

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2012</div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b>	Name of plan ADVANTAGEHEALTH MEDICAL SERVICES PC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST FOR FORMER IMAST EMPLOYEES	<b>1b</b>	Three-digit plan number (PN) ▶ <u>003</u>
		<b>1c</b>	Effective date of plan <u>01/01/2011</u>
<b>2a</b>	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADVANTAGEHEALTH MEDICAL SERVICES PC  555 ST. JOSEPH'S BOULEVARD ELMIRA, NY 14901	<b>2b</b>	Employer Identification Number (EIN) <u>20-3240197</u>
		<b>2c</b>	Sponsor's telephone number <u>607-733-6541</u>
		<b>2d</b>	Business code (see instructions) <u>621111</u>
<b>3a</b>	Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address ADVANTAGEHEALTH MEDICAL SERVICES PC 555 ST. JOSEPH'S BOULEVARD ELMIRA, NY 14901	<b>3b</b>	Administrator's EIN <u>20-3240197</u>
		<b>3c</b>	Administrator's telephone number <u>607-733-6541</u>
<b>4</b>	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.	<b>4b</b>	EIN
<b>a</b>	Sponsor's name	<b>4c</b>	PN
<b>5a</b>	Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>57</u>
<b>b</b>	Total number of participants at the end of the plan year .....	<b>5b</b>	<u>57</u>
<b>c</b>	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<b>5c</b>	<u>57</u>
<b>6a</b>	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/11/2013	RONALD KINTZ
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	<b>7a</b>	315181	341633
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	315181	341633
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	0	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	28893	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		28893
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	2441	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		2441
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		26452
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 1G 1I 3H
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

<b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>11a</b> Enter the amount from Schedule SB line 39 .....	<b>11a</b>	0
<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
<b>a</b> 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 letter ruling granting the waiver. .... Month _____ Day _____ Year _____		
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>		
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	

<b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>12c</b>	
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b> 0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan ADVANTAGEHEALTH MEDICAL SERVICES PC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST FOR FORMER IMAST EMPLOYEES	<b>B</b> Three-digit plan number (PN) ►	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANTAGEHEALTH MEDICAL SERVICES PC	<b>D</b> Employer Identification Number (EIN) <u>20-3240197</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>315181</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>315181</u>
<b>3</b>	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b>	<u>0</u>
	<b>b</b> For terminated vested participants.....	<b>3b</b>	<u>0</u>
	<b>c</b> For active participants:		
	(1) Non-vested benefits.....	<b>3c(1)</b>	<u>233831</u>
	(2) Vested benefits.....	<b>3c(2)</b>	<u>0</u>
	(3) Total active .....	<b>3c(3)</b>	<u>57</u>
	<b>d</b> Total .....	<b>3d</b>	<u>57</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>6.81</u> %
<b>6</b>	Target normal cost.....	<b>6</b>	<u>0</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Signature of actuary  <u>BRET G. JOHANTGEN</u>  Type or print name of actuary  <u>EBS-RMSCO, INC.</u>  Firm name  <u>30 PERINTON HILLS MALL</u> <u>FAIRPORT, NY 14450</u>  Address of the firm	<u>10/11/2013</u>  Date  <u>11-06040</u>  Most recent enrollment number  <u>585-421-4400</u>  Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

<b>Part II Beginning of Year Carryover Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-1.55%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		46719
<b>b</b>	Interest on (a) using prior year's effective interest rate of <u>5.10%</u> except as otherwise provided (see instructions) .....		2383
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		49102
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	134.79 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	134.79 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ►</b>			<b>18(b)</b>	<b>18(c)</b>	

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b> Quarterly contributions and liquidity shortfalls:	
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month <u>10</u> Day <u>07</u> Year <u>2013</u> ) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

Plan Number: 003

[illegible]

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

A. Consistency of Methods and Assumptions

Unless stated to the contrary, the following methods and assumptions are consistent with those used in the previous valuation performed as of January 1, 2011. The report reflects the change in the funding segment rates to be within a 90-110% corridor of the 25-year average under the Moving Ahead for Progress in the 21st Century Act.

B. Actuarial Cost Method

As mandated by law, the actuarial cost method used to calculate the costs of the Plan for retirement, termination and surviving spouse's benefits is known as the Traditional Unit Credit Actuarial Cost Method. Under this method, each active participant's accrued benefit at the valuation date is calculated based on the terms of the plan and the actuarial assumptions. Vested benefits are determined as required under the law and regulations.

The Actuarial Accrued Liability is determined from the benefit based upon service accrued to the valuation date and compensation at the valuation date. The Normal Cost is determined from the difference between the Actuarial Accrued Liability using service and salary estimated to be earned at the end of the valuation year and the Actuarial Accrued Liability using service and salary earned at the beginning of the valuation year. Unfunded liabilities are amortized over 7 years as required under the law and regulations.

C. Benefit Limitations under IRC Section 415(b)

The benefit limitation imposed by section 415(b) of the Internal Revenue Code, relating to the maximum benefit under a defined benefit plan, has been taken into account. On this basis, the maximum annual projected benefit utilized in this valuation is \$200,000 for purposes of calculating funding costs.

D. Asset Valuation Method

Plan assets are held in a Trust and valued at market value.

E. Participants Included in the Calculations

Based on employee data received from the Employer, all employees who are eligible for participation in the plan as of the valuation date are included in the calculations. Former employees, or their beneficiaries or contingent annuitants, where applicable, are also included if the employee data indicates that they are entitled to an immediate or deferred benefit under the provisions of the plan.

No liability is held for nonvested, inactive employees who have a break-in-service, or for employees who have quit or been terminated even if a break-in-service had not occurred as of the valuation date.



Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for Form  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

F. Actuarial Assumptions

1. *Mortality*

*Target Liability*

In the calculation of the target liability the Optional Small Plan Mortality Table was used as prescribed under Notice 2008-85 (zero pre-retirement mortality).

*ASC 960 Accounting*

Same as for Target Liability.

*PBGC Variable Rate Premium*

Same as for Target Liability.

*Disabled Lives*

No Disability assumed.

2. *Withdrawal from service*

*Termination*

None assumed.

3. *Interest rates*

*Target Liability*

*For Minimum Funding and AFTAP calculations ("MAP-21"):*

January 2012 segment rates limited to 90-110% of 25-year average segment rates, as shown below.

*For all other Target Liability calculations ("PPA"):*

Full yield curve as of December 2011 (1.10% as of the valuation date), as shown below.

	MAP-21	PPA
First 5 Years	5.54%	See
Years 6-20	6.85%	Table
Years 21+	7.52%	Below

*Effective Rate*

MAP-21 - 6.81%

PPA - 4.30%

*ASC 960 Accounting*

7.00% used for calculating ASC 960 accounting liabilities.

*PBGC Variable Rate Premium*

2.07% for the first 5 years then 4.45% for the next 15 years then 5.24% after 20 years as prescribed by law.

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for Form  
 EIN: 20-3240197  
 Plan Number: 003

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

F. Actuarial Assumptions

4. *Compensation*

N/A, Plan was frozen effective January 1, 2012.

5. *Retirement age*

Normal retirement age or the age at the valuation date, if greater.

6. *Allowance for other expenses*

Administrative expenses are based on the prior year's actual administrative expenses rounded to the near \$1,000.

7. *Percentage married and age of spouse*

For purposes of the pre-retirement spouse's benefit, it is assumed that all participants will have an eligible surviving spouse, with males 3 years older than females.

8. *Form of payment*

Participants currently receiving benefit payments are assumed to continue receiving benefits in the optional form they elected upon retirement. All other participants are assumed to elect to receive a life annuity upon retirement.

9. *Examples of the preceding assumptions*

MORTALITY			December 2011 Full Yield Curve	
Age	Annual Probability Per 100 Employees		Entry	Yield
	Male	Female		
25	0.0287	0.0141	1	1.10%
40	0.0869	0.0469	5	3.04%
55	0.2279	0.2223	10	4.28%
60	0.4777	0.4525	15	4.83%
65	0.9671	0.8794	20	5.02%
70	1.6401	1.4930	25	5.11%
75	2.8818	2.3986	30	5.18%
80	5.3179	4.0147	35	5.23%
85	9.6919	6.9078	40	5.27%

10. *Changes to the assumptions*

The funding segment rates were changed to be within a 90-110% corridor of the 25-year segment rate average. The mortality and discount rate assumptions have been updated to comply with the requirements of the Pension Protection Act of 2006.

11. *Method Change*

None.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
► <b>Round off amounts to nearest dollar.</b>			
► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
<b>A</b> Name of plan ADVANTAGEHEALTH MEDICAL SERVICES PC EMPLOYEES DEFINED BENEFIT PENSION PLAN AND TRUST FOR FORMER IMAST EMPLOYEES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">003</td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	003
<b>B</b> Three-digit plan number (PN) ►	003		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANTAGEHEALTH MEDICAL SERVICES PC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN) 20-3240197</td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) 20-3240197	
<b>D</b> Employer Identification Number (EIN) 20-3240197			
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500			

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>		315181
b Actuarial value .....	<b>2b</b>		315181
<b>3</b> Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment .....	<b>3a</b>	0	0
b For terminated vested participants .....	<b>3b</b>	0	0
c For active participants:			
(1) Non-vested benefits .....	<b>3c(1)</b>		233831
(2) Vested benefits .....	<b>3c(2)</b>		0
(3) Total active .....	<b>3c(3)</b>	57	233831
d Total .....	<b>3d</b>	57	233831
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	6.81 %	
<b>6</b> Target normal cost .....	<b>6</b>	0	

<b>Statement by Enrolled Actuary</b>	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
<b>SIGN HERE</b>	<div style="text-align: center;">             Signature of actuary  <b>BRET G. JOHANTGEN</b>            Type or print name of actuary  <b>EBS-RMSCO, INC.</b>            Firm name  <b>30 PERINTON HILLS MALL</b>            Address of the firm  <b>FAIRPORT, NY 14450</b> </div>
	<div style="text-align: center;"> <u>10/11/2013</u>            Date  <b>11-06040</b>            Most recent enrollment number  <b>(585) 421-4400</b>            Telephone number (including area code)         </div>

<b>Part II Beginning of Year Carryover Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-1.55 %</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		46719
<b>b</b>	Interest on (a) using prior year's effective interest rate of <u>5.10 %</u> except as otherwise provided (see instructions) .....		2383
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		49102
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	134.79 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	134.79 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ►</b>		<b>18(b)</b>	<b>18(c)</b>

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	0	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:				
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>			
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>			

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan  
for Former IMAST Employees  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

(1)	(2)	(3)	(4)	(5)
Age	Rate	Number of People	Number Retiring (2) x (3)	Total Age (1) x (4)
65	1.000	1,000.00	1,000.00	65,000.00
Total			1,000.00	65,000.00
Average Retirement Age				65.00

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, Part V - Summary of Plan Provisions**

A. Effective Date

The initial effective date of the Pension Plan is January 1, 2011. The Plan was frozen for benefit accruals effective January 1, 2012.

B. Eligibility for Participation

Any Employee who is a former employee of Internal Medicine Associates of the Southern Tier, P.C. and who was hired by the Employer on October 1, 2010 shall be eligible to participate in the Plan on January 1, 2011. No other Employees shall be eligible to participate in this Plan.

C. Employee Contributions

None permitted.

D. Year of Vesting Service

One full year of service for each plan year with at least 1,000 hours of service. For the purpose of determining the vested status of a Participant, no partial credit is given.

E. Year of Creditable Service

One full year of service for each plan year with at least 1,000 hours of service. For the purpose of determining the retirement benefits of a Participant, no partial credit is given. **The Plan was frozen as of January 1, 2012.**

F. Plan Year

Plan Year means the 12 consecutive month period commencing January 1 and ending December 31.

G. Compensation

Total W-2 Compensation actually paid including bonuses, overtime, and any other additional compensation. Salary deferrals by reason of Code Sections 125, 402(g) and 132(f) shall also be included. **The Plan was frozen as of January 1, 2012.**

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, Part V - Summary of Plan Provisions**

H. Actuarial Equivalence

1. *Interest Rate* - 30-year Treasury Rate
2. *Pre-Retirement Mortality* - None  
*Post-Retirement Mortality* - Revenue Ruling 2001-62 Mortality Table

I. Normal Retirement Benefit

1. *Eligibility requirements* - Attainment of age 65 or the Participant's 5th anniversary of joining the Plan, if later.
2. *Amount* - Benefit equal to actuarial equivalence of Theoretical Account Balance. Formula for Theoretical Account Balance is as follows:

i. Compensation Credit:

As of the last day of each Plan Year, each Participant's Theoretical Account shall be credited with a Compensation Credit in the following amounts:

- a) for Roger Schenone, an amount equal to \$50,000;
- b) for each of Joseph Calderone, Francisco Corbalan and James Freeman, an amount equal to \$30,000;
- c) for each of Dominic Romeo and Keith Parker, an amount equal to \$20,000;
- d) for Albert Delvin and Edward Foster, an amount equal to \$12,000;
- e) for each of Francisco Corbalan and Randall Slimak, \$0; and
- f) for any other Participant, an amount equal to 3% of the Participant's Compensation for the Plan Year.

plus

ii. Interest Credit:

As of the last day of each Plan Year, each Participant's Theoretical Account shall be credited with an amount equal to the product obtained by multiplying his Theoretic Account Balance as of the beginning of the Adjustment Period by the Treasury Rate in effect for the current Plan Year. If the Adjustment Period is less than a full Plan Year, the Interest Credit shall be prorated for the length of the Adjustment Period.

**The Plan was frozen as of January 1, 2012.**

3. *Payment* - Normal Retirement Benefit commences on the first day of the month next following the Participant's actual retirement date and continues for the Participant's lifetime, unless an automatic surviving spouse annuity is in effect or an optional benefit is elected and in effect.



Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, Part V - Summary of Plan Provisions**

J. Early Retirement Benefit

This Plan does not provide for the payment of retirement benefits prior to the date the Participant attains Normal Retirement Age.

K. Vested Retirement Benefit

1. *Eligibility requirements* - Participants are 100% vested in their accrued benefits after completion of three Years of Vesting Service.
2. *Amount* - The benefit accrued at any date other than the Normal Retirement Date is equal to the actuarial equivalent of the Hypothetical Account through the determination date, projecting Interest Credits through the Participant's Normal Retirement Age, using the last Interest Credit of the Plan Year containing the determination date as the Interest Credit for subsequent periods through such Participant's Normal Retirement Date.
3. *Payment* - Full vested benefit commences on the first day of the month coinciding with or next following attainment of normal retirement age. Payments continue monthly for the remainder of the Participant's lifetime.

L. Death Benefits

1. *Postretirement* - none, except through an option elected at retirement.
2. *Preretirement* - Each Participant with 5 or more Years of Vesting Service and terminated vested Participants have an automatic spouse's death benefit. A monthly income payable to the eligible surviving spouse is equal to 50% of the reduced monthly retirement benefit had the Participant survived to earliest retirement date and elected a 50% Joint and Survivor Option. If greater, a surviving spouse is entitled to receive a lump sum value of the participant's accrued benefit. The present value of accrued benefit may be paid to a Beneficiary if there is no spouse.

M. Normal Form of Retirement Benefit

In lieu of the retirement benefit otherwise payable to a Participant who is married at the commencement of retirement benefit payments, such married Participant will, in the absence of any written optional election form, automatically receive a reduced monthly retirement benefit under the Qualified Joint and 50% Survivor Annuity option to provide for the continuation of 50% of such reduced retirement benefit to the eligible surviving spouse. Such automatic surviving spouse annuity shall commence on the first day of the month following the date of death of the Participant and shall continue during the lifetime of such eligible surviving spouse.

Plan: Advantage Health Medical Services, P.C. Employees' Defined Benefit Pension Plan for  
EIN: 20-3240197  
Plan Number: 003

**Schedule SB, Part V - Summary of Plan Provisions**

N. Optional Forms of Pension

The optional payment methods described below are the actuarial equivalent of the normal form otherwise payable as of the Participant's retirement date.

1. *Joint and Survivor Annuity* - Participant receives a reduced pension commencing at actual retirement. Survivor receives 50%, 66 2/3% or 100% of the Participant's reduced pension for life commencing at the Participant's death.
2. *Lump Sum* - Participant receives one payout equal to their Hypothetical Account Balance.

O. Plan Change

The Plan was frozen for benefit accruals effective January 1, 2012.