# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2008

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

EYE PHYSICIANS OF FLORIDA, LLP

1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323

**2b** Employer Identification Number (EIN)
35-2308681

**2c** Sponsor's telephone number
954-851-9966

**2d** Business code (see instructions)
621111

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/16/2012 | SUSAN HECHT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
EYE PHYSICIANS OF FLORIDA, LLP

1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323

**3b** Administrator's EIN
35-2308681

**3c** Administrator's telephone number
954-851-9966

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 188 |
| **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** | 130 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 62 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 192 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 192 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 192 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

**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
EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EYE PHYSICIANS OF FLORIDA, LLP

**D** Employer Identification Number (EIN)
35-2308681

**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.

**1** Coverage Information:

**(a)** Name of insurance carrier
TRANSAMERICA 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 |
| 39-0989781 | 86231 | 999785 | | 01/01/2011 | 12/31/2011 |

**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 |
|---|---|
| 0 | 0 |

**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

| **(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 | |
| | | | |

**(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 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 300314803 |

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. | 6d | |

Specify nature of costs ▶

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 ▶ STABLE VALUE ADVANTAGE

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 1983848 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 198324 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 61895 | | |
| | (4) Transferred from separate account | 7c(4) | 611650 | | |
| | (5) Other (specify below) | 7c(5) | 6913 | | |
| | ▶ LOAN REPAYMENT | | | | |
| | (6) Total additions | | | 7c(6) | 878782 |
| d | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 2862630 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 24273 | | |
| | (2) Administration charge made by carrier | 7e(2) | 178 | | |
| | (3) Transferred to separate account | 7e(3) | 179730 | | |
| | (4) Other (specify below) | 7e(4) | 19848 | | |
| | ▶ LOAN REQUEST, NEGATIVE CONTRIBUTION | | | | |
| | (5) Total deductions | | | 7e(5) | 224029 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 2638601 |

## 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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**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
EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EYE PHYSICIANS OF FLORIDA, LLP

**D** Employer Identification Number (EIN)
35-2308681

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (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 37 52 62 64 67 | RECORDKEEPER | 2300 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

INVESTMENTS BY PLANNER, INC

2500 N.MILITARY TRAIL
SUITE 285
BOCA RATON, FL 33431

| (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? |
|---|---|---|---|---|---|---|
| 26 | INVESTMENT ADVISORY | 9168 | Yes [ ] No [X] | 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 [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
EYE PHYSICIANS OF FLORIDA, LLP

**D** Employer Identification Number (EIN)
35-2308681

## 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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GLOBAL GROWTH RET

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

| **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) |
|---|---|---|
| 39-0989781-149 | P | 27234 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUNITIES

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

| **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) |
|---|---|---|
| 39-0989781-167 | P | 19339 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INCOME OPPORTUNITIES INV O

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

| **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) |
|---|---|---|
| 39-0989781-228 | P | 60931 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP VALUE INV OPT

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

| **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) |
|---|---|---|
| 39-0989781-397 | P | 19507 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT

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

| **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) |
|---|---|---|
| 39-0989781-445 | P | 51288 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R

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

| **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) |
|---|---|---|
| 39-0989781-003 | P | 12290 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

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

| **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) |
|---|---|---|
| 39-0989781-009 | P | 31587 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP INV OPT

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

| **c** EIN-PN 39-0989781-014 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7358 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI

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

| **c** EIN-PN 39-0989781-015 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49201 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE INV

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

| **c** EIN-PN 39-0989781-023 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39632 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED INV OPT

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

| **c** EIN-PN 39-0989781-026 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21217 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO 21ST CENTURY INV O

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

| **c** EIN-PN 39-0989781-030 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7814 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL INDEX RET OPT

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

| **c** EIN-PN 39-0989781-035 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6845 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET OPT

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

| **c** EIN-PN 39-0989781-036 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7788 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA INV OPT

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

| **c** EIN-PN 39-0989781-040 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3898 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN PARTNERS INV OPT

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

| **c** EIN-PN 39-0989781-044 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16869 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2005 RET

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

| **c** EIN-PN 39-0989781-047 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23527 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET

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

| **c** EIN-PN 39-0989781-048 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 309414 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET

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

| **c** EIN-PN 39-0989781-049 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239777 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 RET

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

| **c** EIN-PN 39-0989781-050 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63956 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET

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

| **c** EIN-PN 39-0989781-051 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81174 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R

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

| **c** EIN-PN 39-0989781-068 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46431 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD RET O

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

| **c** EIN-PN 39-0989781-069 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23704 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR LEVERAGED COMPANY

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

| **c** EIN-PN 39-0989781-072 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71992 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VALUE RET OPT

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

| **c** EIN-PN 39-0989781-080 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47043 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS OVERSEAS RET OPT

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

| **c** EIN-PN 39-0989781-083 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119053 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RESOURC

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

| **c** EIN-PN 39-0989781-084 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 287864 |
|---|---|---|

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON UTILITY INV OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-085 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25141 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-086 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174974 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MUNDER MID-CAP CORE GROWTH RET OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-088 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26709 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL BOND RET | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-089 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218012 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER CULLEN VALUE INV OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-092 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51490 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SYSTEMATIC SMALL/MID C | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-093 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77732 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG CORE GROWTH RET OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-095 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-107 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 713 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-109 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105278 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-110 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263952 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET

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

| **c** EIN-PN 39-0989781-111 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79943 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET

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

| **c** EIN-PN 39-0989781-112 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124989 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET

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

| **c** EIN-PN 39-0989781-113 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29827 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RET OPT

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

| **c** EIN-PN 39-0989781-117 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78531 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH INDEX

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

| **c** EIN-PN 39-0989781-121 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3053 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE UTILITY AND T

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

| **c** EIN-PN 39-0989781-125 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4826 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG VALUE RET OPT

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

| **c** EIN-PN 39-0989781-130 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34257 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAPITAL APPRECIATION RET OPT

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

| **c** EIN-PN 39-0989781-132 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6940 |
|---|---|---|

**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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EYE PHYSICIANS OF FLORIDA, LLP

**D** Employer Identification Number (EIN)
35-2308681

## 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) | 264 | 0 |
| **(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) | 358683 | 103243 |
| **(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) | 194628 | 159713 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 150350 | 214980 |
| **(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) | 83496 | 158567 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3034970 | 3002996 |
| **(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) | 1439930 | 1495405 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1983848 | 2638602 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 7246169 | 7773506 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 152 | 893 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 152 | 893 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 7246017 | 7772613 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 265105 | |
| **(B)** Participants | 2a(1)(B) | 458510 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 723615 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 5859 | |
| **(F)** Other | 2b(1)(F) | 73589 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 79448 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 34321 | |
| **(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) | | 34321 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **2b** | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | -28951 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -28951 |
| | **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| | **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | -154797 |
| | **(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) | | |
| **c** | Other income | 2c | | |
| **d** | Total income. Add all **income** amounts in column (b) and enter total | 2d | | 653636 |
| | **Expenses** | | | |
| **e** | Benefit payment and payments to provide benefits: | | | |
| | **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 147582 | |
| | **(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) | | 147582 |
| **f** | Corrective distributions (see instructions) | 2f | | |
| **g** | Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** | Interest expense | 2h | | |
| **i** | Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| | **(2)** Contract administrator fees | 2i(2) | 12784 | |
| | **(3)** Investment advisory and management fees | 2i(3) | | |
| | **(4)** Other | 2i(4) | | |
| | **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12784 |
| **j** | Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 160366 |
| | **Net Income and Reconciliation** | | | |
| **k** | Net income (loss). Subtract line **2j** from line **2d** | 2k | | 493270 |
| **l** | Transfers of assets: | | | |
| | **(1)** To this plan | 2l(1) | | 33326 |
| | **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: FISKE & COMPANY **(2)** EIN: 26-1419740

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | X | | 3825 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 100000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EYE PHYSICIANS OF FLORIDA, LLP

**D** Employer Identification Number (EIN)
35-2308681

## Part I Distributions

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

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

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

EIN(s): 42-6362604

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

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

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

# EYE PHYSICIANS OF FLORIDA, LLP
# 401(k) PROFIT SHARING PLAN

**Financial Statements and Supplemental Schedules**
**and**
**Independent Auditors' Report**
**As of December 31, 2011 and 2010**
**and for the year ended December 31, 2011**

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FISKE & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

## Independent Auditors' Report

To the Sponsor
Eye Physicians of Florida, LLP 401(k) Profit Sharing Plan
Sunrise, FL

We were engaged to audit the accompanying statements of net assets available for benefits of Eye Physicians of Florida, LLP 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule H, line 4i-Schedule of Assets Held (At End of Year), and Schedule H, line 4a-Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures 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 8, which was certified by Transamerica Life Insurance Company and Union Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the 2011 and 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from Transamerica Life Insurance Company and Union Bank, N.A. as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fiske & Company, CPA's

Plantation, FL
September 30, 2012



The Royal Palm Building
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Website: http://www.fiskeco.com • Email: fiske@fiskeco.com

**EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN**
**Statements of Net Assets Available for Benefits**
**December 31, 2011 and 2010**

| | 2011 | 2010 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Cash | $ 103,243 | $ 358,683 |
| Corporate debt instruments | 159,713 | 194,628 |
| Common stocks | 214,980 | 150,350 |
| Mutual funds | 1,495,405 | 1,439,930 |
| Stable Value Advantage Option | 2,638,602 | 1,983,848 |
| Pooled separate accounts | 3,003,148 | 3,034,970 |
| Total investments | 7,615,091 | 7,162,409 |
| Receivables: | | |
| Notes receivable - participants | 158,567 | 83,496 |
| Contributions receivable - employer | - | 264 |
| Total contributions receivable | 158,567 | 83,760 |
| Total assets | 7,773,658 | 7,246,169 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contract | - | - |
| Net assets available for benefits | $ 7,773,658 | $ 7,246,169 |

See accompanying notes to financial statements.

**EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN**
**Statement of Changes in Net Assets Available for Benefits**
**Year ended December 31, 2011**

| | 2011 |
|---|---|
| Additions to net assets attributed to: | |
| Investment income: | |
| Net depreciation in fair value of investments | $ (183,748) |
| Interest | 79,448 |
| Dividends | 34,321 |
| Total investment loss | (69,979) |
| Contributions: | |
| Employer | 265,105 |
| Participants | 458,510 |
| Total contributions | 723,615 |
| Transfers from other plans | 33,326 |
| Total additions | 686,962 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 146,689 |
| Administrative expenses | 12,784 |
| Total deductions | 159,473 |
| Net increase | 527,489 |
| Net assets available for benefits - beginning of year | 7,246,169 |
| Net assets available for benefits - end of year | $ 7,773,658 |

See accompanying notes to financial statements.

## Note 1 – Description of Plan

The following description of the Eye Physicians, LLP of Florida 401(k) Profit Sharing Plan (the "Plan") provides only general information. For a complete description of the Plan, participants should refer to the specific provisions of the Plan document or to the Summary Plan Description, each of which is available from the plan administrator at 1600 Sawgrass Corporate Parkway, STE 140, Sunrise, FL 33323.

### General Information

Eye Physicians of Florida, LLP (the "Plan Sponsor" or the "Company") participates in a defined contribution plan covering all employees within a group of fifteen affiliated limited liability companies. The plan covers all full-time employees of the company who have one year of service and are age twenty-one or older.

The Plan is a defined contribution plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan offers its participants the option of self-directing investments. Both Transamerica Life Insurance Company (TLIC) and Union Bank, N.A. served as custodians of plan assets. TLIC as third party administrator performs certain recordkeeping and administrative functions for the Plan.

### Merged Plans

Effective April 1, 2011, residual assets, totaling $33,326, of the Fort Lauderdale Eye Institute, LLC Retirement Savings Plan were merged into this Plan. In 2009, participants in the Fort Lauderdale Eye Institute Retirement Savings Plan automatically became participants in the Plan and were entitled to receive accrued benefits immediately after the merger that were equal to their accrued benefits under the Fort Lauderdale Eye Institute Retirement Savings Plan immediately prior to the effective date of the merger.

*Significant features of the Plan are as follows*:

### Contributions

Each participant may elect to contribute on a pre–tax basis up to 100% of eligible compensation. A participant's pre–tax contributions may not exceed the dollar amount provided by the Internal Revenue Code (the Code), which was $16,500 for 2011 and 2010. In addition, participants over 50 years of age may elect to contribute an additional pre–tax catch–up contribution which was limited by the Code to $5,500.

The Plan also has a Roth feature permitting each participant to make after–tax contributions to the Plan subject to the limitations imposed by the Code. In determining

**Note 1 – Description of Plan (continued)**

**Contributions (continued)**

the amount of pre–tax and after–tax contributions allowed under the Plan, annual compensation limits are imposed by the Code. The Plan offers a designated Roth elective deferral option for which participants can direct after-tax contributions into a separate after-tax Roth account. The Roth feature allows the participant to direct all of their contributions into a separate after-tax Roth account or a portion of their contributions into the after-tax Roth account or a traditional pre-tax separate account. The combined amount contributed to all designated Roth accounts and traditional pre-tax accounts in any one year for any individual is limited. The limit is $16,500 for 2011 and 2010, plus any additional catch-up contributions if the employee is age 50 or older at the end of the year.

The Company contributes on behalf of each eligible participant a safe harbor contribution of 3% of eligible compensation. The amount of any company matching contributions is subject to certain limitations of the Code. For plan years 2011 and 2010, the Plan was a safe harbor 401(k) plan. Company safe harbor matching contributions made to participant accounts are 100% vested and non–forfeitable. Any non–safe harbor company matching contributions are subject to the vesting requirements under the Plan and are discretionary. The Company did not make any non-safe harbor contributions for the plan years ending December 31, 2011 or 2010.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may direct the investment of their contributions into various investment options offered by the plan or have the option to self direct their investments. The plan currently offers various mutual funds and an insurance investment contract as investment options for participants.

**Participant Accounts**

Each participant's account is credited with the participant's elective contributions, and allocation of employer safe harbor contributions, and allocation of forfeitures of terminated participants' non-vested accounts and the participant's portion of the Plan's earnings (losses). Allocations of employer safe harbor contributions are based on 3% of employee eligible compensation. Allocations of forfeitures are made in the succeeding Plan year in the ratio which the compensation of each participant for the Plan year bears to the total compensation of all participants entitled to share in the contributions. Allocation of Plan earnings (losses) is based on participant account balances and their specific investment choices.

**Note 1 – Description of Plan (continued)**

**Investment Elections**

Participants may direct the investment of their account balance into various investment options offered by the Plan or opt to self direct their investments with a qualified trustee separate from the current custodians. The current custodians allow each participant to change their investment percentages or transfer all or part of his/her account from one fund to another on a daily basis. The Plan currently offers, the Stable Value Advantage Option, and various other pooled separate accounts invested in mutual funds as investment options for participants.

**Loans**

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at 4.25%, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions.

The Plan had one participant loan placed on demand status in the amount of $1,318. The participant loan was fully collateralized and deemed to be collectible.

**Distributions and Withdrawals**

Benefits are payable from a participant's account under the Plan's provisions, upon a participant's death, retirement or other termination of employment in a lump sum or in equal installment payments. The Plan also permits withdrawals to be made by participants who have incurred a "hardship" as defined in the Plan or after the attainment of age 59–1/2. Distributions and withdrawals are recorded when paid.

**Vesting**

Participants are 100% vested in their contributions and the company employer safe harbor contributions plus actual earnings thereon.

Vesting in the employer discretionary profit sharing or matching contributions plus actual earnings is based on years of continuous service. A participant is 100% vested after six years of credited service in any discretionary contributions as follows:

**Note 1 – Description of Plan (continued)**

**Vesting (continued)**

| Years of service | Vesting percentage |
|---|---|
| 0-1 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

**Forfeited Accounts**

Any forfeited balances are first used to offset the Employer's Plan administrative costs. Any remaining forfeitures will be used to reduce the Employer's subsequent contributions to the Plan. During the year ended December 31, 2011 there were no forfeited amounts.

**Administrative Expenses**

Investment management expenses incurred by the Plan are netted against earnings prior to allocation to participant accounts. Transaction charges (for loan and certain benefit payment transactions) and asset management fees are paid by the Plan by reducing the balances of those participants initiating the transactions. Substantially all fees incurred in the administration of the Plan have been paid by the Company.

**Note 2 - Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements have been prepared under the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis, which approximates fair value.

**Note 2 - Summary of Significant Accounting Policies (continued)**

**Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect certain amounts reported in the financial statements and disclosures, and actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Pooled separate account 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.

The Stable Value Advantage Option, a fully benefit-responsive investment with Transamerica Life Insurance Company is reported at contract value, which approximates fair value. See Note 3 for discussion of fair value measurements.

Interest income is recorded on the accrual basis. Net appreciation on pooled accounts includes the plan's gains and losses on investments bought and sold as well as held during the year, as well as, any dividends earned.

**Subsequent Events**

The Plan has evaluated subsequent events through September 30, 2012 the date the financial statements were available to be issued.

**Plan Risks and Uncertainties**

The Plan invests in various mutual funds, common stocks, debt obligations and in a variable interest rate obligation account (Stable Value Advantage Option) with a national insurance company. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**Payment of Benefits**

On the termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested

**Note 2 - Summary of Significant Accounting Policies (continued)**

**Payment of Benefits (continued)**

interest in his/her account or equal installment payments over a period of fifteen years. Benefits are recorded when paid.

**Note 3- Fair Value Measurements**

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

*Level 1*: Quoted prices (unadjusted) of identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

*Level 2*: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

*Level 3*: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

Pooled Separate Accounts: Pooled separate accounts are not proprietary to Transamerica Life Insurance Company and many invest exclusively in one underlying mutual fund traded on an established market. Holdings of separate accounts are reported in units, with the units issued calculated to match the current fair market value of the mutual fund holdings. The fair values of pooled separate accounts investments are determined by obtaining quoted prices on nationally recognized securities exchanges for various funds (level 1 inputs).

Stable Value Advantage Option: The fund maintains contributions in a general account and the account is credited daily with interest earnings and charged for participant withdrawals and any administrative expenses. The Stable Value Advantage Option

**Note 3- Fair Value Measurements (continued)**

operates essentially as a general account obligation of Transamerica Life Insurance Company (TLIC) pooling monies from various defined contribution plans. The effective credited interest rate is set monthly and effective on the first day of the month with accounts being credited on a daily basis. The credited interest rate is backed by the income received from the assets held in the general account of TLIC. As of December 31, 2011, the general account was invested primarily in various corporate bonds, mortgage backed securities and mortgage loans. The credit ratings of TLIC at December 31, 2011 with 4 nationally recognized agencies were deemed to be good to superior.

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 tables set forth by level, within the fair value hierarchy, the Plan's assets as of December 31, 2011 and 2010 that are measured at fair value on a recurring basis:

| Description | Fair Value Measurements at December 31, 2011 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Totals |
| Corporate Debt Obligations | $ 159,713 | - | - | $ 159,713 |
| Common Stocks | 214,980 | - | - | 214,980 |
| Mutual Funds | 1,495,405 | - | - | 1,495,405 |
| Pooled Separate Accounts | 3,003,148 | - | - | 3,003,148 |
| Stable Value Advantage Option | - | 2,638,602 | - | 2,638,602 |
| Total assets at fair value | $4,873,246 | $2,638,602 | $ - | $7,511,848 |

| Description | Fair Value Measurements at December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Totals |
| Corporate Debt Obligations | $ 194,628 | - | - | $ 194,628 |
| Common Stocks | 150,350 | - | - | 150,350 |
| Mutual Funds | 1,439,930 | - | - | 1,439,930 |
| Pooled Separate Accounts | 3,034,970 | - | - | 3,034,970 |
| Stable Value Advantage Option | - | 1,983,848 | - | 1,983,848 |
| Total assets at fair value | $4,819,878 | $1,983,848 | $ - | $6,803,726 |

**Note 4 - Party-in-Interest Transactions**

Parties–in–interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Company pays certain professional fees for the administration and audit of the Plan.

Certain Plan investments are pooled separate accounts, fully-benefit responsive investment contracts, common stocks and mutual funds managed by Transamerica Life Insurance Company (TLIC) and Union Bank, N.A. TLIC and Union Bank, N.A. are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan or its participants in 2011 for custodial and advisory services totaling $12,784 qualify as a party-in-interest transaction.

Participants in the Plan are permitted to borrow funds from their vested balance as described in Note 1. These transactions qualify as party–in–interest transactions.

**Note 5 - Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

**Note 6 - Tax Status**

The Plan was established pursuant to provisions of ERISA and provides certain tax benefits to participants and the employer. The Plan was drafted under a prototype non-standardized profit-sharing plan which was provided by the custodian. The Internal Revenue Service has determined and informed the custodian by a letter dated May 30, 2008, that the plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC) The plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

**Note 7 – Investments**

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

| | 2011 | 2010 |
|---|---|---|
| Vanguard Target Retirement 2025 | $ 239,777** | $ 266,048* |
| Transamerica Stable Value Adv | $ 2,638,602 | $ 1,983,848 |
| Vanguard Target Retirement 2020 | $ 263,952** | $ 370,899 |

** *Reflects item that did not represent 5% of the net assets available for benefits in the current year.*

* *Reflects item that was erroneously presented as representing 5% of the net assets available for benefits in 2010.*

**Note 7 – Investments (continued)**

The Plan maintained $1,973,341 in self-directed participant accounts which are being held by Union Bank, N.A. There was no single self-directed investment with Union Bank, N. A. representing 5% or more of the Plan's net assets in 2011.

During 2011, the Plan's unit investments (including gains and losses on investments bought and sold, as well as held during the year, and any dividends received from pooled separate accounts depreciated in value by $183,748.

**Note 8 – Information Prepared and Certified by Plan Custodians**

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by Transamerica Life Insurance Company (TLIC) and Union Bank, N.A., the custodians of the Plan:

Net assets at fair value:

| | 12/31/2011 | 12/31/2010 |
|---|---|---|
| Cash – Union Bank, N.A. | $ 103,243 | $ 358,683 |
| Common Stock – Union Bank, N.A. | $ 214,980 | $ 150,350 |
| Corporate Debt Obligations –Union Bank, N.A. | $ 159,713 | $ 194,628 |
| Mutual Funds – Union Bank, N.A. | $ 1,495,405 | $ 1,439,930 |
| Pooled separate accounts, at fair value – TLIC | $ 3,003,148 | $ 3,034,970 |
| Stable Value Advantage Option, at fair value – TLIC | $ 2,638,602 | $ 1,983,848 |

| | 2011 | 2010 |
|---|---|---|
| Interest | $ 73,589 | $ 57,088 |
| Dividends | $ 34,321 | $ 8,193 |
| Net (depreciation) appreciation of investments | $ (183,748) | $ 463,115 |

**Note 9 - Investment Contract with Insurance Company**

In 2008, the Plan entered into a fully benefit-responsive investment contract with Transamerica Life Insurance Company (TLIC), a subsidiary corporation of AEGON Insurance Company. The contract offers a menu of investment options through pooled separate accounts, as well as, a variable interest rate general obligation account or "Stable Value Advantage Option".

In accordance with *FASB ASC 962-325-35-5,* defined-contribution pension plans should report all investments at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

**Note 9 - Investment Contract with Insurance Company (continued)**

The investment contract is presented on the face of the statement of net assets available for benefits at its contract value which approximates its fair value in accordance with FAS#107(#12) and SOP 94-4-1. No adjustment to contract value was required in arriving at net assets available for benefits. Contract value as reported to the plan by TLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, which approximates fair value. The Stable Value Advantage Option account offers no guaranteed rate and has no maturity value.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring. During the years ending December 31, 2011 and 2010, the average yields earned by the plan for the investment were 2.7% and 2.97%, respectively.

**Note 10– Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Form 5500:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per the financial statements | $7,773,658 | $7,246,169 |
| Benefits payable and not paid | (893) | (152) |
| Net assets available for benefits per the Form 5500 | $7,772,765 | $7,246,017 |

**Note 10– Reconciliation of Financial Statements to Form 5500 (continued)**

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

| | |
|---|---|
| Benefits paid to participants per the financial statements | $ 146,689 |
| Benefits payable and not paid | 893 |
| Benefits paid to participants per Form 5500 | $ 147,582 |

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2011, but not yet paid as of that date.

The following is a reconciliation of the net increase in the net assets available for benefits for the year ended December 31, 2011 to form 5500:

| | |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 527,489 |
| Transfers from other plans | (33,326) |
| Benefits payable and not paid | (893) |
| Net increase per Form 5500 | $ 493,270 |

The transfer of assets from other plans is excluded in the calculation of the net increase in the net assets available for benefits in the Form 5500.

# SUPPLEMENTAL INFORMATION

**EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2011**

**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 35-2308681**
**PLAN NUMBER: 001**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value |
| * | Transamerica Stable Value Adv | Fully Benefit-Responsive Investment | ** | $2,638,602 |
| | Morgan Stanley Growth Opp | Pooled Separate Account | ** | 19,339 |
| | American Century Global Growth | Pooled Separate Account | ** | 27,234 |
| | Columbia High Income | Pooled Separate Account | ** | 60,931 |
| | Columbia Mid Cap Value | Pooled Separate Account | ** | 19,507 |
| | Fidelity Advisor Small Cap | Pooled Separate Account | ** | 51,288 |
| * | Transamerica Partners Stock | Pooled Separate Account | ** | 12,290 |
| | American Funds Fundamental | Pooled Separate Account | ** | 31,587 |
| | American Funds AMCAP | Pooled Separate Account | ** | 7,358 |
| | American Funds Growth | Pooled Separate Account | ** | 49,201 |
| | American Funds New | Pooled Separate Account | ** | 39,632 |
| | American Funds Balanced | Pooled Separate Account | ** | 21,217 |
| | Columbia Marisco 21st Century | Pooled Separate Account | ** | 7,814 |
| | SsgA International Stock Index | Pooled Separate Account | ** | 6,845 |
| | SsgA Mid-Cap Index | Pooled Separate Account | ** | 7,788 |
| | Vanguard Target Retirement 2035 | Pooled Separate Account | ** | 63,956 |
| | Vanguard Target Retirement 2045 | Pooled Separate Account | ** | 81,174 |
| | Neuberger Berman Partners | Pooled Separate Account | ** | 16,869 |
| | American Century Vista | Pooled Separate Account | ** | 3,898 |
| | Vanguard Target Retirement 2005 | Pooled Separate Account | ** | 23,527 |
| | Vanguard Target Retirement 2015 | Pooled Separate Account | ** | 309,414 |
| | Vanguard Target Retirement 2025 | Pooled Separate Account | ** | 239,777 |
| | Loomis Sayles Investment Grade Bond | Pooled Separate Account | ** | 174,974 |

EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 35-2308681
PLAN NUMBER: 001

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value |
| | Vanguard Target Retirement 2010 | Pooled Separate Account | ** | 105,278 |
| | Vanguard Target Retirement 2020 | Pooled Separate Account | ** | 263,952 |
| | Vanguard Target Retirement 2030 | Pooled Separate Account | ** | 79,943 |
| | Vanguard Target Retirement 2040 | Pooled Separate Account | ** | 124,989 |
| | Vanguard Target Retirement 2050 | Pooled Separate Account | ** | 29,827 |
| | Pioneer Cullen Value | Pooled Separate Account | ** | 51,490 |
| | Goldman Sachs Mid Cap Value | Pooled Separate Account | ** | 47,043 |
| | Fidelity Adv Leveraged Co Stk | Pooled Separate Account | ** | 71,993 |
| | Munder Mid-Cap Core Growth | Pooled Separate Account | ** | 26,709 |
| | Thornberg Core Growth | Pooled Separate Account | ** | 45 |
| * | Transamerica Small Mid Cap Value | Pooled Separate Account | ** | 77,732 |
| | American Small MID CAP World | Pooled Separate Account | ** | 23,705 |
| | American Funds EuroPac Growth | Pooled Separate Account | ** | 46,431 |
| | Janis Overseas Ret Opt | Pooled Separate Account | ** | 119,052 |
| | WF Utility and Telecom | Pooled Separate Account | ** | 4,826 |
| | Jennison Natural Resources | Pooled Separate Account | ** | 287,864 |
| | Jennison Utility | Pooled Separate Account | ** | 25,141 |
| | Oppenheimer Intl Bond | Pooled Separate Account | ** | 218,012 |
| | SsgA MSCI Emerging Markets | Pooled Separate Account | ** | 78,532 |
| | Thornberg Value | Pooled Separate Account | ** | 34,257 |
| | SSgA Russell 2000 Growth | Pooled Separate Account | ** | 3,766 |
| | Alger Capital Appreciation | Pooled Separate Account | ** | 6,940 |
| | Union Bank | Cash Account | ** | 5 |
| | Ameritrade Cash Mgt | Cash Account | ** | 103,239 |
| | GE Capital Internote | Corporate Debt Instrument | ** | 105,738 |
| | HSBC Fin Corp | Corporate Debt Instrument | ** | 53,975 |

EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)-continued
DECEMBER 31, 2011

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 35-2308681
PLAN NUMBER: 001

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Identity of issue borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value | |
| Apple Inc. | Common Stock | ** | 60,750 | |
| BP PLC | Common Stock | ** | 8,548 | |
| AOL Inc. | Common Stock | ** | 136 | |
| Caterpillar Inc | Common Stock | ** | 9,060 | |
| Exxon Mobil | Common Stock | ** | 16,952 | |
| Frontier Comm | Common Stock | ** | 1,391 | |
| General Electric Co | Common Stock | ** | 8,955 | |
| Geron Corp | Common Stock | ** | 296 | |
| Home Depot | Common Stock | ** | 8,408 | |
| LI-Ion MTRS Corp | Common Stock | ** | 1 | |
| Microsoft Corp | Common Stock | ** | 10,384 | |
| Nextera Energy | Common Stock | ** | 24,352 | |
| Suncor Energy | Common Stock | ** | 5,766 | |
| Time Warner Cable Co | Common Stock | ** | 5,203 | |
| Transocean LTD | Common Stock | ** | 3,839 | |
| Verizon Comm | Common Stock | ** | 45,897 | |
| Weyerhaeuser Co. | Common Stock | ** | 5,041 | |
| Invesco Balance Risk | Mutual Fund | ** | 66,187 | |
| ING Clarion Global | Mutual Fund | ** | 13,338 | |
| Invesco Utilities | Mutual Fund | ** | 81,299 | |
| Invesco Dynamics | Mutual Fund | ** | 62,899 | |
| Invesco Small Company | Mutual Fund | ** | 65,521 | |
| Invesco Leisure | Mutual Fund | ** | 52,174 | |
| Invesco Technology | Mutual Fund | ** | 61,518 | |
| Janus Short-term Bond | Mutual Fund | ** | 130,175 | |
| Legg Mason Capital Mgt | Mutual Fund | ** | 10,236 | |
| Legg Mason Clear Bridge Mid Cap | Mutual Fund | ** | 17,341 | |
| Legg Mason Partners Aggressive | Mutual Fund | ** | 36,886 | |

**EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)-continued**
**DECEMBER 31, 2011**

**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 35-2308681**
**PLAN NUMBER: 001**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value |
| | Legg Mason Large Cap Growth | Mutual Fund | ** | 31,930 |
| | Metropolitan Total Return | Mutual Fund | ** | 129,394 |
| | MFS Mid Cap Growth | Mutual Fund | ** | 85,648 |
| | MFS Research Fund | Mutual Fund | ** | 35,774 |
| | MFS Utilities Fund | Mutual Fund | ** | 35,189 |
| | MFS Technology | Mutual Fund | ** | 33,729 |
| | Pimco Foreign Bond Admin | Mutual Fund | ** | 96,654 |
| | Pimco Total Return | Mutual Fund | ** | 113,281 |
| | Scout International | Mutual Fund | ** | 60,507 |
| | SPDR Gold Trust | Mutual Fund | ** | 15,199 |
| | T Rowe Price Blue Chip | Mutual Fund | ** | 104,675 |
| | T Rowe Price Equity Income | Mutual Fund | ** | 78,301 |
| | T Rowe Price High Yield | Mutual Fund | ** | 77,551 |
| * | Participant Loans | (Interest Rates 4.25%) | ** | 158,567 |
| | Totals | | | $7,773,658 |

* Represents party-in-interest to the Plan
** Participant–directed investment. Cost basis disclosure not required

**EYE PHYSICIANS OF FLORIDA, LLP 401(K) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4a - SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS**
**DECEMBER 31, 2011**

**PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 35-2308681**
**PLAN NUMBER: 001**

| Participant Contributions Transferred Late to Plan | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside of VFCP | Contributions Pending Correction in VFCP | |
| $ 3,825 | | | $ 3,825 | |

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

**Plan Name:** EYE PHYSICIANS OF FLORIDA LLP
**Contract #:** 999785
**EIN:** 35-2308681
**Plan ID:** 001
**Plan #:** 1354
**Period:** 01/01/2011 - 12/31/2011

| ( A ) | ( B ) | ( C ) | ( D ) | ( E ) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar a party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Century Global Growth Ret Opt | $27,233.67 | $27,234 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Morgan Stanley Growth Opportunities Ret Opt | $19,338.73 | $19,339 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Columbia Income Opportunities Inv Opt | $60,930.91 | $60,931 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Columbia Mid Cap Value Inv Opt | $19,506.62 | $19,507 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Fidelity Advisor Small Cap Inv Opt | $51,288.45 | $51,288 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Transamerica Partners Stock Index Ret Opt | $12,290.23 | $12,290 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds Fundamental Investors Inv Opt | $31,586.93 | $31,587 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds AMCAP Inv Opt | $7,357.82 | $7,358 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds Growth Fund of America Inv Opt | $49,200.75 | $49,201 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds New Perspective Inv Opt | $39,632.27 | $39,632 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds Balanced Inv Opt | $21,216.75 | $21,217 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Columbia Marsico 21st Century Inv Opt | $7,814.45 | $7,814 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | SSgA International Index Ret Opt | $6,845.48 | $6,845 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | SSgA S&P Mid Cap Index Ret Opt | $7,788.44 | $7,788 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Century Vista Inv Opt | $3,898.01 | $3,898 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Neuberger Berman Partners Inv Opt | $16,869.26 | $16,869 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2005 Ret Opt | $23,526.66 | $23,527 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2015 Ret Opt | $309,414.22 | $309,414 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2025 Ret Opt | $239,776.73 | $239,777 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2035 Ret Opt | $63,956.40 | $63,956 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2045 Ret Opt | $81,173.98 | $81,174 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds EuroPacific Growth Ret Opt | $46,430.69 | $46,431 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | American Funds SMALLCAP World Ret Opt | $23,704.46 | $23,704 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Fidelity Advisor Leveraged Company Stock Inv Op | $71,992.45 | $71,992 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Goldman Sachs Mid Cap Value Ret Opt | $47,043.41 | $47,043 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Janus Overseas Ret Opt | $119,052.55 | $119,053 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Prudential Jennison Natural Resources Inv Opt | $287,863.97 | $287,864 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Prudential Jennison Utility Inv Opt | $25,141.29 | $25,141 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Loomis Sayles Investment Grade Bond Ret Opt | $174,974.00 | $174,974 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Munder Mid-Cap Core Growth Ret Opt | $26,708.98 | $26,709 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Oppenheimer International Bond Ret Opt | $218,012.14 | $218,012 |

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|---|---|---|---|---|
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Pioneer Cullen Value Inv Opt | $51,489.70 | $51,490 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Transamerica Systematic Small/Mid Cap Value Re | $77,732.31 | $77,732 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Thornburg Core Growth Ret Opt | $44.68 | $45 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Small-Cap Index Ret Opt | $712.98 | $713 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2010 Ret Opt | $105,278.42 | $105,278 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2020 Ret Opt | $263,952.20 | $263,952 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2030 Ret Opt | $79,942.96 | $79,943 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2040 Ret Opt | $124,989.26 | $124,989 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Vanguard Target Retirement 2050 Ret Opt | $29,826.56 | $29,827 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | SSgA Emerging Markets Index Ret Opt | $78,531.31 | $78,531 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | SSgA Russell Small Cap Growth Index Ret Opt | $3,053.19 | $3,053 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Wells Fargo Advantage Utility and Telecommunica | $4,826.47 | $4,826 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Thornburg Value Ret Opt | $34,257.14 | $34,257 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Alger Capital Appreciation Ret Opt | $6,940.15 | $6,940 |
| * | TRANSAMERICA LIFE INSURANCE COMPANY | Transamerica Stable Value | $2,638,602 | $2,638,602 |
| * | UNION BANK | SELF DIRECTED INVESTMENTS | $1,973,341 | $2,143,591 |
| * | TRANSAMERICA LIFE INSURANCE CO. | PARTICAPANT LOANS | 158,567 | $158,567 |