

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ACCESS HEALTH CARE PHYSICIANS LLC PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/2002</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ACCESS HEALTH CARE PHYSICIANS LLC</u> <u>14690 SPRING HILL DR</u> <u>SPRING HILL, FL 34609</u>	2b Employer Identification Number (EIN) <u>45-1444883</u> 2c Sponsor's telephone number <u>352-277-5304</u> 2d Business code (see instructions) <u>621111</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>PARIKSITH SINGH</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") ACCESS HEALTH CARE PHYSICIANS LLC 14690 SPRING HILL DR SPRING HILL, FL 34609	3b Administrator's EIN 59-3682760 3c Administrator's telephone number 352-277-5304
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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	461
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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	456
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	456
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	456
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	193
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 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (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) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <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>ACCESS HEALTH CARE PHYSICIANS LLC PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCESS HEALTH CARE PHYSICIANS LLC</u>	D Employer Identification Number (EIN) <u>45-1444883</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-814819</u>	<u>193</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>7272</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

WELLS FARGO ADVISORS INS AGENCY LLC
WELLS FARGO ADVISORS LLC PCG ATTN
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>7272</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	

(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	1431081
5 Current value of plan's interest under this contract in separate accounts at year end	5	1987717

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 FUNDING AGREEMENT**

b Balance at the end of the previous year	7b	965996
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c Additions: (1) Contributions deposited during the year	7c(1)	237487	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	34605	
(4) Transferred from separate account	7c(4)	198886	
(5) Other (specify below)	7c(5)	6109	

▶ **LOAN PYMT**

(6) Total additions	7c(6)	477087
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d Total of balance and additions (add b and c(6))	7d	1443083
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2736	
(2) Administration charge made by carrier	7e(2)	156	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	9110	

▶ **LOAN W/D**

(5) Total deductions	7e(5)	12002
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f Balance at the end of the current year (subtract e(5) from d)	7f	1431081
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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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>ACCESS HEALTH CARE PHYSICIANS LLC PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCESS HEALTH CARE PHYSICIANS LLC</u>	D Employer Identification Number (EIN) <u>45-1444883</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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	595	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)

MESIROW FINANCIAL MANAGEMENT, INC.

36-3429599

(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?
27 49	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	56	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, LLC	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.	
HARTFORD LIFE INSURANCE COMPANY	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
MESIROW FINANCIAL MANAGEMENT, INC.	27 49	56
(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.	
HARTFORD LIFE INSURANCE COMPANY	SEE ATTACHED	
06-0974148		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2011</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<p>A Name of plan ACCESS HEALTH CARE PHYSICIANS LLC PROFIT SHARING PLAN AND TRUST</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ACCESS HEALTH CARE PHYSICIANS LLC</p>	<p>D Employer Identification Number (EIN) 45-1444883</p>	

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 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1987717
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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)**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="font-size: 24pt; font-weight: bold;">2011</div> 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 ACCESS HEALTH CARE PHYSICIANS LLC PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS HEALTH CARE PHYSICIANS LLC	D Employer Identification Number (EIN) 45-1444883	

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)	48639	67342
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(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)	1547694	1987717
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	965996	1431081
(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	2562329	3486140

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	2562329	3486140
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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)	290380	
(B) Participants	2a(1)(B)	739560	
(C) Others (including rollovers)	2a(1)(C)	5714	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1035654

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)	2336	
(F) Other	2b(1)(F)	34606	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36942

(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)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-85542
(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		987054

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62365	
(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)		62365
f Corrective distributions (see instructions)	2f		284
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)	594	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		594
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		63243

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		923811
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: GREGORY, SHARER, & STUART, P.A.

(2) EIN: 59-1850025

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		500000
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>ACCESS HEALTH CARE PHYSICIANS LLC PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCESS HEALTH CARE PHYSICIANS LLC</u>	D Employer Identification Number (EIN) <u>45-1444883</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
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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): _____

**Access Health Care LLC 401(k)
Profit Sharing Plan**

EIN 59-3682760 PN 001

**Financial Statements
And Supplemental Schedule**

December 31, 2011 And 2010

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Independent Auditor's Report

To The Plan Administrator
Access Health Care LLC 401(k) Profit Sharing Plan
Spring Hill, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Access Health Care LLC 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Hartford Life Insurance Company, the current trustee of the Plan, and Mid Atlantic Trust Company, the former trustee 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 trustees hold/held the Plan's assets and execute/executed transactions. The plan administrator has obtained certification from the trustees regarding the completeness and accuracy of the information summarized in Note E that was provided to the plan administrator by the current trustee as of and for the year ended December 31, 2011 and 2010, and by the former trustee for the period from January 1, 2010 to February 8, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes 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 or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gregory, Sharer & Stuart, P.A.

A handwritten signature in black ink that reads "Gregory, Sharer & Stuart, P.A." is located below the printed name.

St. Petersburg, Florida
October 10, 2012

Access Health Care LLC 401(k) Profit Sharing Plan

EIN 59-3682760 PN 001

Statements Of Net Assets Available For Benefits

	December 31,	
	<u>2011</u>	<u>2010</u>
Assets		
Investments, At Fair Value		
Pooled separate accounts	\$ 1,987,717	\$ 1,547,694
General account	1,431,081	965,996
Total investments	<u>3,418,798</u>	<u>2,513,690</u>
Notes Receivable From Participants	67,342	48,639
Contributions Receivable	<u>24,471</u>	<u>25,000</u>
Net Assets Available For Benefits	<u><u>\$ 3,510,611</u></u>	<u><u>\$ 2,587,329</u></u>

Access Health Care LLC 401(k) Profit Sharing Plan

EIN 59-3682760 PN 001

Statements Of Changes In Net Assets Available For Benefits

	Year Ended December 31,	
	2011	2010
Change In Net Assets Attributed To:		
Contributions		
Employer	\$ 289,851	\$ 251,438
Participants	739,560	554,354
Rollovers	5,714	33,911
Total Contributions	<u>1,035,125</u>	<u>839,703</u>
Investment (Loss) Income		
Net (depreciation) appreciation in fair value of investment in:		
Pooled separate accounts	(85,542)	173,534
Shares of registered investment companies	-	(22,466)
Interest on general account	34,606	25,383
Dividends	-	512
Total Investment (Loss) Income	<u>(50,936)</u>	<u>176,963</u>
Interest On Notes Receivable From Participants	2,336	2,137
Benefits Paid To Participants	(62,649)	(37,003)
Corrective Distributions	-	(13,693)
Administrative Expenses	<u>(594)</u>	<u>(337)</u>
Net Change	923,282	967,770
Net Assets Available For Benefits At Beginning Of Year	<u>2,587,329</u>	<u>1,619,559</u>
Net Assets Available For Benefits At End Of Year	<u><u>\$ 3,510,611</u></u>	<u><u>\$ 2,587,329</u></u>

Note A - Description Of Plan

The following description of Access Health Care LLC 401(k) Profit Sharing Plan (the Plan) (formerly, Access Health Care LLC 401(k) Profit Sharing Plan and Trust) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a prototype profit sharing plan covering all eligible employees of Access Health Care LLC and its participating affiliates (collectively, the Sponsor). The Plan was originally effective January 1, 2002, has been amended subsequently, and was most recently restated on January 1, 2012. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The elective deferral component of the Plan requires attaining the age of 21 and completing three consecutive months of service. Eligibility requirements for the Sponsor contributions are attaining the age of 21 and completing one year of service. Participants are credited with a year of service for any Plan year in which 1,000 hours are worked, using the equivalency method of crediting hours. Under this method, employees are credited with 190 hours per month for each month in which an hour of service is worked.

Contributions

Each year participants may contribute from 1% to 96% of their pretax annual compensation, as defined by the Plan, up to statutory annual limits. In addition, the Plan allows post-tax contributions, catch up contributions, and distributions from qualified plans, annuity contracts, and other eligible plans as defined in the Plan instrument. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor matches each participant's deferral in an amount equal to 100% of the first 3% and 50% of greater than 3%, but less than 5%, of the participant's deferred compensation. Matching contributions are calculated each payroll period.

The Plan also allows profit sharing and nonelective contributions. The Sponsor did not make any profit sharing or nonelective contributions for the years ended December 31, 2011 and 2010.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, an allocation of the Sponsor contributions, and Plan earnings. Allocations of earnings are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Vesting is based on years of service. Participants are immediately vested in their salary deferral contributions, employee rollovers, Sponsor safe harbor contributions, and actual earnings thereon.

A participant is fully vested in all other non-safe harbor Sponsor contributions after six years of service and also upon retirement, death, or total and permanent disability. The following schedule describes the Plan's vesting provisions relating to these contributions:

Years of Service	Vested Percentage
One year or less	None
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%

Forfeitures

Forfeitures of nonvested Sponsor contributions are used to reduce Sponsor contributions or to pay administrative expenses.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000, up to one half of their vested account balances, not to exceed \$50,000, with terms that may not exceed five years unless made to purchase a primary residence, and the loans are to carry a reasonable rate of interest.

Payment Of Benefits

Upon termination, retirement, death, or disability, participants may elect to receive a lump sum amount equal to the value of the vested interest in their account, periodic payments over a specified period of time, or to transfer the balance of the account to another trust.

Trustee

The Plan's trustee for the period from January 1, 2010 to February 8, 2010 (transfer date) was Mid Atlantic Trust Company (Mid Atlantic). Starting January 1, 2010, all employee and employer contributions were remitted to the new trustee, Hartford Life Insurance Company (Hartford). Mid Atlantic was the trustee for the investments previously contributed to the Plan until the transfer date. As such, for the period January 1, 2010 to the transfer date, assets were held by both trustees. After the transfer date, Mid Atlantic ceased to be trustee for the Plan.

Note B - Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting, except for benefit payments which are recorded when paid.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, as contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment in the general account is considered fully benefit-responsive and as such, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the general account.

The statements of net assets available for benefits present the fair value of the investment contract, which approximates contract value. As a result, the 2011 and 2010 statements of changes in net assets available for benefits are prepared on a contract value basis.

Investment Contract With Insurance Companies

The general account is credited with a rate of interest as declared by Hartford quarterly, but is in no case lower than 3% guaranteed minimum interest rate.

The average yield earned by the Plan is the yield earned (i.e., interest credited) on the contract. The fixed account was credited with a rate of interest of 3% for the year ended December 31, 2011 and 2010. The fixed account contract issuers are contractually obligated to repay the principal and guaranteed minimum interest rate.

Certain events limit the ability of the Plan to transact at contract value. Such events may include the following: 1) amendments to the Plan documents (including complete or partial termination), 2) bankruptcy of the Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Investment Valuation And Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In accordance with the policy of stating investments at fair value, net unrealized (depreciation) appreciation is reflected in the statements of changes in net assets available for benefits. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in fair value of investments includes the Plan's gains or losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's administrative expenses, except for certain fees, are paid by the Sponsor.

Notes Receivable From Participants

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

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

Reclassifications

Certain amounts in the accompanying 2010 financial statements have been reclassified to conform to the 2011 presentation.

Subsequent Events

The Sponsor has evaluated all events subsequent to December 31, 2011 and through October 10, 2012, which is the date these financial statements were available to be issued. The Plan was restated effective January 1, 2012 to reflect the change in the Plan's name, Access Health Care Physicians, LLC 401(k) Profit Sharing Plan; Plan Sponsor, Access Health Care Physicians, LLC; and EIN 45-1444883. The Sponsor determined that there are no other subsequent events that require recognition or disclosure in the accompanying financial statements.

Note C - Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

2011

Franklin Templeton Moderate Allocation R	\$ 235,302
General Account	1,431,081

2010

Franklin Small Cap Value R	\$ 130,725
American Funds Growth Fund American R1	246,241
Janus Forty Fund R	134,144
American Funds Europacific Growth R1	150,856
General Account	965,996

Note D - Fair Value Measurements

Accounting standards provide a framework for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

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 indirect observable inputs including prices for similar assets and market corroborated inputs. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should 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.

Pooled Separate Accounts - Valued based on the reported net asset value of each fund, which is based on the quoted market price or fair value of each fund's underlying investment less investment fees and charges.

General Account - Valued at fair value as estimated by Hartford, and adjusted to contract value which represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits.

Access Health Care LLC 401(k) Profit Sharing Plan

EIN 59-3682760 PN 001

Notes To Financial Statements

December 31, 2011 And 2010

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

The following table presents the Plan's fair value hierarchy as of December 31:

	Total	Level 1	Level 2	Level 3
<i>2011</i>				
Pooled Separate Accounts				
Large value funds	\$ 170,981	\$ -	\$ 170,981	\$ -
Large growth funds	664,411	-	664,411	-
Large blend funds	459,225	-	459,225	-
Medium value funds	325,461	-	325,461	-
Medium growth funds	2,432	-	2,432	-
Medium blend funds	52,577	-	52,577	-
Small value funds	109,244	-	109,244	-
Small blend funds	31,615	-	31,615	-
Bond funds	117,267	-	117,267	-
Intermediate government	54,504	-	54,504	-
General account	1,431,081	-	1,431,081	-
	<u>\$ 3,418,798</u>	<u>\$ -</u>	<u>\$ 3,418,798</u>	<u>\$ -</u>
<i>2010</i>				
Pooled Separate Accounts				
Large cap funds	\$ 235,934	\$ -	\$ 235,934	\$ -
Large value funds	73,575	-	73,575	-
Large growth funds	455,423	-	455,423	-
Large blend funds	245,581	-	245,581	-
Medium cap funds	31,860	-	31,860	-
Small cap funds	246,184	-	246,184	-
Bond funds	250,392	-	250,392	-
Intermediate government	8,745	-	8,745	-
General account	965,996	-	965,996	-
	<u>\$ 2,513,690</u>	<u>\$ -</u>	<u>\$ 2,513,690</u>	<u>\$ -</u>

Note E - Information Prepared And Certified By The Trustees

The Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The plan administrator has obtained certification from the trustees regarding the completeness and accuracy of the information provided to the plan administrator as of and for the years ended December 31.

	2011	2010
As of December 31		
Pooled separate accounts	\$ 1,987,717	\$ 1,547,694
General account	1,431,081	965,996
Notes receivable from participants	67,342	48,639
Year ended December 31		
Net (depreciation) appreciation in fair value of investment in:		
Pooled separate accounts	\$ (85,542)	\$ 173,534
Shares of registered investment companies	-	(22,466)
Interest on general account obligation	34,606	25,383
Dividends	-	512
Interest on notes receivable from participants	2,336	2,137

Note F - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note G - Tax Status

The Plan adopted an approved prototype plan which received an opinion letter from the Internal Revenue Service (IRS) on March 31, 2008 as to the Plan's qualified status. The Sponsor has elected to rely on the prototype plan determination letter in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code.

In September 2010, the Sponsor was notified by the United States Department of Labor that the Plan's 2008 Form 5500 filing was not satisfactory, as the required independent auditor's report was not included. Subsequently, the Sponsor filed the 2008 Form 5500 with the required independent auditor's report. A penalty settlement of \$10,000 was paid by the Sponsor during 2011.

The plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2008.

Note H - Related Party Transactions

Fees paid during 2011 and 2010 by the Sponsor and the Plan to the Plan's trustees and other service providers were based on customary rates for their services. While these transactions qualify as party-in-interest activity, they are expressly exempted from the prohibited transaction rules (ERISA, Title I, Section 408(b)).

Note I - Risks And Uncertainties

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

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of employer contributions per the financial statements prepared using the accrual basis of accounting to Schedule H of Form 5500 prepared using the cash basis of accounting for the years ended December 31:

	2011	2010
Employer contributions per the financial statements	\$ 289,851	\$ 251,438
Plus prior year employer contributions receivable	25,000	-
Less current year employer contributions receivable	(24,471)	(25,000)
Employer contributions per Schedule H of Form 5500	<u>\$ 290,380</u>	<u>\$ 226,438</u>

The following is a reconciliation of net assets available for benefits per the financial statements prepared using the accrual basis of accounting to Schedule H of Form 5500 prepared using the cash basis of accounting as of December 31:

	2011	2010
Net assets available for benefits per the financial statements	\$3,510,611	\$2,587,329
Less employer contributions receivable	(24,471)	(25,000)
Net assets available for benefits per Schedule H	<u>\$3,486,140</u>	<u>\$2,562,329</u>

Supplemental Schedule

Access Health Care LLC 401(k) Profit Sharing Plan
 EIN 59-3682760 PN 001
 Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
 December 31, 2011

(a)	(b) (c) Identity of Issue/Description	(e) Current Value
*	Hartford Life Insurance Company	
	Pooled Separate accounts	
	PIMCO Total Return R	\$ 117,266
	Franklin Templeton Conservative Allocation Inv Opt R	18,917
	Franklin Templeton Moderate Allocation R	235,302
	Prudential Jennison Mid Cap Growth R	2,432
	Pioneer Strategic Inc R	148,443
	Thornburg International Value R3	151,529
	Franklin Small Cap Value R	109,244
	Alliance/Bernstein 2030 RS R	44,290
	Alliance/Bernstein 2040 RS R	44,218
	Alliance/Bernstein 2020 RS R	90,333
	Lord Abbett Developing Growth R3	11,146
	Ridgeworth Small Cap Value Equity A	31,615
	Prudential Jennison 20/20 Focus R	147,027
	Alliance/Bernstein Small-Mid Cap Value R	67,109
	MFS Government Securities R2	54,504
	Oppenheimer Global Strategic Income Fund N	109,909
	American Funds Growth Fund American R1	100,100
	Janus Forty Fund R	173,210
	Invesco International Growth R	92,084
	Invesco Van Kampen Common Stock R	22,154
	Nuveen Equity Index R3	26,166
	Nuveen Mid Cap Index R3	52,577
	Neuberger Berman Socially Res R3	461
	Nuv Tradewinds Int Value R3	18,611
	Ridgeworth Large Cap Value Eq A	119,070
		<u>1,987,717</u>
*	General Account	1,431,081
	Notes Receivable From Participants (3.25%-9.25%, various maturities)	<u>67,342</u>
	Total	<u><u>\$ 3,486,140</u></u>
*	<i>Party in interest</i>	

**Access Health Care LLC 401(k)
Profit Sharing Plan**

EIN 59-3682760 PN 001

**Financial Statements
And Supplemental Schedule**

December 31, 2011 And 2010

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Independent Auditor's Report

To The Plan Administrator
Access Health Care LLC 401(k) Profit Sharing Plan
Spring Hill, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Access Health Care LLC 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Hartford Life Insurance Company, the current trustee of the Plan, and Mid Atlantic Trust Company, the former trustee 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 trustees hold/held the Plan's assets and execute/executed transactions. The plan administrator has obtained certification from the trustees regarding the completeness and accuracy of the information summarized in Note E that was provided to the plan administrator by the current trustee as of and for the year ended December 31, 2011 and 2010, and by the former trustee for the period from January 1, 2010 to February 8, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes 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 or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gregory, Sharer & Stuart, P.A.

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St. Petersburg, Florida
October 10, 2012

Access Health Care LLC 401(k) Profit Sharing Plan

EIN 59-3682760 PN 001

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Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, as contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment in the general account is considered fully benefit-responsive and as such, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the general account.

The statements of net assets available for benefits present the fair value of the investment contract, which approximates contract value. As a result, the 2011 and 2010 statements of changes in net assets available for benefits are prepared on a contract value basis.

Investment Contract With Insurance Companies

The general account is credited with a rate of interest as declared by Hartford quarterly, but is in no case lower than 3% guaranteed minimum interest rate.

The average yield earned by the Plan is the yield earned (i.e., interest credited) on the contract. The fixed account was credited with a rate of interest of 3% for the year ended December 31, 2011 and 2010. The fixed account contract issuers are contractually obligated to repay the principal and guaranteed minimum interest rate.

Certain events limit the ability of the Plan to transact at contract value. Such events may include the following: 1) amendments to the Plan documents (including complete or partial termination), 2) bankruptcy of the Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Investment Valuation And Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In accordance with the policy of stating investments at fair value, net unrealized (depreciation) appreciation is reflected in the statements of changes in net assets available for benefits. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in fair value of investments includes the Plan's gains or losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's administrative expenses, except for certain fees, are paid by the Sponsor.

Notes Receivable From Participants

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

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

Reclassifications

Certain amounts in the accompanying 2010 financial statements have been reclassified to conform to the 2011 presentation.

Subsequent Events

The Sponsor has evaluated all events subsequent to December 31, 2011 and through October 10, 2012, which is the date these financial statements were available to be issued. The Plan was restated effective January 1, 2012 to reflect the change in the Plan's name, Access Health Care Physicians, LLC 401(k) Profit Sharing Plan; Plan Sponsor, Access Health Care Physicians, LLC; and EIN 45-1444883. The Sponsor determined that there are no other subsequent events that require recognition or disclosure in the accompanying financial statements.

Note C - Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

2011

Franklin Templeton Moderate Allocation R	\$ 235,302
General Account	1,431,081

2010

Franklin Small Cap Value R	\$ 130,725
American Funds Growth Fund American R1	246,241
Janus Forty Fund R	134,144
American Funds Europacific Growth R1	150,856
General Account	965,996

Note D - Fair Value Measurements

Accounting standards provide a framework for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

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 indirect observable inputs including prices for similar assets and market corroborated inputs. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should 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.

Pooled Separate Accounts - Valued based on the reported net asset value of each fund, which is based on the quoted market price or fair value of each fund's underlying investment less investment fees and charges.

General Account - Valued at fair value as estimated by Hartford, and adjusted to contract value which represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits.

Access Health Care LLC 401(k) Profit Sharing Plan

EIN 59-3682760 PN 001

Notes To Financial Statements

December 31, 2011 And 2010

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

The following table presents the Plan's fair value hierarchy as of December 31:

	Total	Level 1	Level 2	Level 3
<i>2011</i>				
Pooled Separate Accounts				
Large value funds	\$ 170,981	\$ -	\$ 170,981	\$ -
Large growth funds	664,411	-	664,411	-
Large blend funds	459,225	-	459,225	-
Medium value funds	325,461	-	325,461	-
Medium growth funds	2,432	-	2,432	-
Medium blend funds	52,577	-	52,577	-
Small value funds	109,244	-	109,244	-
Small blend funds	31,615	-	31,615	-
Bond funds	117,267	-	117,267	-
Intermediate government	54,504	-	54,504	-
General account	1,431,081	-	1,431,081	-
	<u>\$ 3,418,798</u>	<u>\$ -</u>	<u>\$ 3,418,798</u>	<u>\$ -</u>
<i>2010</i>				
Pooled Separate Accounts				
Large cap funds	\$ 235,934	\$ -	\$ 235,934	\$ -
Large value funds	73,575	-	73,575	-
Large growth funds	455,423	-	455,423	-
Large blend funds	245,581	-	245,581	-
Medium cap funds	31,860	-	31,860	-
Small cap funds	246,184	-	246,184	-
Bond funds	250,392	-	250,392	-
Intermediate government	8,745	-	8,745	-
General account	965,996	-	965,996	-
	<u>\$ 2,513,690</u>	<u>\$ -</u>	<u>\$ 2,513,690</u>	<u>\$ -</u>

Note E - Information Prepared And Certified By The Trustees

The Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The plan administrator has obtained certification from the trustees regarding the completeness and accuracy of the information provided to the plan administrator as of and for the years ended December 31.

	2011	2010
As of December 31		
Pooled separate accounts	\$ 1,987,717	\$ 1,547,694
General account	1,431,081	965,996
Notes receivable from participants	67,342	48,639
Year ended December 31		
Net (depreciation) appreciation in fair value of investment in:		
Pooled separate accounts	\$ (85,542)	\$ 173,534
Shares of registered investment companies	-	(22,466)
Interest on general account obligation	34,606	25,383
Dividends	-	512
Interest on notes receivable from participants	2,336	2,137

Note F - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note G - Tax Status

The Plan adopted an approved prototype plan which received an opinion letter from the Internal Revenue Service (IRS) on March 31, 2008 as to the Plan's qualified status. The Sponsor has elected to rely on the prototype plan determination letter in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code.

In September 2010, the Sponsor was notified by the United States Department of Labor that the Plan's 2008 Form 5500 filing was not satisfactory, as the required independent auditor's report was not included. Subsequently, the Sponsor filed the 2008 Form 5500 with the required independent auditor's report. A penalty settlement of \$10,000 was paid by the Sponsor during 2011.

The plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2008.

Note H - Related Party Transactions

Fees paid during 2011 and 2010 by the Sponsor and the Plan to the Plan's trustees and other service providers were based on customary rates for their services. While these transactions qualify as party-in-interest activity, they are expressly exempted from the prohibited transaction rules (ERISA, Title I, Section 408(b)).

Note I - Risks And Uncertainties

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

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of employer contributions per the financial statements prepared using the accrual basis of accounting to Schedule H of Form 5500 prepared using the cash basis of accounting for the years ended December 31:

	2011	2010
Employer contributions per the financial statements	\$ 289,851	\$ 251,438
Plus prior year employer contributions receivable	25,000	-
Less current year employer contributions receivable	(24,471)	(25,000)
Employer contributions per Schedule H of Form 5500	<u>\$ 290,380</u>	<u>\$ 226,438</u>

The following is a reconciliation of net assets available for benefits per the financial statements prepared using the accrual basis of accounting to Schedule H of Form 5500 prepared using the cash basis of accounting as of December 31:

	2011	2010
Net assets available for benefits per the financial statements	\$3,510,611	\$2,587,329
Less employer contributions receivable	(24,471)	(25,000)
Net assets available for benefits per Schedule H	<u>\$3,486,140</u>	<u>\$2,562,329</u>

Supplemental Schedule

Access Health Care LLC 401(k) Profit Sharing Plan
 EIN 59-3682760 PN 001
 Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
 December 31, 2011

(a)	(b) (c) Identity of Issue/Description	(e) Current Value
*	Hartford Life Insurance Company	
	Pooled Separate accounts	
	PIMCO Total Return R	\$ 117,266
	Franklin Templeton Conservative Allocation Inv Opt R	18,917
	Franklin Templeton Moderate Allocation R	235,302
	Prudential Jennison Mid Cap Growth R	2,432
	Pioneer Strategic Inc R	148,443
	Thornburg International Value R3	151,529
	Franklin Small Cap Value R	109,244
	Alliance/Bernstein 2030 RS R	44,290
	Alliance/Bernstein 2040 RS R	44,218
	Alliance/Bernstein 2020 RS R	90,333
	Lord Abbett Developing Growth R3	11,146
	Ridgeworth Small Cap Value Equity A	31,615
	Prudential Jennison 20/20 Focus R	147,027
	Alliance/Bernstein Small-Mid Cap Value R	67,109
	MFS Government Securities R2	54,504
	Oppenheimer Global Strategic Income Fund N	109,909
	American Funds Growth Fund American R1	100,100
	Janus Forty Fund R	173,210
	Invesco International Growth R	92,084
	Invesco Van Kampen Common Stock R	22,154
	Nuveen Equity Index R3	26,166
	Nuveen Mid Cap Index R3	52,577
	Neuberger Berman Socially Res R3	461
	Nuv Tradewinds Int Value R3	18,611
	Ridgeworth Large Cap Value Eq A	119,070
		<u>1,987,717</u>
*	General Account	1,431,081
	Notes Receivable From Participants (3.25%-9.25%, various maturities)	<u>67,342</u>
	Total	<u><u>\$ 3,486,140</u></u>
*	<i>Party in interest</i>	