659
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	84032	
(3) Investment advisory and management fees	2i(3)	50370	
(4) Other	2i(4)	32	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		134434
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1975947

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2193566
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: REINSEL KUNTZ LESHNER, LLP (2) EIN: 23-2108173

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.).....	☒	☐	15929
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
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.	☐	☐	

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

A Name of plan <u>URGENT CARE MSO, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>URGENT CARE MSO, LLC</u>	D Employer Identification Number (EIN) <u>26-3667220</u>

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	<u>0</u>
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): <u>42-1558009</u>		
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 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: _____%

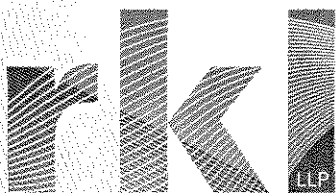
b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Urgent Care MSO, LLC 401(k) Plan

Financial Statements

December 31, 2011



REINSEL KUNTZ LESHER
certified public accountants & consultants

FOCUSED. ON YOU.

Urgent Care MSO, LLC 401(k) Plan

Financial Statements

December 31, 2011

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Independent Auditor's Report on the Financial Statements

To the Plan Administrator and Participants
Urgent Care MSO, LLC 401(k) Plan
Morgantown, West Virginia

We were engaged to audit the financial statements of the Urgent Care MSO, LLC 401(k) Plan as of and for the years ended December 31, 2011 and 2010, the supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2011 and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011, as listed in the accompanying 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified or provided by Charles Schwab Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note C that was provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2011 and 2010.

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 the 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 or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Reinsel Kuntz Lesher LLP

October 8, 2012

Urgent Care MSO, LLC 401(k) Plan

Statements of Net Assets Available for Benefits

	DECEMBER 31,	
	<u>2011</u>	<u>2010</u>
Assets		
Investments, at Fair Value	<u>\$ 15,460,598</u>	<u>\$ 13,488,994</u>
Cash	<u>135,876</u>	<u>-</u>
Receivables		
Notes receivable from participants	322,171	239,020
Participant contributions	79,656	79,947
Employer contributions	<u>47,811</u>	<u>44,585</u>
Total Receivables	<u>449,638</u>	<u>363,552</u>
Net Assets Available for Benefits	<u><u>\$ 16,046,112</u></u>	<u><u>\$ 13,852,546</u></u>

See accompanying notes.

Urgent Care MSO, LLC 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	YEAR ENDED DECEMBER 31,	
	<u>2011</u>	<u>2010</u>
Additions		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (423,316)	\$ 1,448,049
Interest and dividends	<u>170,327</u>	<u>83,413</u>
Total investment income (loss)	(252,989)	1,531,462
Interest income on notes receivable from participants	<u>11,176</u>	<u>9,730</u>
Total investment income (loss) and interest income	<u>(241,813)</u>	<u>1,541,192</u>
Contributions:		
Participant	2,695,642	2,460,139
Employer	1,451,910	1,431,216
Rollovers	<u>263,774</u>	<u>198,742</u>
Total contributions	<u>4,411,326</u>	<u>4,090,097</u>
Total Additions	<u>4,169,513</u>	<u>5,631,289</u>
Deductions		
Benefits paid to participants	1,841,513	1,290,041
Administrative expenses	<u>134,434</u>	<u>101,480</u>
Total Deductions	<u>1,975,947</u>	<u>1,391,521</u>
Net Increase	2,193,566	4,239,768
Net Assets Available for Benefits at Beginning of Year	13,852,546	5,448,624
Transfers in From Other Plans	<u>-</u>	<u>4,164,154</u>
Net Assets Available for Benefits at End of Year	<u><u>\$ 16,046,112</u></u>	<u><u>\$ 13,852,546</u></u>

See accompanying notes.

Urgent Care MSO, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2011

Note A - Description of Plan

The following brief description of the Urgent Care MSO, LLC 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

General

The Plan is a defined contribution pension plan covering substantially all employees of Urgent Care MSO, LLC and related adopting employers (the "Company") who have three months of service. Prior to January 1, 2009, employees were required to have one year of service and be age 19 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year participants may contribute pre-tax annual compensation, as defined by the Plan, up to the maximum allowed by law. Participants may also contribute after-tax amounts as Roth 401(k) deferrals. Participants who have attained age 50 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 defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes 100% of the first 3% of compensation that a participant contributes to the Plan plus 50% of the next 2% of compensation contributed. The Company may make additional discretionary contributions. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions plus an allocation of (a) the Company's contributions and (b) plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited Accounts

Forfeited nonvested accounts may first be used to pay administrative expenses and then to reduce future Company contributions. Administrative expenses paid from forfeited nonvested accounts during 2011 and 2010 totaled \$ 15,947 and \$ 21,674, respectively. During 2011, Company contributions paid from forfeited nonvested accounts totaled \$ 40,793. There were no Company contributions paid from forfeited nonvested accounts during 2010. Forfeited nonvested accounts at December 31, 2011 and 2010 are not material.

Note A - Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions plus the Company's matching contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. Prior to January 1, 2009, a participant was 100% vested after six years of credited service. Effective January 1, 2009, a participant is 100% vested after five years of credited service, based on the following vesting schedule:

Years of Service	<u>Vesting Percentage</u>
1	20
2	40
3	60
4	80
5	100

Payment of Benefits

On termination of service due to death, disability, retirement or for other reasons, a participant may elect to receive a qualified joint and survivor annuity or a lump-sum payment equal to the value of his or her vested interest in his or her account.

Notes Receivable From Participants

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 account balance. Loan terms range from one-to-five years for nonresidential loans and up to 10 years for residential loans. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Interest rates range from 4.25% to 6.25%. Principal and interest is paid ratably through payroll deductions.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through collective trusts. Contract value for these collective trusts is based on the net asset value of the fund as reported by the investment advisor. The provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946 have not been applied to the statements of net assets available for benefits since the difference between contract value and fair value is not material.

Note B - Summary of Significant Accounting Policies (Continued)

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported 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 D 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncement

In May 2011, the FASB issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U. S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820, *Fair Value Measurements*. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

Note C - Information Certified and Provided by Charles Schwab Trust Company

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that were prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedules related to the following assets:

	DECEMBER 31,	
	2011	2010
Registered investment companies (mutual funds)	\$ 5,888,555	\$ 5,206,144
Collective trust funds	9,572,043	8,282,840
Short-term investment	-	10
Cash	135,876	-
Notes receivable from participants	322,171	239,020
	<u>\$ 15,918,645</u>	<u>\$ 13,728,014</u>

Charles Schwab Trust Company also certified to the completeness and accuracy of \$ (423,316) and \$ 1,448,049 of net appreciation (depreciation) in fair value of investments and \$ 181,503 and \$ 93,143 of interest and dividend income related to the aforementioned assets for the years ended December 31, 2011 and 2010, respectively.

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$ (423,316) and \$ 1,448,049, respectively, as follows:

	Net Appreciation (Depreciation) in Fair Value	
	YEAR ENDED DECEMBER 31,	
	2011	2010
Registered investment companies (mutual funds)	\$ (497,224)	\$ 530,025
Collective trust funds	73,908	918,024
	<u>\$ (423,316)</u>	<u>\$ 1,448,049</u>

Note D - Fair Value Measurements

FASB 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

"Level 1" inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

"Level 2" inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

"Level 3" inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Registered investment companies (mutual funds) are valued at the net asset value of shares held by the Plan at year-end.

The Plan's interest in the collective trust funds is based on the fair value of the collective trust fund's underlying investments as based on information reported by the investment advisor using the audited financial statements of the trusts.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Note D - Fair Value Measurements (Continued)

The following summary sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets are separately identified:

December 31, 2011	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Carrying Value
Registered investment companies (mutual funds):				
Large Cap	\$ 1,610,855	\$ -	\$ -	\$ 1,610,855
Mid Cap	362,864	-	-	362,864
Small Cap	790,631	-	-	790,631
International	1,262,146	-	-	1,262,146
Fixed income	1,416,476	-	-	1,416,476
Specialty	445,583	-	-	445,583
Collective trust funds:				
Specialty:				
TD Ameritrade Strat Alloc Balanced	-	1,019,074	-	1,019,074
TD Ameritrade Strat Alloc Moderate Growth	-	999,222	-	999,222
Other	-	1,519,657	-	1,519,657
Balanced:				
TD Ameritrade Strat Alloc Port Target 2015	-	1,376,855	-	1,376,855
TD Ameritrade Strat Alloc Port Target 2025	-	1,053,853	-	1,053,853
TD Ameritrade Strat Alloc Port Target 2035	-	1,047,254	-	1,047,254
Other	-	656,077	-	656,077
Fixed income, Schwab Stable Value Fund Instl	-	1,900,051	-	1,900,051
	<u>\$ 5,888,555</u>	<u>\$ 9,572,043</u>	<u>\$ -</u>	<u>\$ 15,460,598</u>

Note D - Fair Value Measurements (Continued)

December 31, 2010	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Carrying Value
Registered investment companies (mutual funds):				
Large Cap	\$ 1,448,676	\$ -	\$ -	\$ 1,448,676
Mid Cap	543,174	-	-	543,174
Small Cap	678,026	-	-	678,026
International:				
Lazard Emerging Market				
Port Open Shares	746,774	-	-	746,774
Other	647,664	-	-	647,664
Fixed income	790,134	-	-	790,134
Specialty	351,696	-	-	351,696
Collective trust funds:				
Specialty:				
TD Ameritrade Strat Alloc				
Balanced	-	860,058	-	860,058
TD Ameritrade Strat Alloc				
Moderate Growth	-	988,908	-	988,908
Other	-	1,399,064	-	1,399,064
Balanced:				
TD Ameritrade Strat Alloc				
Port Target 2015	-	1,291,318	-	1,291,318
TD Ameritrade Strat Alloc				
Port Target 2025	-	956,371	-	956,371
TD Ameritrade Strat Alloc				
Port Target 2035	-	905,456	-	905,456
Other	-	513,671	-	513,671
Fixed income, Schwab				
Stable Value Fund Instl	-	1,367,994	-	1,367,994
Short-term investment	<u>10</u>	<u>-</u>	<u>-</u>	<u>10</u>
	<u>\$ 5,206,154</u>	<u>\$ 8,282,840</u>	<u>\$ -</u>	<u>\$ 13,488,994</u>

Note E - Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2011:

	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective trust funds:				
Stable Value Fund (1)	\$ 1,900,051	\$ -	Immediate	None
Aggressive Growth Portfolio Fund (2)	442,319	-	Immediate	None
Balanced Portfolio Fund (3)	1,019,074	-	Immediate	None
Capital Preservation Portfolio Fund (4)	365,211	-	Immediate	None
Growth Portfolio Fund (5)	389,891	-	Immediate	None
Income & Growth Portfolio Fund (6)	322,236	-	Immediate	None
Moderate Growth Portfolio Fund (7)	999,222	-	Immediate	None
Target Date 2015 (8)	1,376,855	-	Immediate	None
Target Date 2025 (9)	1,053,853	-	Immediate	None
Target Date 2035 (10)	1,047,254	-	Immediate	None
Target Date 2045 (10)	656,077	-	Immediate	None

1. This class is a stable asset fund with an investment objective of preserving principal value, protecting against market price volatility, obtaining consistent income return and providing liquidity for benefit payments and withdrawals. The fund primarily invests in a variety of investment contracts such as guaranteed investment contracts (GICs) issued by insurance companies, banks and other financial institutions and other investment products (separate account contracts, synthetic GICs and collective instrument trusts) with similar characteristics. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
2. This class is a collective investment fund with an investment objective of providing growth of capital by investing in a portfolio of U. S. and foreign stocks, real estate, and natural resources primarily through exchange traded funds. The fund invests in growth stocks primarily through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.

**Note E - Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share
(or its Equivalent) (Continued)**

3. This class is a collective investment fund with an investment objective of providing growth of capital and income by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
4. This class is a collective investment fund with an investment objective of preserving capital but also provide moderate income and growth by investing in a diversified portfolio of corporate and government bonds, U. S. and foreign stocks, and real estate primarily through exchange traded funds. The fund places a greater emphasis on bonds than equities, and the equity portion of the fund is primarily invested in value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
5. This class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources, and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in growth stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
6. This class is a collective investment fund with an investment objective of providing income and growth of capital by investing in a diversified portfolio of corporate and government bonds, U.S. and foreign stocks, real estate, and natural resources primarily through exchange traded funds. The fund places a greater emphasis on bonds than equities, and the equity portion of the fund is primarily invested in value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
7. This class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in both growth and value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.

**Note E - Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share
(or its Equivalent) (Continued)**

8. This class is a collective investment fund with an investment objective of providing growth of capital and income by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily comprised of value stocks. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
9. This class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is invested in both growth and value stocks. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
10. This class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in growth stocks. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.

Note F - Tax Status

Effective January 1, 2009, the Company adopted a volume submitter 401(k) profit sharing plan sponsored by Newport Retirement Services, Inc. The volume submitter plan has received an opinion letter from the National Office of the Internal Revenue Service (IRS) stating that the volume submitter plan is qualified under the appropriate section of the Internal Revenue Code (IRC). The volume submitter plan opinion letter has been relied upon by this Plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan is exempt from federal and state income taxes under current regulations.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U. S. Federal, state, or local tax authorities for years before 2008.

Note G - Plan Termination

Although it has not expressed any intent to do so, the Company 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 become 100% vested in their employer contributions.

Note H - Administrative Expenses

Certain administrative expenses are paid by Urgent Care MSO, LLC, the plan sponsor.

Note I - Related Party Transactions

Certain plan investments are units of a collective trust fund and shares of a registered investment company managed by Charles Schwab Trust Company. Charles Schwab Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note J - 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 statements of net assets available for benefits.

Note K - Plan Amendments

Effective January 1, 2011, the Plan was amended to allow for mandatory distributions upon termination of employment should the participant's vested account balance not exceed \$ 5,000.

During 2010, the following plans were merged into this Plan:

Medbrook Medical Associates, Inc. 401(k) Savings Plan, effective January 1
Doctor's Walk-In Clinic 401(k) Retirement Plan, effective January 29

Note L - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2011 to Form 5500:

Benefits paid to participants per the financial statements	\$ 1,841,513
Corrective distributions	<u>(20,659)</u>
Benefits paid to participants per Form 5500	<u>\$ 1,820,854</u>

Corrective distributions are reflected in benefits paid to participants on the financial statements. Form 5500 requires these amounts to be reported separately on Schedule H, line 2f.

Note M - Prohibited Transaction

During 2011, the plan sponsor inadvertently failed to deposit \$ 15,929 of participant deferrals within the required timeframe as stated by the United States Department of Labor Regulations. Delays in remitting contributions to the trustees were due to administrative error and the Company has made contributions to the affected participant's account to compensate this participant for potential lost income due to the delays.

Note N - Subsequent Events

Plan management has evaluated subsequent events through October 8, 2012. This date is the date the financial statements were available to be issued. Effective January 1, 2012, the Plan was amended to eliminate the safe harbor provision and to elect a discretionary employer matching contribution. The amendment also stipulates that participants will be 100% vested in all of their accounts if they were employed on April 1, 2012. Participants hired after April 1, 2012 will be subject to a 5-year vesting schedule for profit sharing and matching contributions. Also, deferrals of highly compensated employees, as defined, will be limited to 4% of compensation. No other material events subsequent to December 31, 2011 were noted.

Urgent Care MSO, LLC 401(k) Plan
EIN: 26-3667220
Plan Number 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitutes Prohibited Nonexempt Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
☒	\$ -	\$ 15,929	\$ -	\$ -

See accompanying notes.

Urgent Care MSO, LLC 401(k) Plan
EIN: 26-3667220, Plan Number 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2011

(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				
(Mutual Funds)				
	American Century Diversified Bd Inst	8,130 shares	**	\$ 89,263
	American Fd Capital World Gr/Inc R5	9,010 shares	**	289,410
	American Fd Growth Fd Of Amer R5	27,879 shares	**	799,567
	Artisan Midcap Value Fund	11,615 shares	**	228,806
	Baron Small Cap Fund	11,205 shares	**	256,940
	Cohen & Steers Realty Shares	6,144 shares	**	373,759
	Europacific Growth Fund R5	5,088 shares	**	178,531
	Goldman Sachs Short	62,672 shares	**	641,758
	Lazard Emerging Market Port Open Shs	30,493 shares	**	524,482
	Loomis Sayles Value Fd Cl Y	16,041 shares	**	285,691
	Metropolitan West High Yield Bd Cl I	17,344 shares	**	170,319
	Mfs Utilities Fund Cl A	4,237 shares	**	71,824
	Pimco Real Return Fd Instl	43,693 shares	**	515,136
	Prudential Jenn Nat Resources Cla	3,115 shares	**	144,378
	Prudential Jennison Mid Cap Growth A	4,824 shares	**	134,058
	Robeco Bostn Prtrs Sm Cp Val II Inst	242 shares	**	3,222
	Royce Premier Fund Inst Cl	3,740 shares	**	69,780
	Royce Total Return Fd Inv	36,332 shares	**	460,689
*	Schwab S&P 500 Index Fund - Select S	26,857 shares	**	525,597
	Templeton Global Bond Fd Advisor Cl	10,133 shares	**	125,345
Total Registered Investment Companies				5,888,555
Collective Trust Funds				
	TD Ameritrade Strat Alloc Aggr Growth	37,264 units	**	442,319
	TD Ameritrade Strat Alloc Balanced	78,815 units	**	1,019,074
	TD Ameritrade Strat Alloc Cap Preserv	27,730 units	**	365,211
	TD Ameritrade Strat Alloc Growth	32,063 units	**	389,891
	TD Ameritrade Strat Alloc Inc & Growth	24,119 units	**	322,236
	TD Ameritrade Strat Alloc Moderate Growth	80,066 units	**	999,222
	TD Ameritrade Strat Alloc Port Target 2015	117,680 units	**	1,376,855
	TD Ameritrade Strat Alloc Port Target 2025	96,595 units	**	1,053,853
	TD Ameritrade Strat Alloc Port Target 2035	99,834 units	**	1,047,254
	TD Ameritrade Strat Alloc Port Target 2045	63,759 units	**	656,077
*	Schwab Stable Value Fund Instl	8,834 units	**	1,900,051
Total Collective Trust Funds				9,572,043
*	Participant Loans	4.25% to 6.25%	**	322,171
Total Assets (Held at End of Year)				\$ 15,782,769

This Schedule was derived from data certified by Charles Schwab Trust Company.

* Represents a party-in-interest.

** Cost omitted for participant-directed investments.

See accompanying notes.

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

Name of Plan:

► URGENT CARE MSO, LLC 401(K) PLAN

Employer Identification Number:► 26-3667220

For plan year (beginning/ending):► 01/01/2011 - 12/31/2011

Plan number:► 001

(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
	GOLDMAN SACHS SHT DUR GOV INST	Mutual Fund		641,758
	PIMCO REAL RETURN	Mutual Fund		515,136
	TEMPLETON GLOBAL BOND	Mutual Fund		125,345
	LOOMIS SAYLES VALUE	Mutual Fund		285,691
	SCHWAB S&P 500 INDEX FUND	Mutual Fund		525,597
	CLOSED-AMERICAN FUNDS GROWTH F	Mutual Fund		799,567
	ARTISAN MID CAP VALUE	Mutual Fund		228,806
	PRUDENTIAL JENN MID CAP GROWTH	Mutual Fund		134,058
	ROYCE TOTAL RETURN	Mutual Fund		460,689
	BARON SMALL CAP	Mutual Fund		256,940
	AMERICAN EUROPACIFIC GROWTH	Mutual Fund		178,531
	AMER FUND CAP WRLD GRWTH & INC	Mutual Fund		289,410
	LAZARD EMERGING MARKETS	Mutual Fund		524,482
	PRUDENTIAL JENN NATURAL RES	Mutual Fund		144,378
	COHEN & STEERS REALTY SHARES	Mutual Fund		373,759
	MFS UTILITIES	Mutual Fund		71,824
	TD AMERITRADE ALLOC CAP PRES	Common Collective Trust		365,211
	TD AMERITRADE ALLOC INC & GRTH	Common Collective Trust		322,236
	TD AMERITRADE ALLOC MODERATE	Common Collective Trust		999,222
	TD AMERITRADE ALLOC BALANCED	Common Collective Trust		1,019,074
	TD AMERITRADE ALLOC GROWTH	Common Collective Trust		389,891
	TD AMERITRADE ALLOC AGGR GROWTH	Common Collective Trust		442,319
	TD AMERITRADE ALLOC PORT TGT 2015	Common Collective Trust		1,376,855
	TD AMERITRADE ALLOC PORT TGT 2025	Common Collective Trust		1,053,853
	TD AMERITRADE ALLOC PORT TGT 2035	Common Collective Trust		1,047,254
	TD AMERITRADE ALLOC PORT TGT 2045	Common Collective Trust		656,077
	LOAN FUND	Participant Loans. Various Interest Rates and Maturity Dates		322,171
	AMER CENT DIVERSIFIED BOND INS	Mutual Fund		89,263
	ROYCE PREMIER FD INSTL CL	Mutual Fund		69,780
	METROPOLITAN WEST HGH YIELD BD	Mutual Fund		170,319
	CLOSED-SCHWAB STABLE VALUE INS	Common Collective Trust		1,900,051
	ROBECO SMALL CAP VALUE INSTL	Mutual Fund		3,222