Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

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

TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

2b Employer Identification Number (EIN) 59-3598056

2c Sponsor's telephone number 850-219-1938

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2013	MICHAEL GOSSARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	223
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**	189
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	253
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	253
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	253
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
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 Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2R 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 33 49 50 52 54 55 59 63 64 71 72 99	INVESTMENT ADVISORY	28262	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NORTH AMERICAN KTRADE ALLIANCE, LLC

32-0169277

(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?
13 15 18 59 60 63 64	RECORDKEEPER	14677	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EDWARD D. JONES & CO., L.P.

43-0345811

(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?
54 63	INVESTMENT ADVISORY	1330	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

NILES LANKFORD GROUP

35-1580587

(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?
13	CONTRACT ADMINISTRATOR	12521	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	973040	1026482
(2) Participant contributions	1b(2)	26045	11192
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	16379438	18986911
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17378523	20024585
Liabilities			
g Benefit claims payable	1g		340
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	340
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17378523	20024245

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1026482	
(B) Participants	2a(1)(B)	740721	
(C) Others (including rollovers)	2a(1)(C)	324	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1767527
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	502157	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		502157
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	56129	
(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)		56129
(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)		0

		(a) Amount	(b) Total
(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)		1213683
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3539496
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	866186	
(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)		866186
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)	14068	
(2) Contract administrator fees	2i(2)	13130	
(3) Investment advisory and management fees	2i(3)	390	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		27588
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		893774
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2645722
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) [X] 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 [X] No

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

(1) Name: THOMAS HOWELL FERGUSON, PA **(2)** EIN: 59-3186310

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		54740
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Distributions

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

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

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

EIN(s): 43-0345811 32-0169277

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements
and Supplemental Schedules

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Years ended December 31, 2012 and 2011
with Report of Independent Auditors

Thomas Howell
Ferguson P.A.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2012 and 2011

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Report of Independent Auditors

To the Participants and Plan Administrator of the
Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2012 and 2011, and the changes in net assets available for benefits for the year ended December 31, 2012, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets Held at End of Year and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Thomas Howell Ferguson P.A.

Tallahassee, Florida
September 13, 2013

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31, 2012	December 31, 2011
Assets		
Investments at fair value:		
Cash equivalents	**$ 1,446,325**	$ 1,564,234
Certificates of deposit	**99,611**	101,074
Mutual funds	**11,204,106**	9,166,076
Publicly traded common stocks	**4,084,603**	2,914,730
Privately held common stock	**558,500**	558,500
U.S. Government securities	**220,532**	200,214
Corporate bonds	**1,330,519**	1,497,063
Partnership interest	**40,000**	40,000
Life insurance contract	**-**	337,547
Total investments	**18,984,196**	16,379,438
Receivables:		
Employer contributions	**1,026,482**	973,040
Participant contributions	**11,192**	26,045
Accrued interest	**2,715**	-
Total receivables	**1,040,389**	999,085
Total assets	**20,024,585**	17,378,523
Liabilities		
Other liabilities	**$ 340**	$ -
Total liabilities	**340**	-
Net assets available for benefits	**$ 20,024,245**	$ 17,378,523

See accompanying notes.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2012

Additions to net assets attributed to:	
Investment income:	
Interest and dividend income	**$ 500,098**
Net appreciation in fair value of investments	**1,271,871**
	1,771,969
Contributions:	
Rollover	**324**
Employer	**1,026,482**
Participant	**740,721**
	1,767,527
Total additions	**3,539,496**
Deductions from net assets attributed to:	
Benefits paid to participants	**866,186**
Administrative expenses	**27,588**
Total deductions	**893,774**
Net increase in net assets available for benefits	**2,645,722**
Net assets available for benefits:	
Beginning of year	**17,378,523**
End of year	**$ 20,024,245**

See accompanying notes.

1. Description of Plan

The following description of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing 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 established and made effective April 1, 1999, for the benefit of the employees of Tallahassee Orthopedic Clinic III P.L. (the Company). The Plan and the Trust of which it is a part of are intended to satisfy all the requirements for a qualified retirement plan under the provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as the Plan's sponsor and administrator. The Plan's third party administrator is Niles Lankford Group, Inc. (Niles). The Plan's directed custodians are Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley.

Eligibility

The Plan covers all employees of the Company, with the exception of common-law, leased or union employees. Employees, other than the previously mentioned excluded employees, may become a participant on the first day of the quarter coinciding with or next following 90 days of service.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan, limited by the provisions of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, publicly traded common stocks, certificates of deposit, U.S. Government securities, corporate bonds, privately held common stock, partnership interests, and cash equivalents as investment options for participants. The Company has elected to use the Basic Matching Formula under the Safe Harbor provisions. The Company contributes 100% of the first 3% of compensation that a participant contributes to the Plan. The matching Company contribution is invested directly into the investment options selected by the participant. Additional discretionary contributions may be made at the discretion of the Company's Board of Directors and are also invested directly into the investment options selected by the participant. The Company made a discretionary contribution of $826,103 for the year ended December 31, 2012. Contributions are subject to certain IRS limitations.

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Vesting in the Company's Safe Harbor match contribution and earnings thereon are also immediately 100% vested. Employer discretionary contributions and earnings thereon is based on years of continuous service. A participant is 100% vested in their employer discretionary contributions after three years of service.

Payment of Benefits

On termination of service due to retirement, death, disability, or termination of employment, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeitures

Forfeitures of employer's discretionary profit sharing contributions are first used to pay administrative expenses of the Plan. Any remaining forfeitures are then used to reduce employer discretionary contributions. The amount of forfeitures available is $5,725 and $10,746 at December 31, 2012 and 2011, respectively. During 2012, $10,746 in forfeitures were applied to reduce administrative expenses of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for additional discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through September 13, 2013, the date the financial statements were available to be issued.

3. Investments

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

	December 31,	
	2012	**2011**
MS Liquid Asset Fund	**$ -**	$ 879,480
PIMCO Total Return A	**1,113,967**	-

3. Investments (continued)

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,271,871 as follows:

Mutual funds	$ 846,223
Publicly traded common stocks	308,501
U.S. Government securities	16,656
Corporate bonds	100,491
	$ 1,271,871

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

4. Fair Value Measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Cash equivalents: Valued at the closing account balance held by the Plan at year end.

Certificates of deposit: Valued at the cash value.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Publicly traced common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Privately held common stock: Valued at the most recently quoted sale price.

U.S. Government securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds: Valued at the closing price reported in the active market in which the bonds are traded.

Partnership/joint venture interests: Valued at the net book value of the partnership interest held by the Plan at year end.

Life insurance contracts: Valued at the cash surrender value of the individual insurance contract held by the Plan at year end.

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

	Assets at Fair Value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Privately held common stock	**$ -**	**$ -**	**$ 558,500**	**$ 558,500**
Partnership interest	**-**	**-**	**40,000**	**40,000**
Life insurance contract	**-**	**-**	**-**	**-**
Cash equivalents	**1,446,325**	**-**	**-**	**1,446,325**
Certificate of deposit	**99,611**	**-**	**-**	**99,611**
Mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds				
Growth	**5,459,752**	**-**	**-**	**5,459,752**
Growth and income	**5,162,651**	**-**	**-**	**5,162,651**
Income	**6,072,915**	**-**	**-**	**6,072,915**
Aggressive	**144,442**	**-**	**-**	**144,442**
Total mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds	**16,839,760**	**-**	**-**	**16,839,760**
Total assets at fair value	**$ 18,385,696**	**$ -**	**$ 598,500**	**$ 18,984,196**

4. Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Privately held common stock	$ -	$ -	$ 558,500	$ 558,500
Partnership interest	-	-	40,000	40,000
Life insurance contract	-	-	337,547	337,547
Cash equivalents	1,564,234	-	-	1,564,234
Certificate of deposit	101,074	-	-	101,074
Mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds				
Growth	2,729,682	-	-	2,729,682
Growth and income	5,591,437	-	-	5,591,437
Income	5,342,490	-	-	5,342,490
Aggressive	114,474	-	-	114,474
Total mutual funds, publicly traded common stock, U.S. Government securities, corporate bonds	13,778,083	-	-	13,778,083
Total assets at fair value	$ 15,443,391	$ -	$ 936,047	$ 16,379,438

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2012.

	Level 3 Assets		
	Partnership Interest	**Life Insurance Contract**	**Privately-held Common Stock**
Balance at beginning of year	$ 40,000	$ 337,547	$ 558,500
Realized gains (losses)	-	-	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-	-	-
Purchases	-	-	-
Sales	-	(337,547)	-
Transfers in and/or out of level 3	-	-	-
Balance at end of year	$ 40,000	$ -	$ 558,500

4. Fair Value Measurements (continued)

	Level 3 Assets		
	Partnership Interest	**Life Insurance Contract**	**Privately-held Common Stock**
The amount of total gains or losses for the period included in the changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ -	$ -

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial investments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principle Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Partnership Interest	$ 40,000	Net book value	Quantitative information not developed	Not applicable
Privately held common stock	558,500	Consensus pricing	Most recent trades	$10.00 - $10.25

5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

6. Administrative Expenses

The Company pays all administrative expenses of the Plan except for certain management service expenses. Such charges not paid by the employer are applied directly to the accounts of the participants. Administrative expenses paid by the Company are excluded from these financial statements.

7. Tax Status

The Plan has not requested a determination letter from the Internal Revenue Service (IRS) regarding the Plan's exemption from federal income tax under Section 501(a) of the IRC. However, effective January 1, 2010, the Plan adopted a volume submitter profit sharing plan with CODA sponsored by SunGard Corbel, LLC. The volume submitter profit sharing plan has received an opinion letter from the IRS as to the volume submitter profit sharing plan's qualified status. The volume submitter profit sharing plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provision of the IRC, and as such, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

8. Related Party Transactions and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley. Mid Atlantic Trust Company, Edward Jones, and Morgan Stanley are the custodians of the Plan and therefore these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services amounted to $27,588 for year ended December 31, 2012.

9. 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 amounts reported in the statements of net assets available for benefits.

10. Subsequent Events

Effective January 1, 2013, the Plan was amended to exclude highly compensated employees from the ADP Test Safe Harbor Contribution component of the Plan.

Supplemental Schedules

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2012

	Fair Value
Aberdeen Asia-Pac Pr Inc Fd	$ 37,809
Allianceber Global Bond A	65,945
Allianceber Interm Bond A	29,135
Allianceber Intl Growth A	9,975
Allianceber Value A	63,830
Allstate Corp	16,532
Altria Group Inc	82,375
Amazon Com Inc	50,174
Amer Cent Eqi Inc A	19,681
Amer Cent Eqi Inc R	3,334
American Assets Trust Inc	13,965
American Balanced Fund Cl A	308,386
American Balanced R2	52,096
American Capital Agency	45,274
American Express Co	8,463
American Gr Fd Of America R3	54,831
American Mutual Fund Cl A	129,237
Anheuser-Busch Inbev Worldwide Inc	13,135
Annaly Capital Mngmt Inc	25,241
Apple Inc	79,826
AT&T Inc	16,824
Australian Government	112,547
American Funds American Balanced Fund Class R-4	76,473
American Funds American Mutual Fund Class R-4	139,133
American Funds Bond Fund of America FundClass R-4	53,174
American Funds EuroPacific Growth Fund Class R-4	74,663
American Funds Growth Fund of America Class R-4	115,655
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Bank Of America Corp	33,168

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Berkshire Hathaway Cl-B New	328,751
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Blackrock Emerg Mkts A	6,473
Blackrock Equity Dividend A	35,364
Blackrock Flt Rte Inc Strat Fd	382
Blackrock Global Smallcap A	40,199
Blackrock Inc	11,991
Blackrock Income Trust Inc	22,050
Boeing Co	3,744
Bp Plc Ads	28,065
Bp Plc Sponsored Adr	14,990
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Coca Cola Co	148,335
Comcast Corp	5,513
Conocophillips	5,799
Costco Wholesale Corp New	21,721
Countrywide Capital V 7.00%	50,380
CVS Caremark Corp	6,487
Davis New York Venture A	289,658
DE Master Blndr	34
Delaware Diversified Inc A	106,215
Delaware Select Growth A	199,061
Dell Inc	8,762
Diageo Plc Spon Adr	46,632
Dollar Gen Corp New Com	22,045

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	Donnelley (R.R.) & Sons	9,575
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	E V Dividend Builder A	34,069
	Eaton Vance Tax Mgd Div Equ Fd	22,025
	Europacific Growth Fund Cl A	86,977
	European Investment Bank	51,636
	Exelon Generation Co Llc	2,092
	Express Scripts Holding Co	42,822
*	Edward Jones Retirement Money Market Account	57,566
	Federated Bond A	33,786
	Federated Cover Value Fund Cl A	103,836
	Fidelity Adv Small Cap Gr A	7,567
	Fidelity Adv Small Cap T	163,133
	First Eagle Global A	88,300
	First Eagle Gold A	50,727
	First Trust Morningstar Div	11,076
	First Trust Senior Flg Rte Ii	10,360
	Franklin Mutual Glb Discov A	535,965
	Franklin Mutual Shares A	309,414
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	Hartford Inflation Plus A	37,676
	HCA Holdings Inc	51,289
	Heineken NV Spn Adr	13,428

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Intl Business Machines Corp	118,761
Invesco Balanced Risk Alloc A	127,759
Invesco Equity & Income Fund	58,871
Invesco Growth & Income Fund	85,959
Invesco S&P 500 Index A	20,578
Invesco Van Kamp Dyn Crdt Oppt	31,200
Investment Company Of America	59,388
Ishares Barclays Tips Bd Fd	189,529
Ishares Msci Japan Index Fund	5,850
Ishares Trust Dj Select	140,238
Ivy Asset Strategy A	60,656
Janus Forty A	10,059
Janus Overseas A	3,664
Johnson & Johnson	42,411
JP Morgan Core Bond A	50,141
JP Morgan Intrepid Euro A	5,151
JP Morgan Chase & Co	13,191
Koninklijke Ahold Adr	32,640
Kraft Foods Inc Cl A	20,173
Loomis Sayles Strat Inc A	103,418
Lord Abbett Bond Deb C	29,998
Lord Abbett Mid Cap Value C	4,101
Mainstay Hi Yld Corp Bond A	451,023
Mainstay Hi Yld Corp Bond R2	2,174
Managers Fixed Inc A	7,573
Marathon Oil Corp	6,105
Marathon Petroleum Corp	12,600
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Medtronic Inc	6,153
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Merrill Lynch & Co Inc Note	52,467
MF Charter Graham A	16,291

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Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

		Fair Value
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	MFS Bond Fund A	82,033
	MFS Intl Value A	25,395
	MFS Limited Maturity A	46,276
	MFS Multimarket Inc Tr Sbi	21,840
	MFS Research A	38,929
	MFS Total Return A	513,185
	MFS Value C	28,651
	Mgd Fut Lv Class A	79,190
	Microsoft Corp	28,002
	Millburn Global Macro	32,722
	Ml Pfd Capital Trust III 7.375% 09/15/62	25,130
	Mondelez Intl Inc Com	23,671
	Monsanto Co/New	9,686
	Moodys Corp	30,264
*	Morgan Stanley Private Bank NA	727,282
*	Morgan Stanley	38,466
*	M Emerging Mkts Domestic Debt	62,308
*	MS Charter Aspect	12,520
*	MS Charter Campbell	14,142
*	MS Charter WNT	14,080
*	MS Liquid Asset Fund	5,978
	Mutual Global Discovery Fund Class A	250,792
	Nestle Spon Adr Rep Reg Shr	120,522
	New Economy Fund Cl A	61,100
	Netflix Inc	12,963
	Newmont Mining Corp	9,288
	Nuveen Tradewinds Intl Val A	286,237
	Oaktree Capital GP LLC	106,902
	Oppenheimer Developing Mkts A	33,175
	Oppenheimer Intl Bond Fd Cl A	206,385
	Packaging Corp Amer	34,623
	Partnerre Finance B Llc	56,267
	Pennymac Mortgage Investment	141,624
	Pepsico Inc Nc	32,342
	Philip Morris Intl Inc	82,036
	Phillips 66 Com	2,655
	PIMCO All Assets A	71,676

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
PIMCO All Assets All Authority A	68,098
PIMCO Emerging Mkts Bond A	32,053
PIMCO Inv Grade Corp Bd A	132,037
PIMCO Total Return A	1,113,967
Pioneer Bond A	37,318
Pitney Bowes Inc	63,554
Polaris Lp Class A	79,280
Priceline.Com Inc New	21,714
Procter & Gamble Co	142,978
Prudential Financial Inc	7,344
Prudential Jennison Md Cp Gw A	3,653
Prime Meridian Holding Co.	608,500
Regency Energy Ptnrs Lp Uts	30,352
Rio Tinto Finance Usa Limited	5,509
Rockwood Hldgs Inc	24,730
Seadrill Ltd	117,346
Sirius Xm Radio Inc Com	16,184
Smallcap World Fund Cl A	48,629
Smith & Nephew Plc Adr	116,340
Sodastream International Ltd	11,223
Southern Co	17,124
Spectra Energy Corp Com	19,385
Templeton Glbl Smaller Co A	2,485
Templeton Global Bd Fd A	275,878
Teton Westwood Mighty Mites A	318,150
Thornburg Intl Value R3	17,289
Transocean LTD	69,223
Tronox LTD	27,375
Tyco International Finan	3,707
Ubs Ag Jersey Branch (G917EFAM1)	4,908
United States Treasury Note-Inflation Indexed	107,029
Utilities Sel Sect Spdr Fund	140,031
Van Eck Glob Hard Assets A	70,297
Vanguard Reit Etf	157,920
Verizon Communications	71,153
Viacom Inc New Class B	40,346
Virtus Allcatr Prem Alphasec A	122,759
Virtus Dynamic Alphasector A	56,997

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Virtus Intl Real Est Sec A	5,904
Virtus Low Duration Inc A	98,579
Virtus Mid Cap Value A	212,455
Virtus Multi Sect Sht Trm Bd A	226,912
Virtus Prem Alphasector (Sm) A	390,764
Vanguard 500 Index Fund Investor Class	210,345
Vanguard International Growth Fund InvestorShares	118,501
Vanguard Prime Money Market Fund Investor Class	239,421
Vanguard Small Capitalization Growth Index Fund Investor Shares	71,350
Vanguard Total Stock Market Index Fund Investor Shares	82,449
Vanguard Wellesley Income Fund Investor Shares	69,025
Vanguard Windsor Fund Investor Share	72,641
Vision 2020	40,000
Vodafone GP PLC Ads New	25,190
Wachovia Bank Na	33,766
Wal-Mart Stores Inc	78,907
Walt Disney Co Holding Co	4,979
Waste Mgmt Inc (Dela)	135
Weingarten Realty Investors	38,817
Wellpoint Inc	39,727
Wells Fargo & Co	120,640
Western Gas Partners Lp	28,578
Windstream Corp	16,560
Total investments held at end of year	$ 18,984,196

*Indicates a party in interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2012

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check Here If Late Participant Loan Repayments are Included ☐	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption (PTE) 2002-51
$ 54,740	$ -	$ 54,740	$ -	$ -

See report of independent auditors.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan TALLAHASSEE ORTHOPEDIC CLINIC III P.L.
401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
TALLAHASSEE ORTHOPEDIC
CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.

TALLAHASSEE FL 32308

2b Employer Identification Number (EIN) 59-3598056

2c Sponsor's telephone number (850) 219-1938

2d Business code (see instructions) 621111

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

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

SIGN HERE	Kelby	10/11/13	KELBY TARDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Kelby	10/11/13	KELBY TARDI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	223
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**	189
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	64
d Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	253
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	253
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
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 Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2R 3D

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2012

	Fair Value
Aberdeen Asia-Pac Pr Inc Fd	$ 37,809
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	MFS Intl Value A	25,395
	MFS Limited Maturity A	46,276
	MFS Multimarket Inc Tr Sbi	21,840
	MFS Research A	38,929
	MFS Total Return A	513,185
	MFS Value C	28,651
	Mgd Fut Lv Class A	79,190
	Microsoft Corp	28,002
	Millburn Global Macro	32,722
	Ml Pfd Capital Trust III 7.375% 09/15/62	25,130
	Mondelez Intl Inc Com	23,671
	Monsanto Co/New	9,686
	Moodys Corp	30,264
*	Morgan Stanley Private Bank NA	727,282
*	Morgan Stanley	38,466
*	M Emerging Mkts Domestic Debt	62,308
*	MS Charter Aspect	12,520
*	MS Charter Campbell	14,142
*	MS Charter WNT	14,080
*	MS Liquid Asset Fund	5,978
	Mutual Global Discovery Fund Class A	250,792
	Nestle Spon Adr Rep Reg Shr	120,522
	New Economy Fund Cl A	61,100
	Netflix Inc	12,963
	Newmont Mining Corp	9,288
	Nuveen Tradewinds Intl Val A	286,237
	Oaktree Capital GP LLC	106,902
	Oppenheimer Developing Mkts A	33,175
	Oppenheimer Intl Bond Fd Cl A	206,385
	Packaging Corp Amer	34,623
	Partnerre Finance B Llc	56,267
	Pennymac Mortgage Investment	141,624
	Pepsico Inc Nc	32,342
	Philip Morris Intl Inc	82,036
	Phillips 66 Com	2,655
	PIMCO All Assets A	71,676

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
PIMCO All Assets All Authority A	68,098
PIMCO Emerging Mkts Bond A	32,053
PIMCO Inv Grade Corp Bd A	132,037
PIMCO Total Return A	1,113,967
Pioneer Bond A	37,318
Pitney Bowes Inc	63,554
Polaris Lp Class A	79,280
Priceline.Com Inc New	21,714
Procter & Gamble Co	142,978
Prudential Financial Inc	7,344
Prudential Jennison Md Cp Gw A	3,653
Prime Meridian Holding Co.	608,500
Regency Energy Ptnrs Lp Uts	30,352
Rio Tinto Finance Usa Limited	5,509
Rockwood Hldgs Inc	24,730
Seadrill Ltd	117,346
Sirius Xm Radio Inc Com	16,184
Smallcap World Fund Cl A	48,629
Smith & Nephew Plc Adr	116,340
Sodastream International Ltd	11,223
Southern Co	17,124
Spectra Energy Corp Com	19,385
Templeton Glbl Smaller Co A	2,485
Templeton Global Bd Fd A	275,878
Teton Westwood Mighty Mites A	318,150
Thornburg Intl Value R3	17,289
Transocean LTD	69,223
Tronox LTD	27,375
Tyco International Finan	3,707
Ubs Ag Jersey Branch (G917EFAM1)	4,908
United States Treasury Note-Inflation Indexed	107,029
Utilities Sel Sect Spdr Fund	140,031
Van Eck Glob Hard Assets A	70,297
Vanguard Reit Etf	157,920
Verizon Communications	71,153
Viacom Inc New Class B	40,346
Virtus Allcatr Prem Alphasec A	122,759
Virtus Dynamic Alphasector A	56,997

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
Virtus Intl Real Est Sec A	5,904
Virtus Low Duration Inc A	98,579
Virtus Mid Cap Value A	212,455
Virtus Multi Sect Sht Trm Bd A	226,912
Virtus Prem Alphasector (Sm) A	390,764
Vanguard 500 Index Fund Investor Class	210,345
Vanguard International Growth Fund InvestorShares	118,501
Vanguard Prime Money Market Fund Investor Class	239,421
Vanguard Small Capitalization Growth Index Fund Investor Shares	71,350
Vanguard Total Stock Market Index Fund Investor Shares	82,449
Vanguard Wellesley Income Fund Investor Shares	69,025
Vanguard Windsor Fund Investor Share	72,641
Vision 2020	40,000
Vodafone GP PLC Ads New	25,190
Wachovia Bank Na	33,766
Wal-Mart Stores Inc	78,907
Walt Disney Co Holding Co	4,979
Waste Mgmt Inc (Dela)	135
Weingarten Realty Investors	38,817
Wellpoint Inc	39,727
Wells Fargo & Co	120,640
Western Gas Partners Lp	28,578
Windstream Corp	16,560
Total investments held at end of year	$ 18,984,196

*Indicates a party in interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.

Attachment to 2012 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN **EIN:** 593598056
Plan Sponsor's Name TALLAHASSEE ORTHOPEDIC CLINIC III P.L. **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	54,740			