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
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

C/O CPI-QPC, INC.
P.O. BOX 1167
GREAT BEND, KS 67530

2b Employer Identification Number (EIN)
27-0709861

2c Sponsor's telephone number
620-793-8473

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.	10/15/2013	VINCENT HAYES
	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**	148
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**	145
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	151
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	120
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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 3B 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)	[ ]	0	**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	**B** Three-digit plan number (PN) ▶	
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP	27-0709861	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MATRIX FINANCIAL SOLUTIONS
700 17TH STREET, STE 300
DENVER, CO 80202

20-1591048

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

OPPENHEIMER & CO., INC.
18 COLUMBIA TURNPIKE
FLORHAM PARK, NJ 07932

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

BLACKROCK FUNDS
55 EAST 52ND STREET
NEW YORK, NY 10055

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

JPMORGAN
245 PARK AVENUE FLOOR 3
NEW YORK, NY 10167

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

OPPENHEIMER

TWO WORLD FINANCIAL CENTER
NEW YORK, NY 10281

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

PRUDENTIAL

100 MULBERRY ST
GATEWAY CENTER 3, 6TH FLOOR
NEWARK, NJ 07102

(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)

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

D Employer Identification Number (EIN)
27-0709861

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1206599	831324
(2) Participant contributions	1b(2)	0	69275
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	65267
(2) U.S. Government securities	1c(2)	0	131381
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other	1c(3)(B)	0	126830
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	332896
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	41352
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	3001872
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1206599	4600197
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1206599	4600197

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)	1059726	
(B) Participants	2a(1)(B)	681114	
(C) Others (including rollovers)	2a(1)(C)	184425	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1925265
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)	1138	
(C) Corporate debt instruments	2b(1)(C)	640	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	984	
(F) Other	2b(1)(F)	7	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2769
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1778	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	53827	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		55605
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2834487	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2787295	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		47192
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-5316	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-5316

		(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)		64118
c Other income	2c		1488934
d Total income. Add all **income** amounts in column (b) and enter total	2d		3578567
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	182469	
(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)		182469
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2500	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2500
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		184969
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3393598
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SKODA MINOTTI & CO. **(2)** EIN: 34-1945206

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	
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

Part V Trust Information (optional)

6a Name of trust
FLORIDA DIGESTIVE HEALTH SPECIALIS

6b Trust's EIN
753182674

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
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

D Employer Identification Number (EIN)
27-0709861

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): 75-3182674

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):

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2012 AND 2011

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

YEARS ENDED DECEMBER 31, 2012 AND 2011

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SKODA MINOTTI
CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Florida Digestive Health Specialists, LLP
Employees Savings Trust
North Venice, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Florida Digestive Health Specialists, LLP Employees Savings Trust, (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2012 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 conducting our audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MG Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that MG Trust Company, LLC held the Plan's investments as of December 31, 2012 and executed investment transactions for the year then ended. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplementary schedule of assets (held at end of year) as of December 31, 2012 and schedule of reportable transactions for the year ended December 31, 2012 are required by the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplementary schedules referred to above.

We have compiled the accompanying Statement of Net Assets Available for Benefits of Florida Digestive Health Specialists, LLP Employees Savings Trust as of December 31, 2011, in accordance with *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying Statement of Net Assets Available for Benefits as of December 31, 2011 and, accordingly, do not express an opinion or any other form of assurance on it.

Full scope audit procedures were performed for approximately 28% of the Plan's investments as of December 31, 2012.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2012 financial statements and supplementary schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



SKODA MINOTTI
Tampa, Florida
October 14, 2013

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS:		
Investments (at fair value):		
Registered investment companies	$ 3,001,872	$ -
Common stocks	332,896	-
Government securities	131,381	-
Corporate bonds	126,830	-
Interest-bearing cash	65,267	-
Total investments	3,658,246	-
Receivables:		
Notes receivable from participants	41,352	-
Participants contributions receivable	69,275	-
Company contributions receivable	831,324	1,206,599
Total receivables	941,951	1,206,599
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,600,197	$ 1,206,599

See accompanying notes which are an integral part of these financial statements.

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Contributions:	
Company	$ 1,059,726
Participants	681,114
Rollovers	184,425
Total contributions	1,925,265
Investment income:	
Net appreciation in fair value of investments	105,994
Dividend income	55,605
Interest income	1,785
Total investment income	163,384
Other:	
Transfer of assets to the Plan	1,488,934
Other income	984
	1,489,918
TOTAL ADDITIONS	3,578,567
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	182,469
Administrative expenses	2,500
TOTAL DEDUCTIONS	184,969
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	3,393,598
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	1,206,599
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 4,600,197

See accompanying notes which are an integral part of these financial statements.

1. DESCRIPTION OF PLAN

The following description of the Florida Digestive Health Specialists, LLP Employees Savings Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan sponsor is Florida Digestive Health Specialists, LLP, (the "Company").

General

The Plan is a safe harbor 401(k) plan available to all eligible employees of the Company, who have attained the age of twenty-one and have completed one year of service and completed 1,000 hours as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Company established the Plan on January 1, 2011. Discretionary Company contributions amounted to $1,206,599 for the year ended December 31, 2011 and have been recorded as Company contributions receivable in the Statements of Net Assets Available for Benefits. Participant elections began January 1, 2012.

Transfer from Other Plan

The Plan was amended effective May 1, 2012 to include plan assets of Strategic Outsourcing, Inc., a predecessor employer. The value of the participant account balances, including notes receivable from participants, were liquidated and transferred into the Plan. At the time of transfer, the participant account balances amounted to $1,488,934. The participant account balances were transferred into the Plan on July 2, 2012. All prior services performed with the predecessor employer were taken into account for eligibility, vesting and purposes of allocation conditions.

Contributions

Participants may voluntarily elect to contribute between 1% and 100% of their annual eligible wages to their accounts with the Plan on a pre-tax or after-tax (Roth) basis. Participant contributions are subject to Internal Revenue Code ("IRC") limits. Elective deferrals were limited to $17,000 and $16,500 in 2012 and 2011, respectively. As allowed by the IRS, the limit on elective catch-up contributions for participants age 50 and over was $5,500 for the 2012 and 2011 Plan years.

The Company may make annual discretionary contributions to the Plan. To be eligible for discretionary contributions, participants must be employed on the last day of the Plan year and have completed at least 1,000 hours of service during the Plan year. Discretionary Company contributions amounted to $729,180 during the year ended December 31, 2012. The Company may make qualified non-elective contributions ("QNEC") to all eligible employees who are defined as non-highly compensated employees. QNEC are allocated among all eligible employees based on compensation. There were no QNEC during the years ended December 31, 2012 and 2011. Additionally, the Company is required to make safe harbor contributions to all eligible participants equal to 3% of each participant's Plan compensation. Safe harbor contributions began January 1, 2012 and amounted to $330,546 for the year ended December 31, 2012.

The Plan also accepts rollovers and direct transfers from other tax qualified plans.

1. DESCRIPTION OF PLAN (CONTINUED)

Participants' Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. 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 vested in their contributions, safe harbor contributions and QNEC plus actual earnings thereon. Company discretionary contributions and related earnings vest based on years of vesting service according to the following schedule:

Years of service	Vested percentage
Less than 1 year	0%
1 year but less than 2	20%
2 years but less than 3	40%
3 years but less than 4	60%
4 years but less than 5	80%
5 years but less than 6	100%

To receive vesting service for a Plan year, a participant must have completed at least 1,000 hours of service during the Plan year.

Forfeited Accounts

Forfeited balances of terminated participants' non-vested accounts are used to pay Plan expenses or reduce future Company contributions for the Plan year following the Plan Year in which the forfeitures occur. At December 31, 2012 and 2011, there were no forfeitures available to pay Plan expenses or reduce Company contributions and no forfeitures were used to pay Plan expenses or reduce Company contributions during the years ended December 31, 2012 or 2011.

Payments of Benefits

On termination of service due to death, disability, separation of service or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum amount, in installment payments for vested balances greater than $5,000, or a lump sum transfer into an individual retirement account. If the vested balance is $5,000 or less, the balance will be paid in the form of a lump-sum payment. When a participant reaches age 59 ½, they are eligible to take in-service distributions in a lump sum amount or installment payments.

1. DESCRIPTION OF PLAN (CONTINUED)

Hardship Withdrawals

The Plan allows participants to withdraw a portion of their account balance in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must meet the qualification requirement under the Plan. Hardship withdrawals can not be made from Company QNEC or safe harbor contributions and may only be taken if no other distributions or loans are available. Participants taking a hardship withdrawal are suspended from making any further salary deferrals for six months following the receipt of the hardship distribution.

Administrative Expenses

The Company absorbs the majority of costs related to the Plan, with the exception of certain transaction fees paid by the Plan and loan and distribution fees paid by the participants.

Notes Receivable from Participants

Under the terms of the Plan, eligible participants may borrow from their vested account balance a minimum of $1,000 or up to a maximum of $50,000 or 50% of their vested account balance. The notes receivable are secured by the balance in the participant's account. During the Plan year 2012, the loans bore interest at rates between 3.25% and 4.25%. Interest rates are determined by the Plan administrator to be commensurate with local prevailing rates at time of issuance. Repayments of notes receivable vary by participant and principal and interest are paid ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any unpaid accrued interest. Interest income earned on notes receivable from participants amounted to $984 for the year ended December 31, 2012 and has been recorded as other income in the Statement of Changes in Net Assets Available for Benefits.

Investment Options

Participants may elect to invest in a variety of investment options offered by the Plan. Plan participants may also have the option of self-directed investment accounts, in which the participants act as their own asset manager, selecting different investments at their discretion.

Plan Termination

The Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. Although the Company has not expressed any intention to terminate the Plan, if it were to do so, all participant accounts would become fully vested.

Depending on the facts and circumstances, a partial termination may be found to occur where a significant number of employees are terminated or excluded from Plan participation. In this case, only those affected will become 100% vested.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Actual results may differ from those estimates.

Risk and Uncertainties

The Plan provides various investment options in any combination of investment securities as elected by each participant. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments of the Plan are stated 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 a discussion of fair value measurements.

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

Notes receivable from participants are valued at cost, which approximates fair value.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan administrator has evaluated subsequent events through October 14, 2013, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. There were no material subsequent events that required recognition or additional disclosure.

3. INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data, (except for the Oppenheimer investments), included in the accompanying 2012 financial statements and supplementary schedules is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits.
- Net appreciation in fair value of investments as shown in the Statement of Changes in Net Assets Available for Benefits.
- The supplementary Schedule of Assets (Held at End of Year) as of December 31, 2012.
- The supplementary Schedule of Reportable Transactions for the year ended December 31, 2012.

4. FAIR VALUE MEASUREMENTS

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels 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 term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level with 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.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

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.

Registered investment companies and common stock: Valued at the closing price reported on an active market on which the individual securities are traded.

Corporate bonds and government securities: Valued by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.

Interest-bearing cash: Valued at cost which equals fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2012:

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
All-cap	$ 1,463,319	$ -	$ -	$ 1,463,319
Large-cap	348,038	-	-	348,038
Corporate bonds	244,791	-	-	244,791
Mid-cap	180,115	-	-	180,115
Money market	163,352	-	-	163,352
International	149,319	-	-	149,319
Treasury	145,707	-	-	145,707
Small-cap	139,232	-	-	139,232
Mega-cap	127,603	-	-	127,603
Emerging markets	40,208	-	-	40,208
Real estate	188	-	-	188
Common stock	332,896	-	-	332,896
Corporate bonds	-	126,830	-	126,830
Government securities	-	131,381	-	131,381
Interest-bearing cash	65,267	-	-	65,267
	$ 3,400,035	$ 258,211	$ -	$ 3,658,246

5. INVESTMENTS

Investments of the Plan were held by MG Trust Company, LLC, (the "trustee") and Oppenheimer & Company, Inc., (the "Custodian"), at December 31, 2012. The following table presents the fair value of investments at December 31, 2012. Individual investments that represent 5% or more of the Plan's net assets are separately identified.

Registered investment companies:	
T. Rowe Price Retirement 2030 Advantage	$ 406,761
T. Rowe Price Retirement 2015 Advantage	299,150
T. Rowe Price Retirement 2025 Advantage	289,953
T. Rowe Price Retirement 2020 Advantage	253,994
Other registered investment companies	1,752,014
Common stock	332,896
Government securities	131,381
Corporate bonds	126,830
Interest-bearing cash	65,267
	$ 3,658,246

During the year ended December 31, 2012, the Plan's investments (including gains and losses on investments purchased and sold, as well as held during the year) appreciated in value by $105,994.

6. TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan with a cash or deferral arrangement. The Volume Submitter Plan received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan was designed in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires 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 has one open tax return for the year ended December 31, 2011.

7. PARTY-IN-INTEREST

CPI Qualified Plan Consultants, LLC was the record-keeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for record-keeping services amounted to $455 for the year ended December 31, 2012.

The Plan investments are shares of registered investment companies managed by MG Trust Company, LLC. MG Trust Company is the Plan's trustee and, therefore, these transactions are considered party-in-interest transactions.

SUPPLEMENTARY SCHEDULES

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEE SAVINGS TRUST
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

Employer identification number: 27-0709861
Plan Number: 001

(a) Parties-in-interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current Value
	Registered investment companies:		
*	MG Trust Company, LLC	T.Rowe Price Retirement 2030 Advantage	$ 406,761
*	MG Trust Company, LLC	T.Rowe Price Retirement 2015 Advantage	299,150
*	MG Trust Company, LLC	T.Rowe Price Retirement 2025 Advantage	289,953
*	MG Trust Company, LLC	T.Rowe Price Retirement 2020 Advantage	253,994
*	MG Trust Company, LLC	Delaware Diversified Income A	200,897
*	MG Trust Company, LLC	Pioneer Cash Reserves A	163,352
*	MG Trust Company, LLC	T.Rowe Price Retirement 2010 Advantage	156,978
*	MG Trust Company, LLC	Blackrock Equity Dividend A	127,603
*	MG Trust Company, LLC	T.Rowe Price Retirement 2040 Advantage	113,740
*	MG Trust Company, LLC	JPMorgan U.S. Equity A	100,973
*	MG Trust Company, LLC	Prudential Jennison Mid Cap Growth	72,976
*	MG Trust Company, LLC	JPMorgan Government Bond A	67,307
*	MG Trust Company, LLC	T.Rowe Price Retirement 2035 Advantage	59,615
*	MG Trust Company, LLC	Ivy Asset Strategy A	46,951
*	MG Trust Company, LLC	Eaton Vance Income Fund Of Boston A	43,894
*	MG Trust Company, LLC	Mutual Global Discovery A	42,337
*	MG Trust Company, LLC	Oppenheimer Developing Markets A	40,208
*	MG Trust Company, LLC	JHancock Disciplined Value Mid Cap A	34,425
*	MG Trust Company, LLC	Heartland Value Plus	33,730
*	MG Trust Company, LLC	Lord Abbett Alpha Strategy A	26,708
*	MG Trust Company, LLC	Mainstay Large Cap Growth R2	22,918
*	MG Trust Company, LLC	T.Rowe Price Retirement 2045 Advantage	11,747
*	MG Trust Company, LLC	PIMCO Real Return A	6,011
*	MG Trust Company, LLC	T.Rowe Price Retirement 2050 Advantage	4,859
*	MG Trust Company, LLC	Thornburg International Value R4	1,989
*	MG Trust Company, LLC	Franklin Utilities A	799
*	MG Trust Company, LLC	Goldman Sachs Tollkeeper A	422
*	MG Trust Company, LLC	Cohen Steers Realty Income A	188
*	MG Trust Company, LLC	T.Rowe Price Retirement 2055 Advantage	160
	Other:		
	Oppenheimer & Company, Inc.	Self-Directed Accounts:	
		Registered investment companies	371,227
		Common stocks	332,896
		Corporate bonds	131,381
		Government securities	126,830
*	Notes receivable from participants	Loans maturing between 2016 and 2017 with interest rates ranging from 3.25%-4.25%	41,352
	Interest bearing cash		65,267
			$ 3,699,598

*Parties-in-interest

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2012

Employer identification number: 27-0709861
Plan number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) - Single transaction in excess of 5% of beginning Plan assets:								
MG Trust Company, LLC	Pioneer Cash Reserves R 1 purchase	$ 160,525	$ -	N/A	N/A	$ 160,525	$ 160,525	$ -
MG Trust Company, LLC	T. Rowe Price Retirement 2020 Advantage 1 purchase	1,134,537	-	N/A	N/A	1,134,537	1,134,537	-
Category (iii) - Series of transactions involving an aggregate amount in excess of 5% of the beginning value of the Plan assets:								
MG Trust Company, LLC	Pioneer Cash Reserves R Purchases	162,871	-	N/A	N/A	162,871	162,871	-
MG Trust Company, LLC	T. Rowe Price Retirement 2020 Advantage Purchases	1,335,544	-	N/A	N/A	1,335,544	1,335,544	-

Note: There were no category (ii or iv) transactions.

See Independent Auditors' Report.

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► Florida Digestive Health Specialists, LLP Employees Savings Trust
Employer Identification Number (EIN): ► 27-0709861 Three-digit plan number: ► 001
For the plan year beginning/ending: ► 01/01/2012- 12/31/2012

(a) Identity of party involved	**(b)**Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase Price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)
MG Trust Company, LLC	Pioneer Cash Reserves R	160,525				160,525	160,525	
MG Trust Company, LLC	T. Rowe Price Retirement 2020 Advantage	1,134,537				1,134,537	1,134,537	
MG Trust Company, LLC	Pioneer Cash Reserves R	162,871				162,871	162,871	
MG Trust Company, LLC	T. Rowe Price Retirement 2020 Advantage	1,335,544				1,335,544	1,335,544	

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan:

▶ Florida Digestive Health Specialists, LLP Employees Savings Trust

Employer Identification Number: ▶ 27-0709861

For plan year (beginning/ending): ▶ 01/01/2012 to 12/31/2012 Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	LOAN FUND	OTHER LOANS 3.25% - 4.25%	N/A	41,352
	BLACKROCK EQUITY DIVIDEND	VALUE OF INT IN REGIST INVEST CO	N/A	127,603
	COHEN STEERS REALTY INCOME	VALUE OF INT IN REGIST INVEST CO	N/A	188
	DELAWARE DIVERSIFIED INCOME	VALUE OF INT IN REGIST INVEST CO	N/A	200,897
	EV INCOME FUND OF BOSTON	VALUE OF INT IN REGIST INVEST CO	N/A	43,894
	FRANKLIN UTILITIES	VALUE OF INT IN REGIST INVEST CO	N/A	799
	GOLDMAN SACHS TOLLKEEPER	VALUE OF INT IN REGIST INVEST CO	N/A	422
	HEARTLAND VALUE PLUS	VALUE OF INT IN REGIST INVEST CO	N/A	33,730
	IVY ASSET STRATEGY	VALUE OF INT IN REGIST INVEST CO	N/A	46,951
	JH DISCIPLINED VALUE MID CAP	VALUE OF INT IN REGIST INVEST CO	N/A	34,425
	JP MORGAN GOVERNMENT BOND	VALUE OF INT IN REGIST INVEST CO	N/A	67,307
	JPMORGAN U.S. EQUITY	VALUE OF INT IN REGIST INVEST CO	N/A	100,973
	LORD ABBETT ALPHA STRATEGY	VALUE OF INT IN REGIST INVEST CO	N/A	26,708
	MAINSTAY LARGE CAP GROWTH	VALUE OF INT IN REGIST INVEST CO	N/A	22,918
	MUTUAL GLOBAL DISCOVERY	VALUE OF INT IN REGIST INVEST CO	N/A	42,337
	OPP DEVELOPING MARKETS	VALUE OF INT IN REGIST INVEST CO	N/A	40,208
	PIMCO REAL RETURN	VALUE OF INT IN REGIST INVEST CO	N/A	6,011
	PIO CASH RESERVES	VALUE OF INT IN REGIST INVEST CO	N/A	163,352
	PRU JENN MID CAP GROWTH	VALUE OF INT IN REGIST INVEST CO	N/A	72,976
	THORNBURG INTERNAT VALUE	VALUE OF INT IN REGIST INVEST CO	N/A	1,989
	T.ROWE PRICE RETIRMNT 2010	VALUE OF INT IN REGIST INVEST CO	N/A	156,978
	T.ROWE PRICE RETIRMNT 2015	VALUE OF INT IN REGIST INVEST CO	N/A	299,150
	T.ROWE PRICE RETIRMNT 2020	VALUE OF INT IN REGIST INVEST CO	N/A	253,994
	T.ROWE PRICE RETIRMNT 2025	VALUE OF INT IN REGIST INVEST CO	N/A	289,953
	T.ROWE PRICE RETIRMNT 2030	VALUE OF INT IN REGIST INVEST CO	N/A	406,761
	T.ROWE PRICE RETIRMNT 2035	VALUE OF INT IN REGIST INVEST CO	N/A	59,615
	T.ROWE PRICE RETIRMNT 2040	VALUE OF INT IN REGIST INVEST CO	N/A	113,740
	T.ROWE PRICE RETIRMNT 2045	VALUE OF INT IN REGIST INVEST CO	N/A	11,747
	T.ROWE PRICE RETIRMNT 2050	VALUE OF INT IN REGIST INVEST CO	N/A	4,859
	T.ROWE PRICE RETIRMNT 2055	VALUE OF INT IN REGIST INVEST CO	N/A	160

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)			
AT&T Inc 1.6% 2/15/17	Corporate Debt	8,253	8,094
Am Exp Cr Corp 2.375% 3/24/17	Corporate Debt	8,464	8,371
Berkshire Hthway 4.85% 1/15/15	Corporate Debt	8,863	8,679
Cisco Sys 5.5% 2/22/16	Corporate Debt	9,331	9,144
Deere John 1.4% 3/15/17	Corporate Debt	8,203	8,077
Du Point 3.25% 1/15/15	Corporate Debt	8,584	8,421
FNMA 1.25% 9/28/16	Govt Security	7,166	7,182
FHLM 1% 7/28/17	Govt Security	4,035	4,040
FHLM 4.75% 11/17/15	Govt Security	8,053	7,870
FNMA 4.625% 10/15/14	Govt Security	7,600	7,542
GE Cap 2.9% 1/9/17	Corporate Debt	8,559	8,459
JPM Chase 3.7% 1/20/15	Corporate Debt	8,562	8,423
Ntl Rural Utils 4.75% 3/1/14	Corporate Debt	8,515	8,384
Occidental Pete 4.1% 2/1/21	Corporate Debt	9,329	9,147
Texas Inst 1.375% 5/15/14	Corporate Debt	8,177	8,106
US Bancorp 4.2% 5/15/14	Corporate Debt	8,616	8,399
US Trsy Nte 4% 2/15/14	Govt Security	8,453	8,339
US Trsy Nte 4.25% 8/15/14	Govt Security	16,189	15,972
US Trsy Nte 4.125% 5/15/15	Govt Security	11,134	10,899
US Trsy Nte 3.875% 5/15/18	Govt Security	10,606	10,459
US Trsy Nte 2.625% 4/30/16	Govt Security	10,865	10,725
US Trsy Nte 2.25% 5/31/14	Govt Security	15,606	15,427
US Trsy Nte 2.5% 4/30/15	Govt Security	10,656	10,509
US Trsy Nte .875% 1/31/17	Govt Security	7,080	7,093
US Trsy Nte 1/25% 1/31/19	Govt Security	7,104	7,127
US Trsy Nte 1.375% 2/28/19	Govt Security	8,266	8,198
Verizon Comm 1.95% 3/28/14	Corporate Debt	8,194	8,145
Wal-Mart Stores 3.25% 10/25/20	Corporate Debt	8,972	8,710
Wells Fargo 2.1% 5/8/17	Corporate Debt	8,345	8,271
Archer Daniels Midland Co (168 shares)	Common Stock	4,560	4,602
Aflac Inc (89 shares)	Common Stock	4,398	4,728
Applied Matls Inc (353 shares)	Common Stock	3,960	4,038
Ansys Inc (37 shares)	Common Stock	2,639	2,492
AthenaHealth Inc (29 shares)	Common Stock	2,316	2,125
Beacon Roofing Supply Inc (109 shares)	Common Stock	3,079	3,628
BlackRock Inc (37 shares)	Common Stock	7,023	7,648
Bio-Reference Labs Inc (79 shares)	Common Stock	2,534	2,262
Burberry Group PLC (50 shares)	Common Stock	2,031	1,993
Cabot Microelectronics Corp (44 shares)	Common Stock	1,497	1,562
Chemed Corp (46 shares)	Common Stock	3,236	3,155
Concur Technologies Inc (29 shares)	Common Stock	2,000	1,958
ConocoPhillips (83 shares)	Common Stock	4,782	4,813
Cepheid (124 shares)	Common Stock	4,143	4,199

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Cree Inc (47 shares)	Common Stock	1,224	1,597
Cisco Sys Inc (107 shares)	Common Stock	2,022	2,103
CoStar Group Inc (25 shares)	Common Stock	2,048	2,234
CenturyLink Inc (203 shares)	Common Stock	7,884	7,941
Chevron Corp (58 shares)	Common Stock	6,611	6,272
EcoLab Inc (57 shares)	Common Stock	3,909	4,098
Fastenal Co (88 shares)	Common Stock	3,937	4,105
Fiserv Inc (38 shares)	Common Stock	2,884	3,003
General Electric Co (345 shares)	Common Stock	7,821	7,242
Gentex Corp (124 shares)	Common Stock	2,151	2,337
Google Inc (3 shares)	Common Stock	2,230	2,122
Hormel Foods Corp (85 shares)	Common Stock	2,496	2,653
Eagle Ser SmCap Growth (1841 shares)	Mutual Fund	78,150	78,794
IShares Tr Brclys 3-7Yr ETF (342 shares)	Mutual Fund	42,130	42,141
IHS Inc (28 shares)	Common Stock	2,549	2,688
IShares Tr S&P MCP ETF (498 shares)	Mutual Fund	49,909	50,647
Intel Corp (285 shares)	Common Stock	6,336	5,877
Innerworkings Inc (76 shares)	Common Stock	1,116	1,047
IPC the Hospitalist Co Inc (53 shares)	Common Stock	2,341	2,105
IVA Wordwide Fd (9266 shares)	Mutual Fund	150,767	147,330
Johnson Ctls Inc (53 shares)	Common Stock	1,384	1,626
Johnson & Johnson (120 shares)	Common Stock	8,317	8,412
JP Morgan Chase & Co (165 shares)	Common Stock	7,034	7,255
LKQ Corp (258 shares)	Common Stock	5,312	5,444
Linear Technology Corp (42 shares)	Common Stock	1,368	1,441
Grand Canyon Ed Inc (105 shares)	Common Stock	2,449	2,464
Lowes Cos Inc (185 shares)	Common Stock	5,957	6,571
McDonalds Corp (69 shares)	Common Stock	6,482	6,087
Mednax Inc (49 shares)	Common Stock	3,471	3,897
MDU Res Group Inc (59 shares)	Common Stock	1,280	1,253
MetLife Inc (204 shares)	Common Stock	7,368	6,720
3M Co (20 shares)	Common Stock	1,885	1,857
Altria Group Inc (194 shares)	Common Stock	6,445	6,099
Merck & Co Inc (219 shares)	Common Stock	10,330	8,966
Microsoft Corp (132 shares)	Common Stock	3,894	3,526
ProShares Tr Ult MCap 400 ETF (298 shares)	Mutual Fund	21,307	22,067
National Instrs Corp (139 shares)	Common Stock	3,397	3,588
Neogen Corp (46 shares)	Common Stock	1,980	2,085
Nucor Corp (127 shares)	Common Stock	5,066	5,481
Patterson Companies Inc (58 shares)	Common Stock	2,002	1,985
Pepsico Inc (81 shares)	Common Stock	5,706	5,543
Pfizer Inc (321 shares)	Common Stock	8,285	8,050
Philip Morris Intl Inc (48 shares)	Common Stock	4,427	4,015
PNC Finl Svcs Group Inc (104 shares)	Common Stock	6,274	6,064

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Power Integrations Inc (42 shares)	Common Stock	1,208	1,412
PPL Corp (252 shares)	Common Stock	7,404	7,215
Portfolio Recovery Assocs Inc (22 shares)	Common Stock	2,306	2,351
Perrigo Co (18 shares)	Common Stock	2,153	1,873
Praxair Inc (24 shares)	Common Stock	2,554	2,627
QualComm Inc (32 shares)	Common Stock	1,924	1,980
Qiagen NV Reg Shs (75 shares)	Common Stock	1,370	1,361
Ritchie Bros Auctioneers (56 shares)	Common Stock	1,154	1,170
Roche Hldg Ltd (31 shares)	Common Stock	1,550	1,558
Rockwood Hldgs Inc (36 shares)	Common Stock	1,758	1,781
Rollins Inc (107 shares)	Common Stock	2,452	2,358
Roper Inds Inc (25 shares)	Common Stock	2,775	2,787
Starbucks Corp (116 shares)	Common Stock	5,643	6,221
Schlumberger Ltd (14 shares)	Common Stock	1,028	970
Staples Inc (131 shares)	Common Stock	1,480	1,493
Stericycle Inc (54 shares)	Common Stock	4,969	5,037
AT&T Inc (200 shares)	Common Stock	7,080	6,742
Molson Coors Brewing Co (154 shares)	Common Stock	6,870	6,590
Techne Corp (44 shares)	Common Stock	3,055	3,007
Target Corp (161 shares)	Common Stock	10,101	9,526
Total S A (199 shares)	Common Stock	10,258	10,350
DealerTrack Hldgs Inc (69 shares)	Common Stock	1,931	1,982
Travelers Companies Inc (85 shares)	Common Stock	6,031	6,105
Time Warner Cable Inc (77 shares)	Common Stock	7,613	7,484
Ultimate Software Group Inc (23 shares)	Common Stock	2,332	2,171
United Nat Foods Inc (32 shares)	Common Stock	1,817	1,715
United Parcel Service Inc (81 shares)	Common Stock	5,930	5,972
ProShares Tr Ultr 7-10 Tr ETF (533 shares)	Mutual Fund	30,237	30,248
VMWare Inc (29 shares)	Common Stock	2,623	2,730
Wells Fargo & Co (270 shares)	Common Stock	9,107	9,229
Wal-Mart Stores Inc (30 shares)	Common Stock	2,302	2,047
Rounding adjustment			-6
		968,928	962,333

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Schedule H, Line4i - Schedule of Assets (Acquired and Disposed of Within Year)			
Abbott Labs 5.6% 11/30/17	Corporate Debt	9,968	9,847
US Trsy Nte 3.875% 2/15/13	Govt Security	15,284	15,290
Adobe Sys Inc	Common Stock	1,596	1,816
Bio Rad Labs Inc	Common Stock	2,516	2,511
Ishares Tr Core S&P 500 ETF	Mutual Fund	58,672	57,586

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Ishares Tr Russell 2000 ETF	Mutual Fund	58,530	58,056
Pitney Bowes Inc	Common Stock	3,972	3,659
ProShares Tr Ult S&P 500 ETF	Mutual Fund	30,561	29,411
Sysco Corp	Common Stock	1,947	2,004
Teva Pharmaceutical Inds Ltd	Common Stock	5,586	5,414
ProShares Tr UltRuss 2000 ETF	Mutual Fund	30,348	29,549