

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1986</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/01/1986</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MEDICAL CONSULTANTS NETWORK, INC.</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>1301 5TH AVENUE</u> <u>SUITE 2900</u> <u>SEATTLE, WA 98101</u> </div> <div style="width: 45%;"> <u>1301 5TH AVENUE</u> <u>SUITE 2900</u> <u>SEATTLE, WA 98101</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-1286821</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>206-343-6100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621399</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-1286821</u>	2c Sponsor's telephone number <u>206-343-6100</u>	2d Business code (see instructions) <u>621399</u>	
2b Employer Identification Number (EIN) <u>91-1286821</u>					
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2d Business code (see instructions) <u>621399</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/19/2013	LAUREN SNYDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/19/2013	BRIAN GRANT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	02/19/2013	BRIAN GRANT
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MEDICAL CONSULTANTS NETWORK, INC. 1301 5TH AVENUE SUITE 2900 SEATTLE, WA 98101		3b Administrator's EIN 91-1286821
		3c Administrator's telephone number 206-343-6100
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	118
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	109
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	14
d Subtotal. Add lines 6a , 6b , and 6c	6d	123
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	123
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	67
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	8
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 2T 3B 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

A Name of plan <u>MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL CONSULTANTS NETWORK, INC.</u>	D Employer Identification Number (EIN) <u>91-1286821</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 25 37 60	RECORDKEEPER	11956	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SMITH BUNDAY BERMAN

91-1275259

(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?
10	ACCOUNTANT/AUDITOR	8164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ABF LG CAP VAL INV - STATE STREET B</p> <p>04-1867445</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMCENT INFL-ADJBD IV - AMERICAN CEN</p> <p>44-0619208</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ARTISAN MID CAP VAL - STATE STREET</p> <p>04-0025081</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>MSIF MID CAP GRTH P - MORGAN STANLEY</p> <p>13-3799749</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p> </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PIMCO TOT RETURN ADM - BOSTON FINAN</p> <p>04-2526037</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.26%</p> </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>RS EMERGING MKTS A - BOSTON FINANCI</p> <p>04-2526037</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.55%</p> </div> </div>		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TEMPLETON WORLD A - FRANKLIN TEMPLE 94-3167260	0.40%	
<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div>		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TRP BLUE CHIP GR ADV - T. ROWE PRIC 52-2269240	0.40%	
<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div>		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div>		

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL CONSULTANTS NETWORK, INC.</u>	D Employer Identification Number (EIN) <u>91-1286821</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	530480	417145
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	40601	26986
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3676678	3608251
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4247759	4052382

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4247759	4052382
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	74317	
(B) Participants	2a(1)(B)	293084	
(C) Others (including rollovers)	2a(1)(C)	74	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		367475

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45	
(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)	3176	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3221

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	91552	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		91552

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-186741
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		275507

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	450369	
(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)		450369
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)		
(3) Investment advisory and management fees	2i(3)	183	
(4) Other	2i(4)	20332	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20515
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		470884

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-195377
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: SMITH BUNDAY BERMAN BRITTON, P.S.

(2) EIN: 91-1275259

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL CONSULTANTS NETWORK, INC.</u>	D Employer Identification Number (EIN) <u>91-1286821</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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): _____

**MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS WITH
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2011 AND 2010

August 10, 2012

To the Administrator

Medical Consultants Network, Inc. Employees' Retirement Plan

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for plan benefits of Medical Consultants Network, Inc. Employees' Retirement Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2011 and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule of assets (held at end of year.) We have been informed by the plan administrator that the trustee holds the Plan's investments and executes investment transactions. The plan administrator has obtained certifications from the trustee 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 trustee is complete and accurate.

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

Smith Bunday Berman Britton, P.S.

MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2011 AND 2010
(See Independent Auditor's Report)

	December 31,	
	2011	2010
<i>Assets</i>		
Investments, at fair value:		
Mutual funds	\$3,608,251	\$3,676,678
Interest-bearing cash	417,145	530,480
Total investments	4,025,396	4,207,158
Notes receivable from participants	26,986	40,601
<i>Net Assets Available For Plan Benefits</i>	\$4,052,382	\$4,247,759

The accompanying notes are an integral part of these financial statements.

MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2011
(See Independent Auditor's Report)

Additions to net assets attributable to:	
Employer contributions	\$74,317
Employee contributions	293,084
Rollover contributions	<u>74</u>
Total contributions	<u>367,475</u>
Net depreciation in fair value of investments	(95,190)
Investment income - interest	<u>45</u>
Total investment income	<u>(95,145)</u>
Interest on notes receivable from participants	<u>3,176</u>
Total additions	<u>275,506</u>
Deductions from net assets:	
Benefits paid to participants	(450,368)
Administrative expenses	<u>(20,515)</u>
Total deductions	<u>(470,883)</u>
Decrease in net assets available for plan benefits	(195,377)
Net assets available for plan benefits at beginning of year	<u>4,247,759</u>
Net assets available for plan benefits at end of year	<u><u>\$4,052,382</u></u>

The accompanying notes are an integral part of these financial statements.

**MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following description of the Medical Consultants Network, Inc. Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General -

The Plan is a defined contribution plan covering all full-time employees of a controlled group of companies comprised of Medical Consultants Network, Inc., YCA Case Management, Inc., MCN Quad Health Services, Inc. and Brian L. Grant MD Inc. PS. (hereinafter collectively referred to as "the Companies"). Employees of the Companies become eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age twenty-one. Participation in the matching contributions and discretionary profit sharing contributions commences after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions -

Employees participating in the salary reduction feature may contribute up to the lesser of 100% of their compensation or the statutory limits prescribed by the Internal Revenue Code. The Companies make a matching contribution equal to 50% of the employee deferral limited to the first 6% of eligible compensation. The matching contribution is funded with each pay period.

The Companies may also make discretionary profit sharing and Qualified Non-Elective contributions to the Plan, as determined annually by the employer. This contribution is allocated based on each eligible employee's compensation to the total for all eligible employees. The Plan requires that in order to be eligible to receive a discretionary contribution, the participant must be employed by the Companies on the last day of the Plan year. No discretionary contributions were authorized for the 2011 and 2010 plan years.

Participant accounts -

Participant contributions to the Plan are voluntary. Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Plan participants are allowed to direct the salary deferral, employer matching, and employer discretionary contributions to one or a combination of mutual fund investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - continued

Vesting -

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gain a vested interest based upon years of service as follows:

<i>Years of Credited Service</i>	<i>Vested Percentage</i>
Less than 2 years	None
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

If a participant terminates from employment due to retirement, disability, or death, the participant becomes 100% vested.

Notes receivable from participants -

The plan was amended in December 2010 to disallow borrowing from fund accounts effective January 1, 2011. Prior to the amendment, participants could borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The current loans are secured by the balance in the participant's account and bear interest at 9.5%. Principal and interest are paid ratably through payroll deductions until all loans have been paid off.

Distributions -

On termination of service, a participant with a vested account balance in excess of \$5,000 may elect to keep their funds in the Plan until age 70 ½ or receive the balance of his or her account in a lump sum. Terminated participants with an account balance greater than \$1,000 and up to \$5,000 may elect to receive their account in a lump sum or the account will be distributed directly to an Individual Retirement Account for the benefit of the participant. Terminated participants with account balances of \$1,000 or less will receive a lump sum distribution automatically. The Plan also includes hardship withdrawal provisions.

Forfeited accounts -

At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$24,951 and \$23,813, respectively. These accounts will be used first to reduce administrative expenses of the Plan and then be used to reduce future employer contributions. In 2011 and 2010, \$8,164 and \$7,895, respectively, of forfeited nonvested accounts were utilized to offset administrative expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Use of estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and disclosure of contingent amounts at the date of the financial statements. Actual results may differ.

Basis of accounting -

The financial statements of the Plan have been prepared on the accrual method of accounting.

Investment valuation and income recognition -

The Plan's investments are stated at fair market value. Quoted market prices in active markets are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Benefits to participants -

Benefits paid to participants are recognized when paid. At December 31, 2011 and 2010, there were no amounts allocated to accounts of participants who have elected to withdraw from the Plan but have not yet been paid.

Notes receivable from participants -

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Fair value of investments -

Fair value is a market-based measurement, determined based on assumptions that market participants would use in pricing an asset or liability. Under generally accepted accounting principles, there are three levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

Note 2 - continued

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.

As of December 31, 2011 and 2010, the fair value of mutual funds and money market fund was determined using Level 1 inputs. The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$417,145			\$417,145
Mutual Funds:				
Domestic Equities	2,177,420			2,177,420
International/Global Equity	632,187			632,187
Bond	234,969			234,969
Balanced/Hybrid	157,216			157,216
Target Retirement Date Funds	406,459			406,459
Total Assets at Fair Value	<u>\$4,025,396</u>			<u>\$4,025,396</u>

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$530,480			\$530,480
Mutual Funds:				
Domestic Equities	1,998,106			1,998,106
International/Global Equity	685,687			685,687
Bond	164,095			164,095
Balanced/Hybrid	265,420			265,420
Target Retirement Date Funds	563,370			563,370
Total Assets at Fair Value	<u>\$4,207,158</u>			<u>\$4,207,158</u>

NOTE 3 - REGULATORY COMPLIANCE

The Plan's management elected the method of compliance permitted by Section 2520.103-8 for the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a qualified trustee or custodian need not be subject to independent audit.

Note 3 - continued

The Plan trustee is Fidelity Management Trust Company (“FMTC”). The Plan’s management has obtained certification from the trustee that the following information included in the Plan’s financial statements and supplemental schedule is complete and accurate:

1. Fair value of investments as of December 31, 2011 and 2010,
2. The balance of notes receivable from participants as of December 31, 2011 and 2010,
3. Investment and interest income earned for the year ended December 31, 2011,
4. Investment transactions for the year ended December 31, 2011.

NOTE 4 - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan’s net assets at December 31 (see Note 3 – not subject to audit procedures):

	2011	2010
Artisan Mid Cap Value Fund	\$290,059	\$259,513
PIMCO Total Return Fund	230,172	**
ABF Large Cap Value Fund	329,111	386,840
Templeton World Fund	289,442	326,531
Spartan Total Market Index Fund	338,416	242,913
Fidelity Value Fund	*	237,077
Fidelity Small Cap Discovery Fund	334,288	278,843
Fidelity Freedom 2015 Fund	*	253,330
Fidelity Contrafund	319,313	280,006
Fidelity Balanced Fund	*	265,420
Fidelity International Discovery Fund	303,503	305,107
Fidelity Money Market	417,145	530,480

** Did not represent 5% or more of the Plan’s net assets at December 31, 2010

* Did not represent 5% or more of the Plan’s net assets at December 31, 2011

NOTE 5 - PLAN TERMINATION

Although management has not expressed any intent to do so, the Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE 6 - TAX STATUS

The Plan adopted a volume submitter plan created by FMTC. The Internal Revenue Service has determined and informed FMTC by a letter dated March 31, 2008, that the volume submitter plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The Plan's administrator believes that the Plan is designed and currently being operated in compliance with the applicable IRC requirements. Therefore, the administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has concluded that as of December 31, 2011, the Plan has not taken any uncertain positions that would require recognition or disclosure. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Fidelity Management Trust Company acts as custodian and trustee for certain investments of the Plan. Therefore, transactions with FMTC qualify as party-in-interest transactions.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 10, 2012, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

MEDICAL CONSULTANTS NETWORK, INC.

EMPLOYEES' RETIREMENT PLAN

EIN: 91-1215330

PLAN NO.: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2011

(See Independent Auditor's Report)

(a)	(b) Identity of issue, borrower, lessor or other similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Fidelity Money Market	Money market fund	**	\$417,145
*	ABF Large Cap Value Fund	Mutual fund	**	329,111
*	American Century Inflation Adjusted Bond Fund	Mutual fund	**	707
*	Artisan Mid Cap Value Fund	Mutual fund	**	290,059
*	Fidelity Balanced Fund	Mutual fund	**	157,216
*	Fidelity Contrafund	Mutual fund	**	319,313
*	Fidelity Freedom 2000 Fund	Mutual fund	**	3,090
*	Fidelity Freedom 2015 Fund	Mutual fund	**	77,910
*	Fidelity Freedom 2020 Fund	Mutual fund	**	126,088
*	Fidelity Freedom 2025 Fund	Mutual fund	**	56,819
*	Fidelity Freedom 2030 Fund	Mutual fund	**	74,867
*	Fidelity Freedom 2035 Fund	Mutual fund	**	24,882
*	Fidelity Freedom 2040 Fund	Mutual fund	**	16,150
*	Fidelity Freedom 2045 Fund	Mutual fund	**	18,924
*	Fidelity Freedom 2050 Fund	Mutual fund	**	7,729
*	Fidelity Fund	Mutual fund	**	3,117
*	Fidelity International Discovery Fund	Mutual fund	**	303,503
*	Fidelity NASDAQ Composite Index Fund	Mutual fund	**	79,084
*	Fidelity Small Cap Discovery Fund	Mutual fund	**	334,288
*	Fidelity U.S. Bond Index Fund	Mutual fund	**	4,090
*	Fidelity Value Fund	Mutual fund	**	103,353
*	MSIF Mid Cap Growth Fund	Mutual fund	**	84,891
*	PIMCO Total Return Fund	Mutual fund	**	230,172
*	RS Emerging Markets Fund	Mutual fund	**	44,731
*	Spartan 500 Index - Investor Class	Mutual fund	**	126,377
*	Spartan Extended Market Index Fund	Mutual fund	**	61,554
*	Spartan International Index Fund	Mutual fund	**	39,242
*	Spartan Total Market Index Fund	Mutual fund	**	338,416
*	Templeton World Fund	Mutual fund	**	289,442
*	TRP Blue Chip Growth Fund	Mutual fund	**	63,126
*	Participant Loans	Loans to participants with interest rate of 9.5%	\$0	26,986
Total				<u>\$4,052,382</u>

* Denotes party-in-interest

** Cost data not required for participant directed assets

The accompanying notes are an integral part of these financial statements.

**MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS WITH
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2011 AND 2010

August 10, 2012

To the Administrator

Medical Consultants Network, Inc. Employees' Retirement Plan

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for plan benefits of Medical Consultants Network, Inc. Employees' Retirement Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2011 and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule of assets (held at end of year.) We have been informed by the plan administrator that the trustee holds the Plan's investments and executes investment transactions. The plan administrator has obtained certifications from the trustee 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 trustee is complete and accurate.

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

Smith Bunday Berman Britton, P.S.

MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2011 AND 2010
(See Independent Auditor's Report)

	December 31,	
	2011	2010
<i>Assets</i>		
Investments, at fair value:		
Mutual funds	\$3,608,251	\$3,676,678
Interest-bearing cash	417,145	530,480
	<hr/>	<hr/>
Total investments	4,025,396	4,207,158
Notes receivable from participants	26,986	40,601
	<hr/>	<hr/>
<i>Net Assets Available For Plan Benefits</i>	<u><u>\$4,052,382</u></u>	<u><u>\$4,247,759</u></u>

The accompanying notes are an integral part of these financial statements.

MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2011
(See Independent Auditor's Report)

Additions to net assets attributable to:	
Employer contributions	\$74,317
Employee contributions	293,084
Rollover contributions	<u>74</u>
Total contributions	<u>367,475</u>
Net depreciation in fair value of investments	(95,190)
Investment income - interest	<u>45</u>
Total investment income	<u>(95,145)</u>
Interest on notes receivable from participants	<u>3,176</u>
Total additions	<u>275,506</u>
Deductions from net assets:	
Benefits paid to participants	(450,368)
Administrative expenses	<u>(20,515)</u>
Total deductions	<u>(470,883)</u>
Decrease in net assets available for plan benefits	(195,377)
Net assets available for plan benefits at beginning of year	<u>4,247,759</u>
Net assets available for plan benefits at end of year	<u><u>\$4,052,382</u></u>

The accompanying notes are an integral part of these financial statements.

**MEDICAL CONSULTANTS NETWORK, INC.
EMPLOYEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following description of the Medical Consultants Network, Inc. Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General -

The Plan is a defined contribution plan covering all full-time employees of a controlled group of companies comprised of Medical Consultants Network, Inc., YCA Case Management, Inc., MCN Quad Health Services, Inc. and Brian L. Grant MD Inc. PS. (hereinafter collectively referred to as "the Companies"). Employees of the Companies become eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age twenty-one. Participation in the matching contributions and discretionary profit sharing contributions commences after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions -

Employees participating in the salary reduction feature may contribute up to the lesser of 100% of their compensation or the statutory limits prescribed by the Internal Revenue Code. The Companies make a matching contribution equal to 50% of the employee deferral limited to the first 6% of eligible compensation. The matching contribution is funded with each pay period.

The Companies may also make discretionary profit sharing and Qualified Non-Elective contributions to the Plan, as determined annually by the employer. This contribution is allocated based on each eligible employee's compensation to the total for all eligible employees. The Plan requires that in order to be eligible to receive a discretionary contribution, the participant must be employed by the Companies on the last day of the Plan year. No discretionary contributions were authorized for the 2011 and 2010 plan years.

Participant accounts -

Participant contributions to the Plan are voluntary. Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Plan participants are allowed to direct the salary deferral, employer matching, and employer discretionary contributions to one or a combination of mutual fund investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - continued

Vesting -

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gain a vested interest based upon years of service as follows:

<i>Years of Credited Service</i>	<i>Vested Percentage</i>
Less than 2 years	None
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

If a participant terminates from employment due to retirement, disability, or death, the participant becomes 100% vested.

Notes receivable from participants -

The plan was amended in December 2010 to disallow borrowing from fund accounts effective January 1, 2011. Prior to the amendment, participants could borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The current loans are secured by the balance in the participant's account and bear interest at 9.5%. Principal and interest are paid ratably through payroll deductions until all loans have been paid off.

Distributions -

On termination of service, a participant with a vested account balance in excess of \$5,000 may elect to keep their funds in the Plan until age 70 ½ or receive the balance of his or her account in a lump sum. Terminated participants with an account balance greater than \$1,000 and up to \$5,000 may elect to receive their account in a lump sum or the account will be distributed directly to an Individual Retirement Account for the benefit of the participant. Terminated participants with account balances of \$1,000 or less will receive a lump sum distribution automatically. The Plan also includes hardship withdrawal provisions.

Forfeited accounts -

At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$24,951 and \$23,813, respectively. These accounts will be used first to reduce administrative expenses of the Plan and then be used to reduce future employer contributions. In 2011 and 2010, \$8,164 and \$7,895, respectively, of forfeited nonvested accounts were utilized to offset administrative expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Use of estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and disclosure of contingent amounts at the date of the financial statements. Actual results may differ.

Basis of accounting -

The financial statements of the Plan have been prepared on the accrual method of accounting.

Investment valuation and income recognition -

The Plan's investments are stated at fair market value. Quoted market prices in active markets are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Benefits to participants -

Benefits paid to participants are recognized when paid. At December 31, 2011 and 2010, there were no amounts allocated to accounts of participants who have elected to withdraw from the Plan but have not yet been paid.

Notes receivable from participants -

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Fair value of investments -

Fair value is a market-based measurement, determined based on assumptions that market participants would use in pricing an asset or liability. Under generally accepted accounting principles, there are three levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

Note 2 - continued

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.

As of December 31, 2011 and 2010, the fair value of mutual funds and money market fund was determined using Level 1 inputs. The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$417,145			\$417,145
Mutual Funds:				
Domestic Equities	2,177,420			2,177,420
International/Global Equity	632,187			632,187
Bond	234,969			234,969
Balanced/Hybrid	157,216			157,216
Target Retirement Date Funds	406,459			406,459
Total Assets at Fair Value	<u>\$4,025,396</u>			<u>\$4,025,396</u>

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$530,480			\$530,480
Mutual Funds:				
Domestic Equities	1,998,106			1,998,106
International/Global Equity	685,687			685,687
Bond	164,095			164,095
Balanced/Hybrid	265,420			265,420
Target Retirement Date Funds	563,370			563,370
Total Assets at Fair Value	<u>\$4,207,158</u>			<u>\$4,207,158</u>

NOTE 3 - REGULATORY COMPLIANCE

The Plan's management elected the method of compliance permitted by Section 2520.103-8 for the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a qualified trustee or custodian need not be subject to independent audit.

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The Plan trustee is Fidelity Management Trust Company (“FMTC”). The Plan’s management has obtained certification from the trustee that the following information included in the Plan’s financial statements and supplemental schedule is complete and accurate:

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NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 10, 2012, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

MEDICAL CONSULTANTS NETWORK, INC.

EMPLOYEES' RETIREMENT PLAN

EIN: 91-1215330

PLAN NO.: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2011

(See Independent Auditor's Report)

(a)	(b) Identity of issue, borrower, lessor or other similar party	(c) Description of investment	(d) Cost	(e) Current value
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Total				<u>\$4,052,382</u>

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The accompanying notes are an integral part of these financial statements.