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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
JSA HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2009

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

JSA HEALTHCARE CORPORATION

10051 5TH STREET NORTH
SUITE 200
SAINT PETERSBRUG, FL 33702

2b Employer Identification Number (EIN)
87-0408859

2c Sponsor's telephone number
727-824-0780

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.	09/17/2014	DIANE FOWLER
	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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	654
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**	695
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	59
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	755
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	755
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	468
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:
2F 2G 2J 2K 2R 2T 3D 3H 2E

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)

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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶
JSA HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
JSA HEALTHCARE CORPORATION	87-0408859

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDUCIARY PARTNERS I

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	CONSULTANT	10000	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

FIDUCIARY PARTNERS G

59-3670142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	CONSULTANT	10000	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	9841	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MAIRS & POWER GROWTH 777 E. WISCONSIN AVENUE MILWAUKEE, WI 53202	$16.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TOCQUEVILLE 40 W 57TH STREET 19TH FL NEW YORK, NY 10019	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GREEN CENTURY 114 STATE ST., STE. 200 BOSTON, MA 02111	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVESCO GOLD & 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL MID CP VAL OP K - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HARBOR INTL INV - HARBOR SERVICES 34-1953399	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS FORTY S - JANUS SERVICES LLC 43-1804048	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SM CAP GRTH SEL - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MSIF MID CAP GRTH A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%

(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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
JSA HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JSA HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
87-0408859

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1286743	1228837
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(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)	360843	359951
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	14580374	18957330
(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	16227960	20546118
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	16227960	20546118

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)	487464	
(B) Participants	2a(1)(B)	2295608	
(C) Others (including rollovers)	2a(1)(C)	251944	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3035016
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	136	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	13903	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14039
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	923811	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		923811
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2343949
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6316815
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1968031	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1968031
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		1206
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	29420	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29420
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1998657
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4318158
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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		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		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
JSA HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JSA HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
87-0408859

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**

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): 04-6568107

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):

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Financial Statements
and
Supplemental Schedule

December 31, 2013 and 2012
(With Independent Auditor's Report Thereon)

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

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Mayer Hoffman McCann P.C.
An Independent CPA Firm

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Independent Auditor's Report

To the Investment Committee
JSA Healthcare Corporation 401(k) Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the JSA Healthcare Corporation 401(k) Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 conducting the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Investment Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Investment Committee that the trustee holds the Plan's investment assets and executes investment transactions. The Investment Committee has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Investment Committee by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter 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 Matter

The supplemental Schedule of Assets (Held at Year End) as of December 31, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is 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.

August 18, 2014
Clearwater, Florida

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments:		
Registered investment companies	$ 19,999,433	15,571,113
Self directed brokerage account	186,734	296,004
Total investments	20,186,167	15,867,117
Receivables:		
Participant	113,457	77,940
Employer	21,284	15,798
Notes receivable from participants	359,951	360,843
Net assets available for benefits	$ 20,680,859	16,321,698

See accompanying independent auditor's report and notes to financial statements.

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions to net assets attributed to:		
Net appreciation in fair value of investments	$	2,346,740
Interest and dividend income		921,156
Interest income from notes receivable from participants		13,906
Total investment income		3,281,802
Contributions:		
Participant		2,331,125
Employer		492,950
Rollover		251,944
Total additions to net assets		6,357,821
Deductions from net assets attributed to:		
Benefits paid to participants		1,969,241
Administrative expenses		29,419
Total deductions from net assets		1,998,660
Net increase		4,359,161
Net assets available for benefits:		
Beginning of year		16,321,698
End of year	$	20,680,859

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2013 and 2012

(1) Plan Description

The following is a brief description of the JSA Healthcare Corporation 401(k) Retirement Savings Plan (Plan) and is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined-contribution plan that was adopted on January 1, 2009, that covers eligible employees of JSA Healthcare Corporation (Company) and has been subsequently amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to January 1, 2009, the Company had adopted and sponsored a multiple-employer plan. All assets from the previous plan related to JSA Healthcare Corporation were transferred to the Plan.

Employees become eligible to participate in the Plan in the month following their completion of nine months of service, and attaining the age of 18. In certain circumstances, the Company recognizes prior service with other related and/or acquired employers.

(b) Contributions

Participants may elect to contribute up to 75% of their compensation up to a maximum of $17,500 for the year ended December 31, 2013. The Plan allows for post-tax Roth 401(k) contributions. The Plan also provides for "catch-up" contributions subject to IRS limitations.

The Company makes safe harbor contributions to participants in the Plan employed by the Company based on participants' deferrals. The Company's safe harbor contribution is 100% of participant deferrals up to 3% of participant compensation and 50% of participant deferrals in excess of 3% of participant compensation up to 5% of participant compensation. Total safe harbor contributions for the year ended December 31, 2013 were approximately $512,000, which includes the use of approximately $24,000 of forfeited non-vested account balances. These contributions are allocated to non-highly compensated employees only.

At the end of the Plan year, the Company may make additional matching contributions of up to 4% of a participant's compensation for non-highly compensated employees. No such contributions were made for the year ended December 31, 2013.

The Company, at its discretion, may also make profit sharing contributions. No such contributions were made for the year ended December 31, 2013.

The Company may also make non-elective contributions to eligible employees who have worked at least 1,000 hours and are employed on the last day of the contribution period. No such contributions were made for the year ended December 31, 2013.

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

(1) Plan Description – Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution and Plan earnings. A separate account is maintained for each investment option selected by the participant. Earnings and losses of the Plan are allocated to each participant based upon the ratio of their account to the total of all participants' accounts. All allocations are made on a daily basis.

(d) Vesting

Participants are immediately vested in their own salary deferral, rollover contributions and Company safe harbor contributions, plus actual earnings thereon. Participants who were employed by the Company at any time on or after January 1, 2009 become 100% vested in the Company matching contributions (non-safe harbor) and Company discretionary profit sharing contributions after four years of credited service based on the following table:

Less than one year	0%
One year but less than two	25%
Two years but less than three	50%
Three years but less than four	75%
Four years or more	100%

Participants who were not employed by the Company on or after January 1, 2009 but who still had assets in the Plan, maintained the Plan's prior vesting schedule of 100% for salary deferrals, rollover contributions and safe harbor contributions. Company matching and Company discretionary profit sharing contributions vest after six years of credited service based on the following table:

Less than two years	0%
Two years but less than three	20%
Three years but less than four	40%
Four years but less than five	60%
Five years but less than six	80%
Six years or more	100%

Participants also become fully vested upon reaching their normal retirement age (age 65) or upon death or disability.

(1) Plan Description – Continued

(e) Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 with the maximum equal to the lesser of $50,000 or 50% of their vested account balance. The Plan was amended in 2013 to limit the number of loans a participant is allowed to have outstanding from the Plan at any time to one loan. Participants that currently have two loans have been grandfathered in, however once one of their loans becomes paid off, they will not be allowed to take an additional loan. Loan terms range from one to five years and are collateralized by the respective participant's account and are evidenced by a note which bears interest based on prevailing market rates. Interest rates ranged from 4.25% to 6.25% during 2013. Principal and interest are paid ratably through payroll deductions. All loans shall be repaid within five years, unless the loan qualifies as a home loan in which the loan term shall not exceed fifteen years.

(f) Withdrawals

The Plan allows participants to withdraw a portion of their vested 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 but shall be for no less than $500, and must qualify with respect to Plan provisions.

The Plan allows withdrawals from vested account balances by participants who have reached age 59 ½.

(g) Benefit Payments

In the event of termination of employment with the Company, a participant shall be entitled to benefits equal to a lump-sum amount equal to the value of the participant's vested interest in his or her account. If the value of a terminated participant's vested benefit does not exceed $1,000, the entire amount shall be paid to the participant in a single lump sum. If the account balance exceeds $1,000 but is less than $5,000, the amount will be rolled to an individual retirement plan designated by the Plan Administrator. Plan directed distributions are processed on an annual basis.

(h) Forfeitures

Forfeitures from the Plan are used to reduce future employer contributions or to reduce administrative expenses. Forfeitures available for reduction of future employer contributions were approximately $0 and $24,000 at December 31, 2013 and 2012, respectively. For the year ended December 31, 2013, the Company utilized approximately $24,000 of forfeited non-vested account balances to reduce its safe harbor contributions.

(2) Summary of Accounting Policies

(a) Basis of Presentation

The financial statements of the Plan are presented on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

(c) Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(d) Investment Valuation and Income Recognition

Investments 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 8 for discussions 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

(e) Administrative Expenses

Plan expenses may be paid out of Plan assets unless paid by the Company. Company personnel also perform various administrative services for the Plan, including limited assistance with the maintenance of participant records. The amount of payroll and related overhead costs associated with these services is not included in the accompanying financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

(2) Summary of Accounting Policies – Continued

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market and credit. 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 plan benefits.

(3) Plan Termination

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

(4) Tax Status

The Plan has adopted the Fidelity Volume Submitter Plan (FVSP). The FVSP obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the FVSP, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter; however, the Plan Administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes 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 tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain 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 2010.

(5) Information Certified by the Trustee (Unaudited)

The Investment Committee 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, Fidelity Management Trust Company (Fidelity), the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

(5) Information Certified by the Trustee (Unaudited) – Continued

- Total investments and notes receivable from participants, as shown in the statements of net assets available for benefits, as of December 31, 2013 and 2012;

- Total investment income and related activity, as shown in the statement of changes in net assets available for benefits, for the year ended December 31, 2013;

- The Schedule of Assets (Held at End of Year), as shown in the supplemental schedule, as of December 31, 2013.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(6) Investments

The fair value of investments which individually comprise greater than 5% of net assets available for plan benefits as of December 31, 2013 and 2012 are as follows:

	2013	2012
Registered investment companies, at fair value:		
Fidelity Balanced Fund	$ 1,523,325	1,505,491
Fidelity Freedom 2020 Fund	1,222,682	995,518
Fidelity Retirement Money Market Portfolio	1,181,422	1,248,488
Spartan 500 Index Fund Investor Class	3,247,042	2,368,742
Janus Forty Fund Class S	1,303,380	1,034,916
PIMCO Total Return Fund	*	1,156,715
Morgan Stanley Institutional Fund Mid Cap Growth Portfolio	1,494,443	1,048,993
Fidelity Freedom 2030 Fund	1,480,805	*
Harbor International Fund	*	970,409

* This item did not represent 5% or more of the Plan's net assets.

During the year ended December 31, 2013, the Plan's investments, including investments bought, sold, and held during the year, appreciated in value as follows:

Registered investment companies	$ 2,160,006
Self directed brokerage account	186,734
Net appreciation in fair value of investments	$ 2,346,740

(7) Parties-in-Interest

The Plan invested in registered investment companies managed by Fidelity. Fidelity acted as the investment trustee for only those investments as defined by the Plan. Plan expenses include approximately $10,000 paid to Fidelity Investments for recordkeeping services and $20,000 paid to the Plan's investment advisor. These transactions qualify as party-in-interest transactions, but are exempt from prohibited transaction rules.

(8) Fair Value Measurements

The Plan applies the provisions of Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), in measuring fair value. ASC 820 established a three tier fair value hierarchy which prioritized the inputs used in measuring fair value as follows:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly;

Level 3: Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

The asset'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. Following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Registered Investment Companies

Registered investment companies are valued at quoted market prices, which represent net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Self Directed Brokerage Account

Self directed brokerage accounts are comprised of cash and mutual funds, and are valued based on the underlying net asset values of the investments.

(8) Fair Value Measurements – Continued

As of December 31, 2013, the Plan's investments measured at fair value on a recurring basis were as follows:

		Fair Value Measurements at December 31, 2013		
Description	Assets Measured at Fair Value at December 31, 2013	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment company:				
Large Cap	$ 5,578,314	5,578,314	-	-
Mid Cap	2,395,035	2,395,035	-	-
Small Cap	1,049,122	1,049,122	-	-
International	952,823	952,823	-	-
Blended	7,348,233	7,348,233	-	-
Bond	1,494,483	1,494,483	-	-
Short Term	1,181,423	1,181,423	-	-
Self directed brokerage account	186,734	186,734	-	-
	$ 20,186,167	20,186,167	-	-

As of December 31, 2012, the Plan's investments measured at fair value on a recurring basis were as follows:

		Fair Value Measurements at December 31, 2012		
Description	Assets Measured at Fair Value at December 31, 2012	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment company:				
Large Cap	$ 4,029,502	4,029,502	-	-
Mid Cap	1,669,098	1,669,098	-	-
Small Cap	612,803	612,803	-	-
International	970,409	970,409	-	-
Blended	5,365,500	5,365,500	-	-
Bond	1,675,313	1,675,313	-	-
Short Term	1,248,488	1,248,488	-	-
Self directed brokerage account	296,004	296,004	-	-
	$ 15,867,117	15,867,117	-	-

(9) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits for financial reporting purposes	$ 20,680,859	16,321,698
Participant and employer contributions receivable	(134,741)	(93,738)
Net assets available for benefits for Form 5500 purposes	$ 20,546,118	16,227,960

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2013:

Net increase for financial reporting purposes	$ 4,359,161
Participant and employer contributions receivable at December 31, 2013	(134,741)
Participant and employer contributions receivable at December 31, 2012	93,738
Net income for Form 5500 purposes	$ 4,318,158

(10) Subsequent Events

In preparing these financial statements, plan management has evaluated events and transactions for potential recognition or disclosure through August 18, 2014, the date the financial statements were available to be issued.

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 87-0408859
Plan Number (PN): 002

December 31, 2013

(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	(e) Current Value
*	Fidelity Government Income Fund	Registered Investment Company	$ 530,450
*	Fidelity Balanced Fund	Registered Investment Company	1,523,325
*	Fidelity Freedom Income Fund	Registered Investment Company	301,200
*	Fidelity Freedom 2000 Fund	Registered Investment Company	894
*	Fidelity Freedom 2010 Fund	Registered Investment Company	3,447
*	Fidelity Freedom 2020 Fund	Registered Investment Company	1,222,682
*	Fidelity Freedom 2030 Fund	Registered Investment Company	1,480,805
*	Fidelity Retirement Money Market Portfolio	Registered Investment Company	1,181,422
*	Spartan 500 Index Adv	Registered Investment Company	3,247,042
*	Fidelity Freedom 2040 Fund	Registered Investment Company	635,759
*	Fidelity Freedom 2005 Fund	Registered Investment Company	4,681
*	Fidelity Freedom 2015 Fund	Registered Investment Company	346,991
*	Fidelity Freedom 2025 Fund	Registered Investment Company	778,109
*	Fidelity Freedom 2035 Fund	Registered Investment Company	579,730
*	Fidelity Freedom 2045 Fund	Registered Investment Company	289,421
*	Fidelity Freedom 2050 Fund	Registered Investment Company	150,261
*	Fidelity Freedom 2055 Fund	Registered Investment Company	30,928
*	Self directed brokerage account	Various Share/Units	186,734
	Janus Forty Fund Class S	Registered Investment Company	1,303,380
	PIMCO Total Return Fund	Registered Investment Company	964,032
	Morgan Stanley Institutional Fund Mid Cap Growth Portfolio	Registered Investment Company	1,494,443
	Columbia Mid-Cap Value Fund - R4	Registered Investment Company	679,896
	Harbor International Fund	Registered Investment Company	952,823
	DFA Emerging Markets Core Equity	Registered Investment Company	114,060
	JPMorgan Small Cap Growth Select	Registered Investment Company	627,772
	Vanguard Equity Income Adm	Registered Investment Company	913,834
	Vanguard Mid Cap Index Signal	Registered Investment Company	220,696
	Vanguard Small Cap Index Signal	Registered Investment Company	421,350
			20,186,167
*	Participant loans	4.25% to 6.25%	359,951
			$ 20,546,118

* Parties-in-interest

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Financial Statements
and
Supplemental Schedule

December 31, 2013 and 2012
(With Independent Auditor's Report Thereon)

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

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Independent Auditor's Report

To the Investment Committee
JSA Healthcare Corporation 401(k) Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the JSA Healthcare Corporation 401(k) Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 conducting the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Investment Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Investment Committee that the trustee holds the Plan's investment assets and executes investment transactions. The Investment Committee has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Investment Committee by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter 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 Matter

The supplemental Schedule of Assets (Held at Year End) as of December 31, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is 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.

August 18, 2014
Clearwater, Florida

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments:		
Registered investment companies	$ 19,999,433	15,571,113
Self directed brokerage account	186,734	296,004
Total investments	20,186,167	15,867,117
Receivables:		
Participant	113,457	77,940
Employer	21,284	15,798
Notes receivable from participants	359,951	360,843
Net assets available for benefits	$ 20,680,859	16,321,698

See accompanying independent auditor's report and notes to financial statements.

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions to net assets attributed to:		
Net appreciation in fair value of investments	$	2,346,740
Interest and dividend income		921,156
Interest income from notes receivable from participants		13,906
Total investment income		3,281,802
Contributions:		
Participant		2,331,125
Employer		492,950
Rollover		251,944
Total additions to net assets		6,357,821
Deductions from net assets attributed to:		
Benefits paid to participants		1,969,241
Administrative expenses		29,419
Total deductions from net assets		1,998,660
Net increase		4,359,161
Net assets available for benefits:		
Beginning of year		16,321,698
End of year	$	20,680,859

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2013 and 2012

(1) Plan Description

The following is a brief description of the JSA Healthcare Corporation 401(k) Retirement Savings Plan (Plan) and is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined-contribution plan that was adopted on January 1, 2009, that covers eligible employees of JSA Healthcare Corporation (Company) and has been subsequently amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to January 1, 2009, the Company had adopted and sponsored a multiple-employer plan. All assets from the previous plan related to JSA Healthcare Corporation were transferred to the Plan.

Employees become eligible to participate in the Plan in the month following their completion of nine months of service, and attaining the age of 18. In certain circumstances, the Company recognizes prior service with other related and/or acquired employers.

(b) Contributions

Participants may elect to contribute up to 75% of their compensation up to a maximum of $17,500 for the year ended December 31, 2013. The Plan allows for post-tax Roth 401(k) contributions. The Plan also provides for "catch-up" contributions subject to IRS limitations.

The Company makes safe harbor contributions to participants in the Plan employed by the Company based on participants' deferrals. The Company's safe harbor contribution is 100% of participant deferrals up to 3% of participant compensation and 50% of participant deferrals in excess of 3% of participant compensation up to 5% of participant compensation. Total safe harbor contributions for the year ended December 31, 2013 were approximately $512,000, which includes the use of approximately $24,000 of forfeited non-vested account balances. These contributions are allocated to non-highly compensated employees only.

At the end of the Plan year, the Company may make additional matching contributions of up to 4% of a participant's compensation for non-highly compensated employees. No such contributions were made for the year ended December 31, 2013.

The Company, at its discretion, may also make profit sharing contributions. No such contributions were made for the year ended December 31, 2013.

The Company may also make non-elective contributions to eligible employees who have worked at least 1,000 hours and are employed on the last day of the contribution period. No such contributions were made for the year ended December 31, 2013.

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

(1) Plan Description – Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution and Plan earnings. A separate account is maintained for each investment option selected by the participant. Earnings and losses of the Plan are allocated to each participant based upon the ratio of their account to the total of all participants' accounts. All allocations are made on a daily basis.

(d) Vesting

Participants are immediately vested in their own salary deferral, rollover contributions and Company safe harbor contributions, plus actual earnings thereon. Participants who were employed by the Company at any time on or after January 1, 2009 become 100% vested in the Company matching contributions (non-safe harbor) and Company discretionary profit sharing contributions after four years of credited service based on the following table:

Less than one year	0%
One year but less than two	25%
Two years but less than three	50%
Three years but less than four	75%
Four years or more	100%

Participants who were not employed by the Company on or after January 1, 2009 but who still had assets in the Plan, maintained the Plan's prior vesting schedule of 100% for salary deferrals, rollover contributions and safe harbor contributions. Company matching and Company discretionary profit sharing contributions vest after six years of credited service based on the following table:

Less than two years	0%
Two years but less than three	20%
Three years but less than four	40%
Four years but less than five	60%
Five years but less than six	80%
Six years or more	100%

Participants also become fully vested upon reaching their normal retirement age (age 65) or upon death or disability.

(1) Plan Description – Continued

(e) Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 with the maximum equal to the lesser of $50,000 or 50% of their vested account balance. The Plan was amended in 2013 to limit the number of loans a participant is allowed to have outstanding from the Plan at any time to one loan. Participants that currently have two loans have been grandfathered in, however once one of their loans becomes paid off, they will not be allowed to take an additional loan. Loan terms range from one to five years and are collateralized by the respective participant's account and are evidenced by a note which bears interest based on prevailing market rates. Interest rates ranged from 4.25% to 6.25% during 2013. Principal and interest are paid ratably through payroll deductions. All loans shall be repaid within five years, unless the loan qualifies as a home loan in which the loan term shall not exceed fifteen years.

(f) Withdrawals

The Plan allows participants to withdraw a portion of their vested 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 but shall be for no less than $500, and must qualify with respect to Plan provisions.

The Plan allows withdrawals from vested account balances by participants who have reached age 59 ½.

(g) Benefit Payments

In the event of termination of employment with the Company, a participant shall be entitled to benefits equal to a lump-sum amount equal to the value of the participant's vested interest in his or her account. If the value of a terminated participant's vested benefit does not exceed $1,000, the entire amount shall be paid to the participant in a single lump sum. If the account balance exceeds $1,000 but is less than $5,000, the amount will be rolled to an individual retirement plan designated by the Plan Administrator. Plan directed distributions are processed on an annual basis.

(h) Forfeitures

Forfeitures from the Plan are used to reduce future employer contributions or to reduce administrative expenses. Forfeitures available for reduction of future employer contributions were approximately $0 and $24,000 at December 31, 2013 and 2012, respectively. For the year ended December 31, 2013, the Company utilized approximately $24,000 of forfeited non-vested account balances to reduce its safe harbor contributions.

(2) Summary of Accounting Policies

(a) Basis of Presentation

The financial statements of the Plan are presented on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

(c) Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(d) Investment Valuation and Income Recognition

Investments 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 8 for discussions 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

(e) Administrative Expenses

Plan expenses may be paid out of Plan assets unless paid by the Company. Company personnel also perform various administrative services for the Plan, including limited assistance with the maintenance of participant records. The amount of payroll and related overhead costs associated with these services is not included in the accompanying financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

(2) Summary of Accounting Policies – Continued

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market and credit. 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 plan benefits.

(3) Plan Termination

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

(4) Tax Status

The Plan has adopted the Fidelity Volume Submitter Plan (FVSP). The FVSP obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the FVSP, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter; however, the Plan Administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes 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 tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain 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 2010.

(5) Information Certified by the Trustee (Unaudited)

The Investment Committee 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, Fidelity Management Trust Company (Fidelity), the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

(5) Information Certified by the Trustee (Unaudited) – Continued

- Total investments and notes receivable from participants, as shown in the statements of net assets available for benefits, as of December 31, 2013 and 2012;

- Total investment income and related activity, as shown in the statement of changes in net assets available for benefits, for the year ended December 31, 2013;

- The Schedule of Assets (Held at End of Year), as shown in the supplemental schedule, as of December 31, 2013.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(6) Investments

The fair value of investments which individually comprise greater than 5% of net assets available for plan benefits as of December 31, 2013 and 2012 are as follows:

	2013	2012
Registered investment companies, at fair value:		
Fidelity Balanced Fund	$ 1,523,325	1,505,491
Fidelity Freedom 2020 Fund	1,222,682	995,518
Fidelity Retirement Money Market Portfolio	1,181,422	1,248,488
Spartan 500 Index Fund Investor Class	3,247,042	2,368,742
Janus Forty Fund Class S	1,303,380	1,034,916
PIMCO Total Return Fund	*	1,156,715
Morgan Stanley Institutional Fund Mid Cap Growth Portfolio	1,494,443	1,048,993
Fidelity Freedom 2030 Fund	1,480,805	*
Harbor International Fund	*	970,409

* This item did not represent 5% or more of the Plan's net assets.

During the year ended December 31, 2013, the Plan's investments, including investments bought, sold, and held during the year, appreciated in value as follows:

Registered investment companies	$ 2,160,006
Self directed brokerage account	186,734
Net appreciation in fair value of investments	$ 2,346,740

(7) Parties-in-Interest

The Plan invested in registered investment companies managed by Fidelity. Fidelity acted as the investment trustee for only those investments as defined by the Plan. Plan expenses include approximately $10,000 paid to Fidelity Investments for recordkeeping services and $20,000 paid to the Plan's investment advisor. These transactions qualify as party-in-interest transactions, but are exempt from prohibited transaction rules.

(8) Fair Value Measurements

The Plan applies the provisions of Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), in measuring fair value. ASC 820 established a three tier fair value hierarchy which prioritized the inputs used in measuring fair value as follows:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly;

Level 3: Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

The asset'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. Following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Registered Investment Companies

Registered investment companies are valued at quoted market prices, which represent net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Self Directed Brokerage Account

Self directed brokerage accounts are comprised of cash and mutual funds, and are valued based on the underlying net asset values of the investments.

(8) Fair Value Measurements – Continued

As of December 31, 2013, the Plan's investments measured at fair value on a recurring basis were as follows:

		Fair Value Measurements at December 31, 2013		
Description	Assets Measured at Fair Value at December 31, 2013	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment company:				
Large Cap	$ 5,578,314	5,578,314	-	-
Mid Cap	2,395,035	2,395,035	-	-
Small Cap	1,049,122	1,049,122	-	-
International	952,823	952,823	-	-
Blended	7,348,233	7,348,233	-	-
Bond	1,494,483	1,494,483	-	-
Short Term	1,181,423	1,181,423	-	-
Self directed brokerage account	186,734	186,734	-	-
	$ 20,186,167	20,186,167	-	-

As of December 31, 2012, the Plan's investments measured at fair value on a recurring basis were as follows:

		Fair Value Measurements at December 31, 2012		
Description	Assets Measured at Fair Value at December 31, 2012	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment company:				
Large Cap	$ 4,029,502	4,029,502	-	-
Mid Cap	1,669,098	1,669,098	-	-
Small Cap	612,803	612,803	-	-
International	970,409	970,409	-	-
Blended	5,365,500	5,365,500	-	-
Bond	1,675,313	1,675,313	-	-
Short Term	1,248,488	1,248,488	-	-
Self directed brokerage account	296,004	296,004	-	-
	$ 15,867,117	15,867,117	-	-

(9) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits for financial reporting purposes	$ 20,680,859	16,321,698
Participant and employer contributions receivable	(134,741)	(93,738)
Net assets available for benefits for Form 5500 purposes	$ 20,546,118	16,227,960

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2013:

Net increase for financial reporting purposes	$ 4,359,161
Participant and employer contributions receivable at December 31, 2013	(134,741)
Participant and employer contributions receivable at December 31, 2012	93,738
Net income for Form 5500 purposes	$ 4,318,158

(10) Subsequent Events

In preparing these financial statements, plan management has evaluated events and transactions for potential recognition or disclosure through August 18, 2014, the date the financial statements were available to be issued.

JSA HEALTHCARE CORPORATION
401(K) RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 87-0408859
Plan Number (PN): 002

December 31, 2013

(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	(e) Current Value
*	Fidelity Government Income Fund	Registered Investment Company	$ 530,450
*	Fidelity Balanced Fund	Registered Investment Company	1,523,325
*	Fidelity Freedom Income Fund	Registered Investment Company	301,200
*	Fidelity Freedom 2000 Fund	Registered Investment Company	894
*	Fidelity Freedom 2010 Fund	Registered Investment Company	3,447
*	Fidelity Freedom 2020 Fund	Registered Investment Company	1,222,682
*	Fidelity Freedom 2030 Fund	Registered Investment Company	1,480,805
*	Fidelity Retirement Money Market Portfolio	Registered Investment Company	1,181,422
*	Spartan 500 Index Adv	Registered Investment Company	3,247,042
*	Fidelity Freedom 2040 Fund	Registered Investment Company	635,759
*	Fidelity Freedom 2005 Fund	Registered Investment Company	4,681
*	Fidelity Freedom 2015 Fund	Registered Investment Company	346,991
*	Fidelity Freedom 2025 Fund	Registered Investment Company	778,109
*	Fidelity Freedom 2035 Fund	Registered Investment Company	579,730
*	Fidelity Freedom 2045 Fund	Registered Investment Company	289,421
*	Fidelity Freedom 2050 Fund	Registered Investment Company	150,261
*	Fidelity Freedom 2055 Fund	Registered Investment Company	30,928
*	Self directed brokerage account	Various Share/Units	186,734
	Janus Forty Fund Class S	Registered Investment Company	1,303,380
	PIMCO Total Return Fund	Registered Investment Company	964,032
	Morgan Stanley Institutional Fund Mid Cap Growth Portfolio	Registered Investment Company	1,494,443
	Columbia Mid-Cap Value Fund - R4	Registered Investment Company	679,896
	Harbor International Fund	Registered Investment Company	952,823
	DFA Emerging Markets Core Equity	Registered Investment Company	114,060
	JPMorgan Small Cap Growth Select	Registered Investment Company	627,772
	Vanguard Equity Income Adm	Registered Investment Company	913,834
	Vanguard Mid Cap Index Signal	Registered Investment Company	220,696
	Vanguard Small Cap Index Signal	Registered Investment Company	421,350
			20,186,167
*	Participant loans	4.25% to 6.25%	359,951
			$ 20,546,118

* Parties-in-interest