Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

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

TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

2b Employer Identification Number (EIN) 59-3598056

2c Sponsor's telephone number 850-219-1938

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.	10/15/2012	MICHAEL GOSSARD
	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")
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

3b Administrator's EIN
59-3598056

3c Administrator's telephone number
850-219-1938

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**	198
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**	174
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	223
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**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
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

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).. . . . . ☐ 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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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)

MORGAN STANLEY SMITH BARNEY

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?
15 19 28 33 36 49 50 52 54 55 59 63 64 65 71 72	INVESTMENT ADVISORY	29713	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

NORTH AMERICAN KTRADE ALLIANCE, LLC

32-0169277

(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?
13 15 18 59 60 63 64	RECORDKEEPER	16629	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

EDWARD D. JONES & CO., L.P.

43-0345811

(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?
54 63	INVESTMENT ADVISORY	181	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

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)	874296	973040
(2) Participant contributions	1b(2)	23870	26045
(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)		
(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)	18693366	16379438
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	19591532	17378523
	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	19591532	17378523

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)	973040	
	(B) Participants	2a(1)(B)	698398	
	(C) Others (including rollovers)	2a(1)(C)	4496	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1675934
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	464558	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		464558
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-31973	
	(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)		-31973

		(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)		
(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)		-523479
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1585040
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3779687	
(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)		3779687
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	13491	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4871	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18362
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3798049
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2213009
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) [X] 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 [X] No

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

(1) Name: THOMAS HOWELL FERGUSON, PA **(2)** EIN: 59-3186310

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		27659
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Distributions

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

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

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

EIN(s): 43-0345811 32-0169277

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):

Financial Statements
and Supplemental Schedules

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Years ended December 31, 2011 and 2010
with Report of Independent Auditors

Thomas Howell
Ferguson P.A.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2011 and 2010

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Thomas Howell Ferguson P.A.

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Report of Independent Auditors

To the Participants and Plan Administrator of the
Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets Held at End of Year and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, as of December 31, 2011, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Thomas Howell Ferguson P.A.

October 2, 2012

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31, 2011	2010
Assets		
Investments at fair value:		
Cash equivalents	**$ 1,564,234**	$ 941,086
Certificates of deposit	**101,074**	239,535
Mutual funds	**9,166,076**	11,678,218
Publicly traded common stocks	**2,914,730**	2,870,068
Privately held common stock	**558,500**	528,499
U.S. Government securities	**200,214**	253,350
Corporate bonds	**1,497,063**	1,807,354
Partnership interest	**40,000**	40,000
Life insurance contract	**337,547**	335,256
Total investments	**16,379,438**	18,693,366
Receivables:		
Employer contributions	**973,040**	874,296
Participant contributions	**26,045**	23,870
Total receivables	**999,085**	898,166
Total assets	**17,378,523**	19,591,532
Liabilities		
Total liabilities	**-**	-
Net assets available for benefits	**$ 17,378,523**	$ 19,591,532

See accompanying notes.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2011

Additions to net assets attributed to:	
Investment income:	
Interest and dividend income	**$ 464,558**
	464,558
Contributions:	
Rollover	**4,496**
Employer	**973,040**
Participant	**698,398**
	1,675,934
Total additions	**2,140,492**
Deductions from net assets attributed to:	
Investment loss:	
Net depreciation in fair value of assets	**555,452**
Benefits paid to participants	**3,779,687**
Administrative expenses	**18,362**
Total deductions	**4,353,501**
Net decrease in net assets available for benefits	**(2,213,009)**
Net assets available for benefits:	
Beginning of year	**19,591,532**
End of year	**$ 17,378,523**

See accompanying notes.

1. Description of Plan

The following description of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established and made effective April 1, 1999, for the benefit of the employees of Tallahassee Orthopedic Clinic III P.L. (the Company). The Plan and the Trust of which it is a part of are intended to satisfy all the requirements for a qualified retirement plan under the provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as the Plan's sponsor and administrator. The Plan's third party administrator is Niles Lankford Group, Inc. (Niles). The Plan's directed custodians are Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley. During 2010, Merrill Lynch was also a directed custodian of the Plan.

Eligibility

The Plan covers all employees of the Company, with the exception of common-law, leased or union employees. Employees, other than the previously mentioned excluded employees, may become a participant on the first day of the quarter coinciding with or next following 90 days of service.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan, limited by the provisions of the IRC. 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 retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, life insurance contracts, publicly traded common stocks, certificates of deposit, U.S. Government securities, corporate bonds, privately held common stock, partnership interests, and cash equivalents as investment options for participants. The Company has elected to use the Basic Matching Formula under the Safe Harbor provisions. The Company contributes 100% of the first 3% of compensation that a participant contributes to the Plan. The matching Company contribution is invested directly into the investment options selected by the participant. Additional discretionary contributions may be made at the discretion of the Company's Board of Directors and are also invested directly into the investment options selected by the participant. The Company made a discretionary contribution of $775,479 for the year ended December 31, 2011. Contributions are subject to certain limitations.

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, 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.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Vesting in the Company's Safe Harbor match contribution and earnings thereon are also immediately 100% vested. Employer discretionary contributions and earnings thereon is based on years of continuous service. A participant is 100% vested in their employer discretionary contributions after three years of service.

Payment of Benefits

On termination of service due to retirement, death, disability, or termination of employment, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeitures

Forfeitures of employer's discretionary profit sharing contributions are first used to pay administrative expenses of the Plan. Any remaining forfeitures are then used to reduce employer discretionary contributions. The amount of forfeitures available is $10,746 at December 31, 2011 (none at December 31, 2010). During 2011, forfeitures were not applied to reduce either administrative expense or discretionary contributions.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

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 of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities 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 4 for additional 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 when received. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

Subsequent Events

The Plan has evaluated subsequent events through October 2, 2012, the date the financial statements were available to be issued.

3. Investments

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2011	**2010**
MS Liquid Asset Fund	**$ 879,480**	$ -

3. Investments (continued)

During 2011, 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 $(555,453) as follows:

Mutual funds	$ (391,006)
Publicly traded common stocks	(124,335)
Privately held common stock	30,001
U.S. Government securities	(8,541)
Corporate bonds	(63,862)
Life insurance contract	2,291
	$ (555,452)

4. Fair Value Measurements

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 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.

4. Fair Value Measurements (continued)

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.

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.

Cash equivalents: Valued at the closing account balance held by the Plan at year end.

Certificates of deposit: Valued at the cash value.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Publicly traded common stocks: Valued at the closing price reported in the active market in which the individual securities are traded.

Privately held common stock: Valued at the most recently quoted sale price.

U.S. Government securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds: Valued at the closing price reported in the active market in which the bond is traded.

Partnership interests: Valued at the net book value of the partnership interest held by the Plan at year end.

Life insurance contracts: Valued at the cash surrender value of the individual insurance contract held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Privately held common stock	**$ -**	**$ -**	**$ 558,500**	**$ 558,500**
Partnership interest	**-**	**-**	**40,000**	**40,000**
Life insurance contract	**-**	**-**	**337,547**	**337,547**
Cash equivalents	**1,564,234**	**-**	**-**	**1,564,234**
Certificate of deposit	**101,074**	**-**	**-**	**101,074**
Mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds				
Growth	**2,729,682**	**-**	**-**	**2,729,682**
Growth and income	**5,591,437**	**-**	**-**	**5,591,437**
Income	**5,342,490**	**-**	**-**	**5,342,490**
Aggressive	**114,474**	**-**	**-**	**114,474**
Total mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds	**13,778,083**	**-**	**-**	**13,778,083**
Total assets at fair value	**$ 15,443,391**	**$ -**	**$ 936,047**	**$ 16,379,438**

4. Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Privately held common stock	$ -	$ -	$ 528,499	$ 528,499
Partnership interest	-	-	40,000	40,000
Life insurance contract	-	-	335,256	335,256
Cash equivalents	941,086	-	-	941,086
Certificate of deposit	239,535	-	-	239,535
Mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds				
Capital preservation	933,238	-	-	933,238
Balanced	454,477	-	-	454,477
International stock	1,218,356	-	-	1,218,356
Growth	4,087,444	-	-	4,087,444
Growth and income	3,806,021	-	-	3,806,021
Income	4,995,687	-	-	4,995,687
Small company	521,565	-	-	521,565
Specialty sectors	248,253	-	-	248,253
Aggressive	343,949	-	-	343,949
Total mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds	16,608,990	-	-	16,608,990
Total assets at fair value	$ 17,789,611	$ -	$ 903,755	$ 18,693,366

4. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011.

	Level 3 Assets		
	Partnership Interest	Life Insurance Contract	Privately Held Common Stock
Balance at beginning of year	$ 40,000	$ 335,256	$ 528,499
Realized gains (losses)	-	-	-
Unrealized gains (losses) relating to instruments held at the reporting date	-	2,291	30,001
Purchases, sales, issuances, and settlements:			
Purchases	-	-	-
Sales	-	-	-
Issuances	-	-	-
Settlements	-	-	-
Balance at end of year	$ 40,000	$ 337,547	$ 558,500
The amount of total gains or losses for the period included in the changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ 2,291	$ 30,001

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net depreciation in fair value of investments in the statement of changes in net assets available for benefits.

5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account.

6. Administrative Expenses

The Company pays all administrative expenses of the Plan except for certain management service expenses. Such charges not paid by the employer are applied directly to the accounts of the participants. Administrative expenses paid by the Company are not included in the accompanying financial statements.

7. Tax Status

The Plan has not requested a determination letter from the Internal Revenue Service (IRS) regarding the Plan's exemption from federal income tax under Section 501(a) of the IRC. However, effective January 1, 2010, the Plan adopted a volume submitter profit sharing plan with CODA sponsored by SunGard Corbel, LLC. The volume submitter profit sharing plan has received an opinion letter from the IRS as to the volume submitter profit sharing plan's qualified status. The volume submitter profit sharing plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provision of the IRC, and as such, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

8. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley. Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley are the custodians of the Plan and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $18,362 for year ended December 31, 2011.

9. 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.

10. Subsequent Events

Effective April 1, 2012, the Plan was amended to allow hardship distributions to only be made from pre-tax elective deferrals and rollover accounts.

Supplemental Schedules

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

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

December 31, 2011

	Fair Value
Aberdeen Asia-Pac Pr Inc Fd	$ 33,942
Allianceber Global Bond A	73,576
Allianceber Interm Bond A	27,549
Allianceber Intl Growth A	7,758
Allianceber Small Cp Value A	64,063
Allianceber Value A	8,081
Allstate Corp	16,461
Altria Group Inc	73,432
Amazon Com Inc	34,620
Amer Cent Eqi Inc A	16,748
Amer Cent Eqi Inc R	3,035
American Assets Trust Inc	10,455
American Balanced Fund Cl A	270,057
American Balanced R2	46,409
American Capital Agency	38,312
American Express Co	7,452
American Gr Fd Of America R3	10,127
American Gr Fd Of America R4	8,523
American Gr Fd Of America R5	9,122
American Gr Fd Of America R6	8,849
American Gr Fd Of America R7	8,171
American Gr Fd Of America R8	5,232
American Gr Fd Of America R9	1,516
American Mutual Fund Cl A	115,053
American Water Works Co	9,480
Anheuser-Busch Inbev Worldwide Inc	14,138
Annaly Capital Mngmt Inc	25,327
Anthem Inc	2,068
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Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

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Indiana Michigan Power	3,690
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Inter-American Development Bank Iadb	107,211
Invesco Balanced Risk Alloc A	30,341
Invesco S&P 500 Index A	18,143
Invesco Van Kamp Dyn Crdt Oppt	26,550
Invesco Van Kampen Equity & Income Fund Cl A	52,152
Invesco Van Kempen Growth & Income Fund Cl A	75,023
Investment Company Of America	46,090
Ishares Barclays Tips Bd Fd	180,614
Ishares Msci Japan Index Fund	5,574
Ishares Trust Dj Select	132,864
Janus Forty A	8,306
Janus Overseas A	3,334
Johnson & Johnson	33,106
JP Morgan Core Bond A	47,659
JP Morgan Intrepid Euro A	4,150
JP Morgan Chase & Co	9,975
Koninklijke Ahold Adr	32,208
Kraft Foods Inc Cl A	40,908
Loomis Sayles Strat Inc A	52,476

(continued)

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

		Fair Value
	Lord Abbett Bond Deb C	26,692
	Lord Abbett Mid Cap Value C	3,663
	Mainstay Hi Yld Corp Bond A	280,668
	Managers Fixed Inc A	6,908
	Marathon Oil Corp	6,029
	Marathon Petroleum Corp	6,750
	Market Vectors Gold Miners	43,092
	Market Vectors Jr Gold Mines	4,378
	Mc Donalds Corp	29,198
	Medco Health Solutions Inc	56,007
	Merge Healthcare Inc	9,800
	Merrill Lynch & Co	61,321
	Merrill Lynch & Co Inc Note	42,571
	MF Charter Graham A	18,586
	MFA Financial Inc	23,228
	MFS Bond Fund A	106,559
	MFS Intl Value A	22,051
	MFS Limited Maturity A	44,687
	MFS Multimarket Inc Tr Sbi	20,310
	MFS Research A	33,804
	MFS Total Return A	49,795
	MFS Total Return Fund Class A	395,778
	MFS Value C	25,167
	Mgd Fut Lv Class A	85,450
	Microsoft Corp	33,706
	Millburn Global Macro	36,232
	Ml Pfd Capital Trust III 7.375% 09/15/62	21,940
	Monsanto Co/New	7,255
*	Morgan Stanley Private Bank NA	170,834
	M Emerging Mkts Domestic Debt	53,348
	MS Liquid Asset Fund	879,480
	MSSB Chrter Aspect	14,795
	MSSB Chrter Campbell	14,229
	MSSB Chrter Wnt	15,671
	MainStay High Yield Corporate Bond Fund Class A	103,358
	Mutual Global Discovery Fund Class A	211,766
	Mutual Shares Fund Class A	174,706
	Nestle Spon Adr Rep Reg Shr	106,702

(continued)

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

	Fair Value
New Economy Fund Cl A	49,268
Nuveen Tradewinds Intl Val A	38,603
Nuveen Tradewinds International Value Fund Class A	240,660
Oppenheimer Developing Mkts A	25,224
Oppenheimer Intl Bond Fd Cl A	202,301
Partnerre Finance B Llc	50,423
Pennymac Mortgage Investment	40,104
Pepsico Inc Nc	31,528
Philip Morris Intl Inc	45,051
PIMCO All Assets A	17,521
PIMCO Emerging Mkts Bond A	27,570
PIMCO Inv Grade Corp Bd A	123,876
PIMCO Total Return A	473,038
PIMCO Total Return Fund Class A	468,627
Pioneer Bond A	34,311
Pitney Bowes Inc	62,142
Polaris Lp Class A	87,305
Priceline.Com Inc New	16,370
Procter & Gamble Co	137,999
Prudential Financial Inc	7,022
Prudential Jennison Md Cp Gw A	3,207
Prime Meridian Holding Co.	558,500
Regency Energy Ptnrs Lp Uts	40,128
Rio Tinto Finance Usa Limited	5,845
Sara Lee Corp	57
Seadrill Ltd	75,140
Sirius Xm Radio Inc Com	10,444
Smallcap World Fund Cl A	37,338
Smith & Nephew Plc Adr	102,459
Sodastream International Ltd	8,523
Southern Co	18,300
Spectra Energy Corp Com	21,884
Templeton Glbl Smaller Co A	2,113
Templeton Global Bd Fd A	229,739
Thornburg Intl Value R3	15,049
Tyco International Finan	3,851
Ubs Ag Jersey Branch (G917EFAM1)	5,950
United States Treasury Note-Inflation Indexed	106,520

(continued)

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

	Fair Value
Unitedhealth Group Inc	2,077
Utilities Sel Sect Spdr Fund	142,876
Van Eck Glob Hard Assets A	80,375
Vanguard Reit Etf	142,224
Verizon Communications	77,476
Virtus Intl Real Est Sec A	4,398
Virtus Mid Cap Value A	118,122
Virtus Multi Sect Sht Trm Bd A	196,453
Virtus Prem Alphasector (Sm) A	185,333
Vanguard 500 Index Fund Investor Class	192,565
Vanguard International Growth Fund InvestorShares	85,308
Vanguard Prime Money Market Fund InvestorClass	14,375
Vanguard Prime Money Market Fund Investor Class	169,676
Vanguard Small Capitalization Growth Index Fund Investor Shares	51,470
Vanguard Total Stock Market Index Fund Investor Shares	51,458
Vanguard Wellesley Income Fund Investor Shares	49,171
Vanguard Windsor Fund Investor Share	51,264
Virtus Mid-Cap Value Fund Class A	66,067
Vision 2020	40,000
Wachovia Bank Na	32,126
Wal-Mart Stores Inc	32,947
Wal-Mart Stores Inc Note	40,670
Waste Mgmt Inc (Dela)	3,459
Weingarten Realty Investors	31,639
Wellpoint Inc	30,182
Wells Fargo & Co	116,615
Western Gas Partners Lp	24,918
Windstream Corp	23,720
Total investments held at end of year	$ 16,379,438

*Indicates a party-in-interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

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

December 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check Here If Late Participant Loan Repayments are Included ☐	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption (PTE) 2002-51
$ 27,659	$ -	$ 27,659	$ -	$ -

See report of independent auditors.

Filing Authorization
For the 2011 Form 5500 / Form 5500-SF

Name of Plan: Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

EIN / PN: 59-3598056 / 001

Plan Year Ending: 12/31/2011

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Niles Lankford Group, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I/we must manually sign and date page 1 of the Form 5500 and / or page 2 of Form 5500-SF and provide a scanned copy of that signature page to Niles Lankford Group, Inc. before the electronic filing can be initiated;
- Niles Lankford Group, Inc. will retain a copy of this written authorization in its records;
- Niles Lankford Group, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquires and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500 and / or page 2 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Niles Lankford Group, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.
- Niles Lankford Group, Inc. will bill my account a fee of $100 for services rendered in filing Form 5500 or Form 5500-SF on my behalf.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan Year end stated above.

Plan Administrator: _____ Date: 10/12/12

Employer/Plan Sponsor (if not the Plan Administrator): _____ Date: _____

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

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

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan TALLAHASSEE ORTHOPEDIC CLINIC III P.L.
401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

04/01/1999

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

TALLAHASSEE ORTHOPEDIC
CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.

TALLAHASSEE FL 32308

2b Employer Identification Number (EIN)
59-3598056

2c Sponsor's telephone number
(850) 219-1938

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	Signature of plan administrator	Date: 10/12/12	Enter name of individual signing as plan administrator: KELBY TARA
SIGN HERE	Signature of employer/plan sponsor	Date: 10/12/12	Enter name of individual signing as employer or plan sponsor: KELBY TARA
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") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number (850) 219-1938
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**	198
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**	174
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	223
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)		**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		**b General Schedules**	
(1)	☒ R (Retirement Plan Information)	(1)	☒ H (Financial Information)
(2)	☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ I (Financial Information – Small Plan)
		(3)	☐ A (Insurance Information)
		(4)	☒ C (Service Provider Information)
(3)	☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☐ D (DFE/Participating Plan Information)
		(6)	☐ G (Financial Transaction Schedules)

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

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Invesco Balanced Risk Alloc A	30,341
Invesco S&P 500 Index A	18,143
Invesco Van Kamp Dyn Crdt Oppt	26,550
Invesco Van Kampen Equity & Income Fund Cl A	52,152
Invesco Van Kempen Growth & Income Fund Cl A	75,023
Investment Company Of America	46,090
Ishares Barclays Tips Bd Fd	180,614
Ishares Msci Japan Index Fund	5,574
Ishares Trust Dj Select	132,864
Janus Forty A	8,306
Janus Overseas A	3,334
Johnson & Johnson	33,106
JP Morgan Core Bond A	47,659
JP Morgan Intrepid Euro A	4,150
JP Morgan Chase & Co	9,975
Koninklijke Ahold Adr	32,208
Kraft Foods Inc Cl A	40,908
Loomis Sayles Strat Inc A	52,476

(continued)

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

		Fair Value
	Lord Abbett Bond Deb C	26,692
	Lord Abbett Mid Cap Value C	3,663
	Mainstay Hi Yld Corp Bond A	280,668
	Managers Fixed Inc A	6,908
	Marathon Oil Corp	6,029
	Marathon Petroleum Corp	6,750
	Market Vectors Gold Miners	43,092
	Market Vectors Jr Gold Mines	4,378
	Mc Donalds Corp	29,198
	Medco Health Solutions Inc	56,007
	Merge Healthcare Inc	9,800
	Merrill Lynch & Co	61,321
	Merrill Lynch & Co Inc Note	42,571
	MF Charter Graham A	18,586
	MFA Financial Inc	23,228
	MFS Bond Fund A	106,559
	MFS Intl Value A	22,051
	MFS Limited Maturity A	44,687
	MFS Multimarket Inc Tr Sbi	20,310
	MFS Research A	33,804
	MFS Total Return A	49,795
	MFS Total Return Fund Class A	395,778
	MFS Value C	25,167
	Mgd Fut Lv Class A	85,450
	Microsoft Corp	33,706
	Millburn Global Macro	36,232
	Ml Pfd Capital Trust III 7.375% 09/15/62	21,940
	Monsanto Co/New	7,255
*	Morgan Stanley Private Bank NA	170,834
	M Emerging Mkts Domestic Debt	53,348
	MS Liquid Asset Fund	879,480
	MSSB Chrter Aspect	14,795
	MSSB Chrter Campbell	14,229
	MSSB Chrter Wnt	15,671
	MainStay High Yield Corporate Bond Fund Class A	103,358
	Mutual Global Discovery Fund Class A	211,766
	Mutual Shares Fund Class A	174,706
	Nestle Spon Adr Rep Reg Shr	106,702

(continued)

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

	Fair Value
New Economy Fund Cl A	49,268
Nuveen Tradewinds Intl Val A	38,603
Nuveen Tradewinds International Value Fund Class A	240,660
Oppenheimer Developing Mkts A	25,224
Oppenheimer Intl Bond Fd Cl A	202,301
Partnerre Finance B Llc	50,423
Pennymac Mortgage Investment	40,104
Pepsico Inc Nc	31,528
Philip Morris Intl Inc	45,051
PIMCO All Assets A	17,521
PIMCO Emerging Mkts Bond A	27,570
PIMCO Inv Grade Corp Bd A	123,876
PIMCO Total Return A	473,038
PIMCO Total Return Fund Class A	468,627
Pioneer Bond A	34,311
Pitney Bowes Inc	62,142
Polaris Lp Class A	87,305
Priceline.Com Inc New	16,370
Procter & Gamble Co	137,999
Prudential Financial Inc	7,022
Prudential Jennison Md Cp Gw A	3,207
Prime Meridian Holding Co.	558,500
Regency Energy Ptnrs Lp Uts	40,128
Rio Tinto Finance Usa Limited	5,845
Sara Lee Corp	57
Seadrill Ltd	75,140
Sirius Xm Radio Inc Com	10,444
Smallcap World Fund Cl A	37,338
Smith & Nephew Plc Adr	102,459
Sodastream International Ltd	8,523
Southern Co	18,300
Spectra Energy Corp Com	21,884
Templeton Glbl Smaller Co A	2,113
Templeton Global Bd Fd A	229,739
Thornburg Intl Value R3	15,049
Tyco International Finan	3,851
Ubs Ag Jersey Branch (G917EFAM1)	5,950
United States Treasury Note-Inflation Indexed	106,520

(continued)

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

	Fair Value
Unitedhealth Group Inc	2,077
Utilities Sel Sect Spdr Fund	142,876
Van Eck Glob Hard Assets A	80,375
Vanguard Reit Etf	142,224
Verizon Communications	77,476
Virtus Intl Real Est Sec A	4,398
Virtus Mid Cap Value A	118,122
Virtus Multi Sect Sht Trm Bd A	196,453
Virtus Prem Alphasector (Sm) A	185,333
Vanguard 500 Index Fund Investor Class	192,565
Vanguard International Growth Fund InvestorShares	85,308
Vanguard Prime Money Market Fund InvestorClass	14,375
Vanguard Prime Money Market Fund Investor Class	169,676
Vanguard Small Capitalization Growth Index Fund Investor Shares	51,470
Vanguard Total Stock Market Index Fund Investor Shares	51,458
Vanguard Wellesley Income Fund Investor Shares	49,171
Vanguard Windsor Fund Investor Share	51,264
Virtus Mid-Cap Value Fund Class A	66,067
Vision 2020	40,000
Wachovia Bank Na	32,126
Wal-Mart Stores Inc	32,947
Wal-Mart Stores Inc Note	40,670
Waste Mgmt Inc (Dela)	3,459
Weingarten Realty Investors	31,639
Wellpoint Inc	30,182
Wells Fargo & Co	116,615
Western Gas Partners Lp	24,918
Windstream Corp	23,720
Total investments held at end of year	$ 16,379,438

*Indicates a party-in-interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.

Attachment to 2011 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN **EIN:** 59-3598056
Plan Sponsor's Name TALLAHASSEE ORTHOPEDIC CLINIC III P.L. **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐		27,659		