

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
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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>AMERICAN HEALTH IMAGING, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>08/01/2000</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>AMERICAN HEALTH IMAGING, INC.</u> <u>2200 CENTURY PKWY NE STE 600</u> <u>ATLANTA, GA 30345</u>	2b Employer Identification Number (EIN) <u>58-2329279</u>	2c Sponsor's telephone number <u>404-296-5887</u>	2d Business code (see instructions) <u>621510</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>10/15/2012</u>	<u>SCOTT ARANT</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") AMERICAN HEALTH IMAGING, INC. 2200 CENTURY PKWY NE STE 600 ATLANTA, GA 30345	3b Administrator's EIN 58-2329279 3c Administrator's telephone number 404-296-5887
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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	139
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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	104
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	104
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	104
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	81
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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:

2E 2G 2J 2T 3D

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> 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>AMERICAN HEALTH IMAGING, INC. 401(K) PROFIT SHARING 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>AMERICAN HEALTH IMAGING, INC.</u>	D Employer Identification Number (EIN) <u>58-2329279</u>	

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

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>06-0974148</u>	<u>88072</u>	<u>GA-819391</u>	<u>81</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>2263</u>	<u>0</u>

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

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

LPL FINANCIAL LLC 9785 TOWNE CENTRE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>757</u>			<u>3</u>

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

PROEQUITIES INC P O BOX 518
BIRMINGHAM, AL 35201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>1506</u>			<u>3</u>

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	1582610

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)		
	7c(3)	0	
	7c(4)	0	
	7c(5)	0	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add b and c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
	7e(2)	0	
	7e(3)	0	
	7e(4)	0	

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

<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 AMERICAN HEALTH IMAGING, INC. 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 AMERICAN HEALTH IMAGING, INC.	D Employer Identification Number (EIN) 58-2329279	

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
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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)

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(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 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NONE	331	Yes ☒ No ☐	Yes ☒ No ☐	0	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?
67 99			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	44	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)

RELIANCE TRUST

58-1428634

(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?
25 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	400	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
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	0
(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.	
SEE ATTACHED	SEE ATTACHED	
06-0974148		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES	49	44
(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.	
SEE ATTACHED	SEE ATTACHED	
36-4317381		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELAINCE TRUST	25 99	400
(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.	
SEE ATTACHED	SEE ATTACHED	
58-1428634		

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

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>AMERICAN HEALTH IMAGING, INC. 401(K) PROFIT SHARING 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>AMERICAN HEALTH IMAGING, INC.</u>	D Employer Identification Number (EIN) <u>58-2329279</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: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1582610</u>
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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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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <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="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>AMERICAN HEALTH IMAGING, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN HEALTH IMAGING, INC.</u>	D Employer Identification Number (EIN) <u>58-2329279</u>	

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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	36977	38575
(9) Value of interest in common/collective trusts.....	1c(9)	392681	425056
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(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)	1038257	1157543
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	1467915	1621174

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	1467915	1621174
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	223718	
(C) Others (including rollovers)	2a(1)(C)	77947	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		301665

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	1585	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1585

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(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)		0

(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)	-1	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-71472
(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)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		231777

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	78187	
(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)		78187
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	331	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		331
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		78518

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		153259
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		0

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: COHN REZNICK, LLP

(2) EIN: 22-1478099

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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		140000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

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>AMERICAN HEALTH IMAGING, INC. 401(K) PROFIT SHARING 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>AMERICAN HEALTH IMAGING, INC.</u>	D Employer Identification Number (EIN) <u>58-2329279</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
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>06-0974148</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 <u>0</u>

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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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	<u>0</u>	
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
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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
INDEPENDENT AUDITORS' REPORT

AMERICAN HEALTH IMAGING, INC.
401(K) PROFIT SHARING PLAN

DECEMBER 31, 2011

American Health Imaging, Inc. 401(k) Profit Sharing Plan

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants
American Health Imaging, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of American Health Imaging, Inc. 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, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Hartford Life Insurance Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the Custodian is complete and accurate.

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



Atlanta, Georgia
October 9, 2012

American Health Imaging, Inc. 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

ASSETS		
	2011	2010
Investments, at fair value		
Participant directed investments	\$ 1,157,544	\$ 1,038,268
Guaranteed investment contract	423,080	385,450
Total investments, at fair value	1,580,624	1,423,718
Receivables		
Notes receivable from participants	38,575	36,977
Total receivables	38,575	36,977
Total assets	1,619,199	1,460,695
LIABILITIES		
Excess contributions refundable	3,666	-
Total liabilities	3,666	-
Net assets available for benefits at fair value	1,615,533	1,460,695
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	1,976	7,220
Net assets available for benefits	1,617,509	1,467,915

See notes to financial statements

American Health Imaging, Inc. 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 dividends	\$ 43,509
Interest income on notes receivable from participants	<u>1,585</u>
Total investment income	45,094

Contributions:

Participant contributions	223,718
Participant rollovers	<u>77,947</u>
Total contributions	<u>301,665</u>
Total additions	<u>346,759</u>

Deductions from net assets attributed to:

Net depreciation in fair value of investments	114,981
Benefits paid to participants	81,853
Administrative expenses	<u>331</u>
Total deductions	<u>197,165</u>

Net increase in net assets available for benefits 149,594

Net assets available for benefits - beginning of year 1,467,915

Net assets available for benefits - end of year \$ 1,617,509

See notes to financial statements

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2011

NOTE 1 – DESCRIPTION OF PLAN

The following is a brief description of the American Health Imaging, Inc. 401(k) Profit Sharing Plan (Plan) and is provided for general purposes only. Participants should refer to the Plan document and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering full time employees of American Health Imaging, Inc. (Company or Plan Sponsor) age 21 and over. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions

Each year, participants may defer pretax annual compensation, as defined in the Plan, or the maximum statutory limits. For 2011 and 2010, the maximum statutory limit for employee deferrals is \$16,500. For 2011 and 2010, employees 50 years of age or older could defer a maximum of \$22,000. Participants may also contribute amounts representing distributions from other qualified employee benefit plans. Participants may designate contributions as Roth 401(k) contributions. At its discretion the Company may make a matching contribution and may also make discretionary contributions. No matching contributions or discretionary contributions were made by the Company as of December 31, 2011.

The Company may make a qualified non-elective contribution (QNEC) which would be allocated to non-highly compensated eligible employees, subject to certain limitations. No QNECs were made during the year ended December 31, 2011.

Participant Accounts

Each participant account is credited with employee contributions, rollover contributions where applicable, an allocation of discretionary company contributions, if any, and Plan earnings and is charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant compensation 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Vesting

Participants are immediately vested in their contributions, rollover contributions, QNECs and actual earnings thereon. Vesting of Company contributions, including earnings thereon, is based on the number of years of service (as defined by the Plan) as follows:

<u>Years of service</u>	<u>Percent vested</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, participants may elect to receive either a lump-sum amount equal to the vested value of their account or periodic installments over their life expectancy.

In-service withdrawals are permitted when a participant reaches age 59 ½. Hardship distributions are permitted if certain conditions are met. After the withdrawal, the participants may not make savings or other contributions to the Plan for 12 months.

Forfeitures

Upon withdrawal of a participant's vested balance, any nonvested balance is forfeited. Forfeited balances are used to reduce future Company contributions or to pay Plan expenses. As of December 31, 2011 and 2010 there were no forfeitures.

Participants Notes Receivable

Participants may borrow from their accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms are up to five years, but may extend beyond five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest. Interest rates range from 3.25% to 7% as of December 31, 2011. Principal and interest are repaid through payroll deductions.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Investment Options

Upon enrollment in the Plan, participants may direct their contributions and any Company contributions to any of 39 investment options. Participants may change their investment options daily via an automated system.

Operating Expenses

The Plan permits the payment of Plan expenses to be made from Plan Assets. If expenses are not paid by the Plan Sponsor, then the expenses will generally be allocated among accounts of all participants in the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment securities. Investments 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Participants Notes Receivable

Notes receivable from participants are valued at their outstanding balance plus accrued interest, which approximates fair value. Delinquent participant loans are reclassified as distributions based on terms of the plan document.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Administrative Expenses

The Company pays substantially all administrative expenses of the Plan. Administrative expenses included in the statement of changes in net assets available for benefits are primarily fees paid for setting up participant loans and processing distribution payments.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Investment Valuations and Income Recognition

Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price of the fund, which represents the net asset value (NAV) of the shares held by the fund at year end. Investments in insurance company pooled separate accounts are measured based on the NAV of the underlying managed assets as reported to the Plan by Hartford Life Insurance Company (Hartford), which approximates fair value.

Interest income is recorded on the accrual basis. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments which consists of the realized gains or losses, the unrealized appreciation (depreciation) on those investments, and reinvested dividends. All net appreciation in fair value of investments relates to the investments in mutual funds. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

The SEI Stable Asset Fund (SEI), a common/collective trust, primarily holds investments in fully benefit-responsive insurance contracts that provide that the Plan may make withdrawals at contract value for benefit-responsive requirements. Accordingly, the Plan's investment in units of the SEI is presented at fair value in the Statement of Net Assets Available for Benefits, with an adjustment to its contract value separately disclosed as provided in the FSP. The fair value of the investment contracts at December 31, 2011 and 2010 was \$423,080 and \$385,450, respectively. SEI's reported fair value is determined as the sum of (a) the fair value of the investments in guaranteed insurance contracts and security-backed investment contracts, that are wrapped by an insurance company, bank, or other financial institution (collectively, the Investment Contracts), as determined by the fund's trustee and (b) the fair value of that fund's investments in externally managed collective investment funds as determined by those fund's trustees. SEI's contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. Certain events limit the ability of the Plan to transact at contract value with the issuer.

Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan sponsor or other Plan sponsor events (e.g. divestitures or spin-offs of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption from ERISA). The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 3 - FAIR VALUE MEASUREMENTS

The accounting guidance for fair value measurements and disclosures clarifies the principle that fair value should be based on the assumptions that market participants would use when pricing the asset or liability, and establishes the following fair value hierarchy:

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;
- 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

The asset's 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 measured. 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:

Pooled Separate Accounts: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is determined daily based on fair value published by the issuer. Quoted prices are determined daily based on the fair value of the mutual funds and other securities in the accounts. The pooled separate accounts can be traded daily at their NAV.

Guaranteed Investment Contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods described may produce fair value calculation that may not be indicative for 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

Investments at Fair Value on a recurring basis as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
Index funds	\$ 103,854	\$ -	\$ -	\$ 103,854
Growth funds	178,863	-	-	178,863
Value funds	272,603	-	-	272,603
Fixed income fund	234,797	-	-	234,797
Other funds	367,427	-	-	367,427
Total pooled separate accounts	1,157,544	-	-	1,157,544
Guaranteed investment contract	-	423,080	-	423,080
Total investments at fair value	<u>\$ 1,157,544</u>	<u>\$ 423,080</u>	<u>\$ -</u>	<u>\$ 1,580,624</u>

Investments at Fair Value on a recurring basis as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
Index funds	\$ 93,675	\$ -	\$ -	\$ 93,675
Growth funds	159,131	-	-	159,131
Value funds	247,686	-	-	247,686
Fixed income fund	237,599	-	-	237,599
Other funds	300,177	-	-	300,177
Total pooled separate accounts	1,038,268	-	-	1,038,268
Guaranteed investment contract	-	385,450	-	385,450
Total investments at fair value	<u>\$ 1,038,268</u>	<u>\$ 385,450</u>	<u>\$ -</u>	<u>\$ 1,423,718</u>

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

All investments and participant notes receivable information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2011 and 2010, and net depreciation in fair value of investments, dividends, and interest income for the year ended December 31, 2011 was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Custodian, Hartford Life Insurance Company (Hartford).

Individual investments in the Plan that represent 5% or more of the Plan's net assets available for benefits at December 31, 2011 and 2010 are as follows:

	2011	2010
Oppenheimer International Bond Fund N	\$ 136,389	\$ 122,148
Pioneer Emerging Markets Fund R	130,436	147,463
Prudential Jennison 20/20 Focus Fund R	113,921	105,396
SEI Stable Asset Fund 19	423,080	385,450
Other investments less than 5%	776,798	663,261
	<u>\$ 1,580,624</u>	<u>\$ 1,423,718</u>

During the year ended December 31, 2011, the Plan's investments (including investments bought, sold, and held during the year) depreciated in value by \$114,981.

The SEI Stable Asset Fund 19 is fully-benefit responsive as described in note 2, investing principally in guaranteed investment contracts (GIC) issued by insurance companies, traditional investment contracts issued by banks, synthetic investment contracts (SICs) issued by banks, insurance companies, and other issuers, and securities supporting such SICs, and other similar instruments which are intended to maintain a constant net asset value which permitting participant-initiated benefit-responsive withdrawals for certain events. The issuer of a GIC is obligated to pay a specified rate of return on invested amounts over the life of the contract. The issuer of traditional investment contracts is contractually obligated to repay principal and interest at the stated coupon rate to the trust, and guarantees liquidity at contract value prior to maturity for permitted participant-initiated withdrawals from the trust. SICs, unlike a traditional investment contract, consist of a portfolio of underlying assets owned by the Trustee, and a wrap contract issued by a financially responsible third party. SICs provide for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

a crediting rate less than zero. The crediting rate is based, in part, on the relationship between the contract value and the market value of the underlying assets, as well as previously realized gains and losses on underlying assets. The crediting rate will generally reflect, over time, movements in prevailing interest rates. However, at times the crediting rate may be more or less than prevailing rates or the actual income earned on the underlying assets. At December 31, 2011 the crediting rate of the SEI and average yield earned by the plan for all benefit responsive investment contract is 0.71% and 1.36% respectively. At December 31, 2010 the crediting rate of the SEI and average yield earned by the plan for all benefit responsive investment contract is 0.89% and 1.63% respectively.

NOTE 5 - EXCESS CONTRIBUTIONS REFUNDABLE

The Plan did not meet certain discrimination tests required by the Internal Revenue Code (IRC) for the year ended December 31, 2011. As a result, the Plan was required to refund excess contributions to certain participants for the Plan to be in compliance with the IRC. Accordingly, excess contributions of \$3,666 was recorded as a liability for the year ended December 31, 2011 and included in benefits paid to participants during 2011. The Plan met discrimination tests for the year ended December 31, 2010 and therefore no refunds of excess contributions were required for the year ended December 31, 2010.

NOTE 6 - TAX STATUS

The Plan adopted a Prototype Standardized Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008 which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

Contributions are held and managed by Hartford, who invest cash received, interest, and dividend income as directed by participants.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Fees related to the refund of excess deferrals, contributions or annual additions are absorbed directly by the Plan Sponsor.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets are invested in pooled separate accounts sponsored by Hartford. Transactions involving these investments are considered to be party-in-interest transactions. However, they are exempt from prohibited transaction rules under ERISA. The Plan paid \$331 and \$273 in administrative fees as of December 31, 2011 and 2010.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 is as follows:

	<u>2011</u>	<u>2010</u>
Net Assets available for benefits per the financial statements	\$ 1,617,509	\$1,467,915
Excess contribution refundable - current year	3,666	-
Other reconciling difference	<u>(1)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,621,174</u>	<u>\$1,467,915</u>

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

The following is a reconciliation of net increase (decrease) in net assets per the financial statements to the Form 5500 is as follows:

	<u>2011</u>
Changes in net assets available for benefits per the financial statements	\$ 149,594
Excess contributions refundable - current year	3,666
Other reconciling difference	<u>(1)</u>
Net increase in net assets per the Form 5500	<u><u>\$ 153,259</u></u>

NOTE 11 - SUBSEQUENT EVENTS

Events that occur after the Statement of Net Assets available for Benefits date but before the financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the Statement of Net Assets available for Benefits date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the Statement of Net Assets available for Benefits date require disclosure in the accompanying notes. Management evaluated the activity of the Plan through October 9, 2012 (the date the financial statements were available to be issued) and concluded that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

SUPPLEMENTAL INFORMATION

American Health Imaging, Inc. 401(k) Profit Sharing Plan

SCHEDULE OF ASSETS HELD (AT END OF YEAR)
Form 5500- Schedule H, Line 4(i)
EIN # 58-2329279, Plan # 001

December 31, 2011

(a) Party-in- interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	THE HARTFORD CAPITAL APPRECIATION FUND R3	Pooled Separate Account	\$ 35,538
	PIMCO TOTAL RETURN FUND R	Pooled Separate Account	38,461
	FRANKLIN TEMPLETON CONSERVATIVE ALLOCATION FUND R	Pooled Separate Account	4,812
	FRANKLIN TEMPLETON GROWTH ALLOCATION FUND R	Pooled Separate Account	35,320
	FRANKLIN TEMPLETON MODERATE ALLOCATION FUND R	Pooled Separate Account	4,881
	AMERICAN FUNDS CAPITAL INCOME BUILDER FUND R1	Pooled Separate Account	13,299
	SELIGMAN GLOBAL TECHNOLOGY FUND R	Pooled Separate Account	52,994
	PUTNAM INTERNATIONAL CAPITAL OPPORTUNITIES FUND R	Pooled Separate Account	11,044
	INVESCO REAL ESTATE FUND R	Pooled Separate Account	13,138
	FRANKLIN STRATEGIC INCOME FUND R	Pooled Separate Account	30,197
*	FRANKLIN TOTAL RETURN FUND R	Pooled Separate Account	7,494
	MUTUAL GLOBAL DISCOVERY FUND R	Pooled Separate Account	693
	AMERICAN FUNDS CAPITAL WORLD GROWTH AND INCOME FUND	Pooled Separate Account	11,048
	OPPENHEIMER INTERNATIONAL BOND FUND N	Pooled Separate Account	136,389
	PIMCO REAL RETURN FUND R	Pooled Separate Account	11,732
	PIONEER STRATEGIC INCOME FUND R	Pooled Separate Account	52,763
	BLACKROCK GLOBAL ALLOCATION FUND R	Pooled Separate Account	58,841
	THORNBURG INTERNATIONAL VALUE FUND R3	Pooled Separate Account	25,412
	OPPENHEIMER SMALL AND MID-CAP VALUE FUND N	Pooled Separate Account	10,908
	FRANKLIN SMALL CAP VALUE FUND R	Pooled Separate Account	16,896
	ROYCE VALUE FUND R	Pooled Separate Account	41,472
	PIONEER EMERGING MARKETS FUND R	Pooled Separate Account	130,436
	VICTORY SPECIAL VALUE FUND R	Pooled Separate Account	217
	RIDGEWORTH SMALL CAP VALUE EQUITY FUND A	Pooled Separate Account	37,420
	VICTORY ESTABLISHED VALUE FUND R	Pooled Separate Account	2,384
	ALGER SMALLCAP GROWTH INSTITUTIONAL FUND R	Pooled Separate Account	10,862
	PRUDENTIAL JENNISON 20/20 FOCUS FUND R	Pooled Separate Account	113,921
	RIDGEWORTH MID-CAP VALUE EQUITY FUND A	Pooled Separate Account	46,278
*	MUTUAL SHARES FUND R	Pooled Separate Account	26,217
	OPPENHEIMER GLOBAL STRATEGIC INCOME FUND N	Pooled Separate Account	16,319
	FIDELITY ADVISOR LEVERAGED COMPANY STOCK FUND T	Pooled Separate Account	69,976
	AMERICAN CENTURY EQUITY INCOME FUND R	Pooled Separate Account	6,021
	ALLIANZ NFJ DIVIDEND VALUE FUND R	Pooled Separate Account	2,635
	VICTORY SMALL COMPANY OPPORTUNITY FUND R	Pooled Separate Account	3,423
*	LORD ABBETT FUNDAMENTAL EQUITY FUND R3	Pooled Separate Account	39,113
	SEI STABLE ASSET FUND 19	Common/collective trust	423,080 **
	EATON VANCE WORLDWIDE HEALTH SCIENCES FUND R	Pooled Separate Account	2,218
	JP MORGAN US REAL ESTATE FUND R2	Pooled Separate Account	1,856
	AMERICAN CENTRY DIVERSIFIED BOND FUND R	Pooled Separate Account	34,916
			1,580,624
		Interest rates ranging from 3.25% to 7.00%; varying maturities	38,575
	* Participant notes receivable		
	Total assets at fair value		1,619,199
	Adjustment from fair value to contract value for fully benefit responsive investment contracts		1,976
	Total assets held		\$ 1,621,175

NOTE: Cost information is not required for participant-directed investments and, therefore, not included.

* Party-in-interest

** Fair Value, with adjustment to contract value below

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

AMERICAN HEALTH IMAGING, INC.
401(K) PROFIT SHARING PLAN

DECEMBER 31, 2011

American Health Imaging, Inc. 401(k) Profit Sharing Plan

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants
American Health Imaging, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of American Health Imaging, Inc. 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, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Hartford Life Insurance Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the Custodian is complete and accurate.

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



Atlanta, Georgia
October 9, 2012

American Health Imaging, Inc. 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

ASSETS		
	2011	2010
Investments, at fair value		
Participant directed investments	\$ 1,157,544	\$ 1,038,268
Guaranteed investment contract	423,080	385,450
Total investments, at fair value	1,580,624	1,423,718
Receivables		
Notes receivable from participants	38,575	36,977
Total receivables	38,575	36,977
Total assets	1,619,199	1,460,695
LIABILITIES		
Excess contributions refundable	3,666	-
Total liabilities	3,666	-
Net assets available for benefits at fair value	1,615,533	1,460,695
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	1,976	7,220
Net assets available for benefits	1,617,509	1,467,915

See notes to financial statements

American Health Imaging, Inc. 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 dividends	\$ 43,509
Interest income on notes receivable from participants	<u>1,585</u>
Total investment income	45,094

Contributions:

Participant contributions	223,718
Participant rollovers	<u>77,947</u>
Total contributions	<u>301,665</u>
Total additions	<u>346,759</u>

Deductions from net assets attributed to:

Net depreciation in fair value of investments	114,981
Benefits paid to participants	81,853
Administrative expenses	<u>331</u>
Total deductions	<u>197,165</u>

Net increase in net assets available for benefits 149,594

Net assets available for benefits - beginning of year 1,467,915

Net assets available for benefits - end of year \$ 1,617,509

See notes to financial statements

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2011

NOTE 1 – DESCRIPTION OF PLAN

The following is a brief description of the American Health Imaging, Inc. 401(k) Profit Sharing Plan (Plan) and is provided for general purposes only. Participants should refer to the Plan document and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering full time employees of American Health Imaging, Inc. (Company or Plan Sponsor) age 21 and over. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions

Each year, participants may defer pretax annual compensation, as defined in the Plan, or the maximum statutory limits. For 2011 and 2010, the maximum statutory limit for employee deferrals is \$16,500. For 2011 and 2010, employees 50 years of age or older could defer a maximum of \$22,000. Participants may also contribute amounts representing distributions from other qualified employee benefit plans. Participants may designate contributions as Roth 401(k) contributions. At its discretion the Company may make a matching contribution and may also make discretionary contributions. No matching contributions or discretionary contributions were made by the Company as of December 31, 2011.

The Company may make a qualified non-elective contribution (QNEC) which would be allocated to non-highly compensated eligible employees, subject to certain limitations. No QNECs were made during the year ended December 31, 2011.

Participant Accounts

Each participant account is credited with employee contributions, rollover contributions where applicable, an allocation of discretionary company contributions, if any, and Plan earnings and is charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant compensation 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Vesting

Participants are immediately vested in their contributions, rollover contributions, QNECs and actual earnings thereon. Vesting of Company contributions, including earnings thereon, is based on the number of years of service (as defined by the Plan) as follows:

<u>Years of service</u>	<u>Percent vested</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, participants may elect to receive either a lump-sum amount equal to the vested value of their account or periodic installments over their life expectancy.

In-service withdrawals are permitted when a participant reaches age 59 ½. Hardship distributions are permitted if certain conditions are met. After the withdrawal, the participants may not make savings or other contributions to the Plan for 12 months.

Forfeitures

Upon withdrawal of a participant's vested balance, any nonvested balance is forfeited. Forfeited balances are used to reduce future Company contributions or to pay Plan expenses. As of December 31, 2011 and 2010 there were no forfeitures.

Participants Notes Receivable

Participants may borrow from their accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms are up to five years, but may extend beyond five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest. Interest rates range from 3.25% to 7% as of December 31, 2011. Principal and interest are repaid through payroll deductions.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Investment Options

Upon enrollment in the Plan, participants may direct their contributions and any Company contributions to any of 39 investment options. Participants may change their investment options daily via an automated system.

Operating Expenses

The Plan permits the payment of Plan expenses to be made from Plan Assets. If expenses are not paid by the Plan Sponsor, then the expenses will generally be allocated among accounts of all participants in the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment securities. Investments 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Participants Notes Receivable

Notes receivable from participants are valued at their outstanding balance plus accrued interest, which approximates fair value. Delinquent participant loans are reclassified as distributions based on terms of the plan document.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Administrative Expenses

The Company pays substantially all administrative expenses of the Plan. Administrative expenses included in the statement of changes in net assets available for benefits are primarily fees paid for setting up participant loans and processing distribution payments.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Investment Valuations and Income Recognition

Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price of the fund, which represents the net asset value (NAV) of the shares held by the fund at year end. Investments in insurance company pooled separate accounts are measured based on the NAV of the underlying managed assets as reported to the Plan by Hartford Life Insurance Company (Hartford), which approximates fair value.

Interest income is recorded on the accrual basis. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments which consists of the realized gains or losses, the unrealized appreciation (depreciation) on those investments, and reinvested dividends. All net appreciation in fair value of investments relates to the investments in mutual funds. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

The SEI Stable Asset Fund (SEI), a common/collective trust, primarily holds investments in fully benefit-responsive insurance contracts that provide that the Plan may make withdrawals at contract value for benefit-responsive requirements. Accordingly, the Plan's investment in units of the SEI is presented at fair value in the Statement of Net Assets Available for Benefits, with an adjustment to its contract value separately disclosed as provided in the FSP. The fair value of the investment contracts at December 31, 2011 and 2010 was \$423,080 and \$385,450, respectively. SEI's reported fair value is determined as the sum of (a) the fair value of the investments in guaranteed insurance contracts and security-backed investment contracts, that are wrapped by an insurance company, bank, or other financial institution (collectively, the Investment Contracts), as determined by the fund's trustee and (b) the fair value of that fund's investments in externally managed collective investment funds as determined by those fund's trustees. SEI's contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. Certain events limit the ability of the Plan to transact at contract value with the issuer.

Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan sponsor or other Plan sponsor events (e.g. divestitures or spin-offs of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption from ERISA). The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 3 - FAIR VALUE MEASUREMENTS

The accounting guidance for fair value measurements and disclosures clarifies the principle that fair value should be based on the assumptions that market participants would use when pricing the asset or liability, and establishes the following fair value hierarchy:

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;
- 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

The asset's 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 measured. 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:

Pooled Separate Accounts: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is determined daily based on fair value published by the issuer. Quoted prices are determined daily based on the fair value of the mutual funds and other securities in the accounts. The pooled separate accounts can be traded daily at their NAV.

Guaranteed Investment Contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods described may produce fair value calculation that may not be indicative for 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

Investments at Fair Value on a recurring basis as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
Index funds	\$ 103,854	\$ -	\$ -	\$ 103,854
Growth funds	178,863	-	-	178,863
Value funds	272,603	-	-	272,603
Fixed income fund	234,797	-	-	234,797
Other funds	367,427	-	-	367,427
Total pooled separate accounts	1,157,544	-	-	1,157,544
Guaranteed investment contract	-	423,080	-	423,080
Total investments at fair value	<u>\$ 1,157,544</u>	<u>\$ 423,080</u>	<u>\$ -</u>	<u>\$ 1,580,624</u>

Investments at Fair Value on a recurring basis as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
Index funds	\$ 93,675	\$ -	\$ -	\$ 93,675
Growth funds	159,131	-	-	159,131
Value funds	247,686	-	-	247,686
Fixed income fund	237,599	-	-	237,599
Other funds	300,177	-	-	300,177
Total pooled separate accounts	1,038,268	-	-	1,038,268
Guaranteed investment contract	-	385,450	-	385,450
Total investments at fair value	<u>\$ 1,038,268</u>	<u>\$ 385,450</u>	<u>\$ -</u>	<u>\$ 1,423,718</u>

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

All investments and participant notes receivable information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2011 and 2010, and net depreciation in fair value of investments, dividends, and interest income for the year ended December 31, 2011 was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Custodian, Hartford Life Insurance Company (Hartford).

Individual investments in the Plan that represent 5% or more of the Plan's net assets available for benefits at December 31, 2011 and 2010 are as follows:

	2011	2010
Oppenheimer International Bond Fund N	\$ 136,389	\$ 122,148
Pioneer Emerging Markets Fund R	130,436	147,463
Prudential Jennison 20/20 Focus Fund R	113,921	105,396
SEI Stable Asset Fund 19	423,080	385,450
Other investments less than 5%	776,798	663,261
	<u>\$ 1,580,624</u>	<u>\$ 1,423,718</u>

During the year ended December 31, 2011, the Plan's investments (including investments bought, sold, and held during the year) depreciated in value by \$114,981.

The SEI Stable Asset Fund 19 is fully-benefit responsive as described in note 2, investing principally in guaranteed investment contracts (GIC) issued by insurance companies, traditional investment contracts issued by banks, synthetic investment contracts (SICs) issued by banks, insurance companies, and other issuers, and securities supporting such SICs, and other similar instruments which are intended to maintain a constant net asset value which permitting participant-initiated benefit-responsive withdrawals for certain events. The issuer of a GIC is obligated to pay a specified rate of return on invested amounts over the life of the contract. The issuer of traditional investment contracts is contractually obligated to repay principal and interest at the stated coupon rate to the trust, and guarantees liquidity at contract value prior to maturity for permitted participant-initiated withdrawals from the trust. SICs, unlike a traditional investment contract, consist of a portfolio of underlying assets owned by the Trustee, and a wrap contract issued by a financially responsible third party. SICs provide for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

a crediting rate less than zero. The crediting rate is based, in part, on the relationship between the contract value and the market value of the underlying assets, as well as previously realized gains and losses on underlying assets. The crediting rate will generally reflect, over time, movements in prevailing interest rates. However, at times the crediting rate may be more or less than prevailing rates or the actual income earned on the underlying assets. At December 31, 2011 the crediting rate of the SEI and average yield earned by the plan for all benefit responsive investment contract is 0.71% and 1.36% respectively. At December 31, 2010 the crediting rate of the SEI and average yield earned by the plan for all benefit responsive investment contract is 0.89% and 1.63% respectively.

NOTE 5 - EXCESS CONTRIBUTIONS REFUNDABLE

The Plan did not meet certain discrimination tests required by the Internal Revenue Code (IRC) for the year ended December 31, 2011. As a result, the Plan was required to refund excess contributions to certain participants for the Plan to be in compliance with the IRC. Accordingly, excess contributions of \$3,666 was recorded as a liability for the year ended December 31, 2011 and included in benefits paid to participants during 2011. The Plan met discrimination tests for the year ended December 31, 2010 and therefore no refunds of excess contributions were required for the year ended December 31, 2010.

NOTE 6 - TAX STATUS

The Plan adopted a Prototype Standardized Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008 which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or 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.

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

Contributions are held and managed by Hartford, who invest cash received, interest, and dividend income as directed by participants.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Fees related to the refund of excess deferrals, contributions or annual additions are absorbed directly by the Plan Sponsor.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets are invested in pooled separate accounts sponsored by Hartford. Transactions involving these investments are considered to be party-in-interest transactions. However, they are exempt from prohibited transaction rules under ERISA. The Plan paid \$331 and \$273 in administrative fees as of December 31, 2011 and 2010.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 is as follows:

	<u>2011</u>	<u>2010</u>
Net Assets available for benefits per the financial statements	\$ 1,617,509	\$1,467,915
Excess contribution refundable - current year	3,666	-
Other reconciling difference	<u>(1)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,621,174</u>	<u>\$1,467,915</u>

American Health Imaging, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011

The following is a reconciliation of net increase (decrease) in net assets per the financial statements to the Form 5500 is as follows:

	<u>2011</u>
Changes in net assets available for benefits per the financial statements	\$ 149,594
Excess contributions refundable - current year	3,666
Other reconciling difference	<u>(1)</u>
Net increase in net assets per the Form 5500	<u><u>\$ 153,259</u></u>

NOTE 11 - SUBSEQUENT EVENTS

Events that occur after the Statement of Net Assets available for Benefits date but before the financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the Statement of Net Assets available for Benefits date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the Statement of Net Assets available for Benefits date require disclosure in the accompanying notes. Management evaluated the activity of the Plan through October 9, 2012 (the date the financial statements were available to be issued) and concluded that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

SUPPLEMENTAL INFORMATION

American Health Imaging, Inc. 401(k) Profit Sharing Plan

SCHEDULE OF ASSETS HELD (AT END OF YEAR)
Form 5500- Schedule H, Line 4(i)
EIN # 58-2329279, Plan # 001

December 31, 2011

(a) Party-in- interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	THE HARTFORD CAPITAL APPRECIATION FUND R3	Pooled Separate Account	\$ 35,538
	PIMCO TOTAL RETURN FUND R	Pooled Separate Account	38,461
	FRANKLIN TEMPLETON CONSERVATIVE ALLOCATION FUND R	Pooled Separate Account	4,812
	FRANKLIN TEMPLETON GROWTH ALLOCATION FUND R	Pooled Separate Account	35,320
	FRANKLIN TEMPLETON MODERATE ALLOCATION FUND R	Pooled Separate Account	4,881
	AMERICAN FUNDS CAPITAL INCOME BUILDER FUND R1	Pooled Separate Account	13,299
	SELIGMAN GLOBAL TECHNOLOGY FUND R	Pooled Separate Account	52,994
	PUTNAM INTERNATIONAL CAPITAL OPPORTUNITIES FUND R	Pooled Separate Account	11,044
	INVESCO REAL ESTATE FUND R	Pooled Separate Account	13,138
	FRANKLIN STRATEGIC INCOME FUND R	Pooled Separate Account	30,197
	FRANKLIN TOTAL RETURN FUND R	Pooled Separate Account	7,494
*	MUTUAL GLOBAL DISCOVERY FUND R	Pooled Separate Account	693
	AMERICAN FUNDS CAPITAL WORLD GROWTH AND INCOME FUND	Pooled Separate Account	11,048
	OPPENHEIMER INTERNATIONAL BOND FUND N	Pooled Separate Account	136,389
	PIMCO REAL RETURN FUND R	Pooled Separate Account	11,732
	PIONEER STRATEGIC INCOME FUND R	Pooled Separate Account	52,763
	BLACKROCK GLOBAL ALLOCATION FUND R	Pooled Separate Account	58,841
	THORNBURG INTERNATIONAL VALUE FUND R3	Pooled Separate Account	25,412
	OPPENHEIMER SMALL AND MID-CAP VALUE FUND N	Pooled Separate Account	10,908
	FRANKLIN SMALL CAP VALUE FUND R	Pooled Separate Account	16,896
	ROYCE VALUE FUND R	Pooled Separate Account	41,472
	PIONEER EMERGING MARKETS FUND R	Pooled Separate Account	130,436
	VICTORY SPECIAL VALUE FUND R	Pooled Separate Account	217
	RIDGEWORTH SMALL CAP VALUE EQUITY FUND A	Pooled Separate Account	37,420
	VICTORY ESTABLISHED VALUE FUND R	Pooled Separate Account	2,384
	ALGER SMALLCAP GROWTH INSTITUTIONAL FUND R	Pooled Separate Account	10,862
	PRUDENTIAL JENNISON 20/20 FOCUS FUND R	Pooled Separate Account	113,921
	RIDGEWORTH MID-CAP VALUE EQUITY FUND A	Pooled Separate Account	46,278
*	MUTUAL SHARES FUND R	Pooled Separate Account	26,217
	OPPENHEIMER GLOBAL STRATEGIC INCOME FUND N	Pooled Separate Account	16,319
	FIDELITY ADVISOR LEVERAGED COMPANY STOCK FUND T	Pooled Separate Account	69,976
	AMERICAN CENTURY EQUITY INCOME FUND R	Pooled Separate Account	6,021
	ALLIANZ NFJ DIVIDEND VALUE FUND R	Pooled Separate Account	2,635
	VICTORY SMALL COMPANY OPPORTUNITY FUND R	Pooled Separate Account	3,423
	LORD ABBETT FUNDAMENTAL EQUITY FUND R3	Pooled Separate Account	39,113
*	SEI STABLE ASSET FUND 19	Common/collective trust	423,080 **
	EATON VANCE WORLDWIDE HEALTH SCIENCES FUND R	Pooled Separate Account	2,218
	JP MORGAN US REAL ESTATE FUND R2	Pooled Separate Account	1,856
	AMERICAN CENTRY DIVERSIFIED BOND FUND R	Pooled Separate Account	34,916
			<u>1,580,624</u>
		Interest rates ranging from 3.25% to 7.00%; varying maturities	
	* Participant notes receivable		<u>38,575</u>
	Total assets at fair value		1,619,199
	Adjustment from fair value to contract value for fully benefit responsive investment contracts		<u>1,976</u>
	Total assets held		<u><u>\$ 1,621,175</u></u>

NOTE: Cost information is not required for participant-directed investments and, therefore, not included.

* Party-in-interest

** Fair Value, with adjustment to contract value below

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in completing the Form 5500 Schedule C¹ by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan’s service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

¹ Please refer to the Schedule C of the Form 5500 and its instructions (available at: <http://www.dol.gov/ebsa/5500main.html>), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

AMERICAN HEALTH IMAGING, INC. 401(K) PROFIT SHARING PLAN (819391)
EIN #: 58-2329279

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **\$331.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **\$331.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **\$0.34**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

<i>Investment Option Name</i>	<i>EIN</i>	<i>Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)</i>	<i>Underlying Fund Gross Expense Ratio as of the Fund's Year End*</i>
ALGER SMALLCAP GROWTH INSTITUT R	13-2665689	0.80% x assets	1.69%
ALLIANZ NFJ DIVIDEND VALUE R	33-0457728	0.75% x assets	1.31%
AM CENTRY DIVERSIFIED BOND R	43-0821857	0.75% x assets	1.11%
AMERICAN CENTURY EQUITY INCOME R	43-1646043	0.85% x assets	1.46%
AMERICAN FUNDS CAP INC BUILDR R1	95-1411037	1.10% x assets	1.41%
AMERICAN FUNDS CP WLD GR INC-R1	95-1411037	1.10% x assets	1.56%
BLACKROCK GLOBAL ALLOCATION R	22-2937779	0.80% x assets	1.51%
COL SELI GLOBAL TECHNOLOGY R	36-3376651	0.75% x assets	1.71%
EATON VANCE WORLDWIDE HLTH SCI R	04-2325690	0.80% x assets	2.05%
FIDELITY ADVISOR LEVRGD CO STK T	04-3335387	0.60% x assets	1.35%
FRANKLIN SMALL CAP VALUE R	13-3151768	0.60% x assets plus \$12/participant	1.52%
FRANKLIN STRATEGIC INCOME R	13-3151768	0.60% x assets plus \$12/participant	1.15%
FRANKLIN TEMPLETON CONS ALLOC R	13-3151768	0.60% x assets plus \$12/participant	1.46%
FRANKLIN TEMPLETON GROWTH ALLC R	13-3151768	0.60% x assets plus \$12/participant	1.63%
FRANKLIN TEMPLETON MOD ALLOC R	13-3151768	0.60% x assets plus \$12/participant	1.52%
FRANKLIN TOTAL RETURN R	13-3151768	0.60% x assets plus \$12/participant	1.23%
INVESCO REAL ESTATE R	76-0343427	0.85% x assets	1.56%
JPMORGAN U.S. REAL ESTATE R2	26-3613641	0.80% x assets	1.55%
LORD ABBETT FNDAMENTAL EQUITY R3	13-3712440	0.75% x assets	1.26%
MUTUAL GLOBAL DISCOVERY R	22-2894171	0.60% x assets plus \$12/participant	1.54%
MUTUAL SHARES R	22-2894171	0.50% x assets	1.35%
OPPEN GLOBAL STRATEGIC INCOME N	84-1120195	0.80% x assets	1.48%
OPPENHEIMER INTERNATIONAL BOND N	84-1308320	0.80% x assets	1.65%
OPPENHEIMER SM AND MIDCAP VAL N	13-6977079	0.80% x assets	1.62%
PIMCO REAL RETURN R	33-0629048	0.65% x assets	1.11%
PIMCO TOTAL RETURN R	33-0629048	0.65% x assets	1.10%
PIONEER EMERGING MARKETS R	04-3233999	0.80% x assets	2.10%
PIONEER STRATEGIC INCOME R	04-3453709	0.80% x assets	1.41%
PRUD JENNISON 20/20 FOCUS R	13-2631108	0.75% x assets	1.64%
PUTNAM INTERNATIONAL CAP OPPS R	04-3251560	0.75% x assets	1.72%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.35%
RIDGEWORTH SM CAP VALUE EQUITY A	23-2678674	0.75% x assets	1.52%
ROYCE VALUE R	13-3139046	0.75% x assets	1.67%

<i>Investment Option Name</i>	<i>EIN</i>	<i>Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)</i>	<i>Underlying Fund Gross Expense Ratio as of the Fund's Year End*</i>
SEI STABLE ASSET 19	23-2177800	1.00% x assets	1.30%
THE HARTFORD CAPITAL APPREC R3	22-2937447	0.85% x assets	1.42%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.63%
VICTORY ESTABLISHED VALUE R	31-6364605	0.45% x assets plus \$16/participant	1.25%
VICTORY SMALL CO OPPORTUNITY R	31-6364605	0.45% x assets plus \$16/participant	1.63%
VICTORY SPECIAL VALUE R	31-6364605	0.45% x assets plus \$16/participant	1.49%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

* This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus and receive management fees in the following amounts:

Hartford Capital Appreciation R3	0.65% x assets
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Recipient: LPL FINANCIAL LLC EIN: 95-2834236

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation

\$0.00

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* Sales commission	Payor: Hartford Life Insurance Company	EIN: 06-0974148	\$757.10
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* Sales Commissions are reported on a Plan Year basis.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Recipient: PROEQUITIES INC EIN: 63-0879387

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **\$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission** Payor: Hartford Life Insurance Company EIN: 06-0974148 **\$1,506.05**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Hartford Life Insurance Company EIN: 06-0974148 **\$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Trust service fee (if Reliance Trust Company is acting as directed trustee) **\$400.00**

Service Codes: 25, 99

Payors: Hartford Life Insurance Company EIN: 06-0974148
 Hartford Retirement Services, LLC EIN: 26-1589907

Direct Revenue Detail

Recipient: *Hartford Life Insurance Company*

<u>Fee Description</u>	<u>Dollar Amount</u>
Loan Set-up Fee	\$100.00
One-Time Distribution Fee	\$75.00
Loan Administration Fee	\$156.00
Total Direct Revenue:	<hr/> \$331.00
 Grand Total Direct Fees:	 <hr/> \$331.00