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
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1992

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

UROLOGY SAN ANTONIO, P.A.

7909 FREDERICKSBURG ROAD, SUITE 110
SAN ANTONIO, TX 78229

2b Employer Identification Number (EIN)
74-2719352

2c Sponsor's telephone number
210-731-2050

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	CLAYTON H. HUDNALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	208
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**	173
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	193
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	193
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	193
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UROLOGY SAN ANTONIO, P.A.	**D** Employer Identification Number (EIN) 74-2719352

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY

755 EAST MULBERRY, SUITE 300
SAN ANTONIO, TX 78232-2246

(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?
27	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	215651	Yes [ ] No [X]

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

RETIREMENT HORIZONS INC.

2201 TIMBERLOCH PLACE, SUITE 150
THE WOODLANDS, TX 77380

(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	NONE	23915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name: TSAKOPULOS BROWN SCHOTT & ANCHORS	**b** EIN: 74-2587209	
c Position: AUDITOR		
d Address: 9901 IH-10 WEST, SUITE 900 SAN ANTONIO, TX 78230	**e** Telephone: 210-696-5177	

Explanation: TERMINATED DUE TO FEES

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
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

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	18468	976
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	802238	867648
(2) Participant contributions	1b(2)	23205	14181
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1909674	733295
(2) U.S. Government securities	1c(2)	2593135	2080359
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		16388
(B) Common	1c(4)(B)	10128414	8455984
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	466157	513161
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7860857	11926472
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23802148	24608464
Liabilities			
g Benefit claims payable	1g		3524
h Operating payables	1h	985	1125
i Acquisition indebtedness	1i		
j Other liabilities	1j	21280	14536
k Total liabilities (add all amounts in lines 1g through1j)	1k	22265	19185
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23779883	24589279

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)	1788658	
(B) Participants	2a(1)(B)	393300	
(C) Others (including rollovers)	2a(1)(C)	128108	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2310066
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18625	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18625
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	502333	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		502333
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1200483
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4031507
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2982545	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2982545
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	23915	
(3) Investment advisory and management fees	2i(3)	215651	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		239566
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3222111
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		809396
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PAUL J. FITZGERALD, P.C. **(2)** EIN: 74-2969628

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

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): _____ _____

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):

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Financial Statements and
Supplemental Schedule

December 31, 2013 and 2012

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Table of Contents

Financial Statements	**Page**
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	15

Paul J. Fitzgerald, P.C.
Certified Public Accountant
One International Centre • 100 N.E. Loop 410 • Suite 960 • San Antonio, Texas 78216
210-546-2190 • Fax 210-546-2191

Independent Auditor's Report

The Trustees
Urology San Antonio, P.A. 401(k) Profit Sharing Plan
San Antonio, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Urology San Antonio, P.A. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, 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 of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of December 31, 2013, and the changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of and for the year ended December 31, 2012, were audited by other auditors whose report dated August 20, 2013, expressed an unmodified opinion on those statements.

Report on Supplemental Information

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



San Antonio, Texas
October 10, 2014

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments at fair value	$23,212,498	$22,492,080
Receivables:		
Employer, matching contributions	29,933	45,003
Employer, other contributions	4,943	-
Employer, profit sharing contributions	832,772	757,235
Participant, elective deferral contributions	14,181	23,205
Notes receivable from participants	513,161	466,157
Total receivables	1,394,990	1,291,600
Cash	976	18,468
Total assets	24,608,464	23,802,148
Liabilities:		
Accrued expenses	4,649	22,265
Excess contributions payable	14,536	-
Total liabilities	19,185	22,265
Net assets available for benefits	$24,589,279	$23,779,883

Notes to financial statements form an integral part of these statements.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,200,483
Interest and dividend income	502,333
Total investment income	1,702,816
Interest income on notes receivable from participants	18,625
Contributions:	
Employer, matching	217,097
Employer, profit sharing	1,571,561
Participant, elective deferrals	393,300
Participant, rollovers	128,108
Total contributions	2,310,066
Total additions	4,031,507
Deductions from net assets attributed to:	
Administrative expenses	239,566
Benefits paid to participants	2,982,545
Total deductions	3,222,111
Net increase	809,396
Net assets available for benefits at beginning of year	23,779,883
Net assets available for benefits at end of year	$ 24,589,279

Notes to financial statements form an integral part of these statements.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2013 and 2012

1. Description of Plan

The following brief description of the Urology San Antonio, P.A. 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete description of the Plan's provisions.

General

The Plan is a new comparability defined contribution plan covering all employees of Urology San Antonio, P.A. (the Company), except employees who are members of a collective bargaining unit and nonresident aliens, who have attained age 21 or older and completed 1 year of service, as allowed by the Plan. Entry dates are the January 1st, April 1st, July 1st, or October 1st that coincides with or next follows the date the participant satisfies both the age and the service requirements described above. A year of service for eligibility purposes is a 12 consecutive month computation period in which a participant is credited with 1,000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Company may make discretionary matching and profit sharing contributions. For the year ended December 31, 2013 the Company made monthly matching contributions. The monthly match was 4% of the eligible participant's elective deferrals. Participants are eligible to receive the matching contributions provided they are employed on the last day of the month and making pre-tax salary deferral contributions. Matching contributions totaling $217,097 were made for the year ended December 31, 2013.

The Company may make profit sharing contributions on behalf of each allocation group as defined in the plan document. Participants are eligible to receive non-elective profit sharing contributions if employed on the last day of a plan year quarter. A participant is also eligible to receive a profit sharing contribution if the participant dies, retires, or becomes disabled during a plan year quarter. The Company made quarterly profit sharing contributions totaling $1,571,561 for the year ended December 31, 2013.

Each year, participants may contribute up to a maximum amount determined the by Federal Government, which for the years 2013 and 2012 was $17,500 and $17,000, respectively. Also participants who have obtained the age of 50 before the close of the Plan year are eligible to make catch-up contributions, which for the years 2013 and 2012 was up to an additional $5,500. Participant elective deferral contributions totaled $393,300 for the year ended December 31, 2013.

1. Description of Plan (continued)

Contributions (continued)

The Plan permits rollover contributions from other qualified plans. For the year ended December 31, 2013 rollover contributions into the Plan totaled $128,108.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's discretionary matching contributions, profit sharing contributions, and Plan earnings. Each participant's account is charged with an allocation of administrative expenses based upon their account balance. The benefit to which a participant is entitled is the benefit that can be derived from the participant's vested account. Participants may direct contributions in whole percentage increments among various investment alternatives with varying levels of risk.

Payment of Benefits

On termination of service for any reason and if the vested interest in a participant's account is $1,000 or less, it will be distributed in a lump-sum amount or it can be rolled over to another qualified plan or to an individual retirement account. If the vested interest in a participant's account is more than $1,000 the vested interest may be distributed in a lump-sum, rolled over into another qualified plan or to an individual retirement account. Additionally, the a participant may elect to receive either (a) substantially equal installment payments over a specified period of time; or (b) monthly annuity payments from an insurance company.

Vesting

Participants are 100% vested at all times in the accrued benefits from their elective contributions. Participants become 20% vested after two years of service and increasing 20% per year until 100% vested after the completion of six years of service in all contributions made by the Company and the earnings thereon.

Forfeited Accounts

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to reduce, at the Plan Administrators' discretion, the Company's matching and/or profit sharing contributions. Additionally, the Plan Administrator may elect to use all or a portion of the forfeitures to pay administrative expenses

1. Description of Plan (continued)

Forfeited Accounts (continued)

of the plan. Forfeited non-vested accounts were $0 at December 31, 2013 and 2012. Forfeitures totaling $21,269 were used to reduce 2013 profit sharing contributions.

Notes Receivable from Participants

Loans are available to all participants. The amount that may be borrowed is the lesser of $50,000 or 50% of the participant's vested interest in the Plan. The interest rate charged will be a reasonable rate of interest as determined by the Plan Administrator. Until otherwise determined by the Plan Administrator, the interest rate will be the prime rate of interest plus one (1) percent. The interest rate remains constant throughout the term of the loan. The loans are secured by the balance in the participant's account. All loans must be repaid within five years. Principal and interest are paid ratably through payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value reported. 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 Retirement Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors. See note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants (continued)

recorded as administration expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Excess Contributions Payable

Accounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

The Plan document allows for all expenses to be paid from Plan assets and they are shared either by all participants or directly charged to the account of an individual participant on whose sole behalf the expenses is incurred. Participant accounts are assessed separate fees for the administration of loans. Certain expenses of maintaining the Plan, such as third party administrator fees and audit fees, are paid directly by the Company and are excluded from these financial statements. Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and thus are not separately disclosed in the accompanying financial statements. Total expenses paid by the Plan during the year 2013 were $239,566.

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

Subsequent events were evaluated through October 10, 2014, the date the financial statements were available to be issued.

3. Investments

The following table presents investments that represent 5% or more of the Plan's net assets as of December 31, 2013:

Goldman Sachs Strategic Inc.	**$ 1,812,161**
Metropolitan West Total Return Bond I	**2,076,831**
Vanguard Short-Term	**1,363,846**
Other investments individually less than 5% of net assets	**17,959,660**
	$ 23,212,498

The following table presents investments that represent 5% or more of the Plan's net assets as of December 31, 2012:

Metropolitan West Total Return Bond I	$ 3,039,517
Money Market	1,909,674
SPDR Barclays Capital International	1,196,387
Templeton Global Bond Adv	1,544,858
Other investments individually less than 5% of net assets	14,801,644
	$ 22,492,080

3. Investments (continued)

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $1,200,483 as follows:

Common stocks	$ 1,186,405
Preferred stocks	(4,908)
Registered investment companies	63,035
U.S. government securities	(44,049)
	$ 1,200,483

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

4. Fair Value Measurements (continued)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for major categories of investments measured at fair value:

Common and Preferred Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds

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

U.S. Government Securities

Valued using pricing models maximizing the use of observable inputs for similar securities.

4. Fair Value Measurements (continued)

The Plan's investments, measured at fair value by the three levels of the fair value hierarchy as described above are as follows at December 31, 2013:

	Level 1	Level 2	Level 3	Total
Common stocks:				
Consumer discretionary	$ 1,096,202	$ -	$ -	$ 1,096,202
Consumer staples	585,913	-	-	585,913
Energy	802,518	-	-	802,518
Financials	2,111,784	-	-	2,111,784
Healthcare	728,882	-	-	728,882
Industrials	1,166,702	-	-	1,166,702
Information technology	1,112,266			1,112,266
Materials	410,516	-	-	410,516
Telecommunication	335,356	-	-	335,356
Utilities	105,845	-	-	105,845
Total common stocks	8,455,984	-	-	8,455,984
Preferred stocks:				
Financials	5,011	-	-	5,011
Materials	11,377	-	-	11,377
Total preferred stocks	16,388	-	-	16,388
Mutual funds:				
Balanced funds	1,583,850	-	-	1,583,850
Fixed income funds	8,656,116	-	-	8,656,116
Growth funds	1,096,971	-	-	1,096,971
Other funds	568,828	-	-	568,828
Real estate	20,707	-	-	20,707
Total mutual funds	11,926,472	-	-	11,926,472
U.S. government securities	-	2,080,359	-	2,080,359
Money market	733,295	-	-	733,295
Total assets at fair value	$21,132,139	$2,080,359	$ -	$23,212,498

4. Fair Value Measurements (continued)

The Plan's investments, measured at fair value by the three levels of the fair value hierarchy as described above are as follows at December 31, 2012:

	Level 1	Level 2	Level 3	Total
Common stocks	$ 10,128,414	$ -	$ -	$ 10,128,414
Mutual funds	7,860,857	-	-	7,860,857
U.S. government securities	-	2,593,135	-	2,593,135
Money market	1,909,674	-	-	1,909,674
	$ 19,898,945	$ 2,593,135	$ -	$ 22,492,080

5. Administrative Expenses

All administrative expenses except for bank fees for the year ended December 31, 2013 were transactions with parties-in-interest and consisted of the following:

Bank fees	$ 264
Investment consulting fees	215,651
Loan fees	23,651
	$ 239,566

6. Benefit Obligations

Included in net assets available for benefits are amounts allocated to individuals who have elected to withdraw from the plan but who have not been paid. Plan assets allocated to these participants were $33,359 and $15,455 at December 31, 2013 and 2012, respectively.

7. Tax Status

The IRS has determined and informed the Company by letter dated March 31, 2008, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

7. Tax Status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, no uncertain positions taken or expected to be taken would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax years in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

8. Risks and Uncertainties

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

9. Plan Termination

Although it has not expressed intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination, all participants would become fully vested in their account balances.

Supplemental Schedule

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 ☒ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan UROLOGY SAN ANTONIO, P.A.
401(k) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1992

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

7909 FREDERICKSBURG ROAD, SUITE 110

SAN ANTONIO TX 78229

2b Employer Identification Number (EIN) 74-2719352

2c Sponsor's telephone number (210) 731-2050

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/2014	Clayton H. Hudnall, Plan Trustee
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	**5**	208
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**	173
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	20
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	193
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)

74-2719352

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY

755 EAST MULBERRY, SUITE 300

SAN ANTONIO TX 78232-2246

(b) Service Code(s) 27

(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?
NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	215,651	Yes [ ] No [X]

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

RETIREMENT HORIZONS INC.

2201 TIMBERLOCH PLACE, SUITE 150

THE WOODLANDS TX 77380

(b) Service Code(s) 37

(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?
NONE	23,915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: TSAKOPULOS BROWN SCHOTT & ANCHORS
b EIN: 74-2587209
c Position: AUDITOR
d Address:
9901 IH-10 WEST, SUITE 900

SAN ANTONIO TX 78230
e Telephone: (210) 696-5177

Explanation:
TERMINATED DUE TO FEES

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

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)

74-2719352

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	18,468	976
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	802,238	867,648
(2) Participant contributions	1b(2)	23,205	14,181
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1,909,674	733,295
(2) U.S. Government securities	1c(2)	2,593,135	2,080,359
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		16,388
(B) Common	1c(4)(B)	10,128,414	8,455,984
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	466,157	513,161
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7,860,857	11,926,472
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23,802,148	24,608,464
Liabilities			
g Benefit claims payable	1g		3,524
h Operating payables	1h	985	1,125
i Acquisition indebtedness	1i		
j Other liabilities	1j	21,280	14,536
k Total liabilities (add all amounts in lines 1g through1j)	1k	22,265	19,185
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23,779,883	24,589,279

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)	1,788,658	
(B) Participants	2a(1)(B)	393,300	
(C) Others (including rollovers)	2a(1)(C)	128,108	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A)**, **(B)**, **(C)**, and line **2a(2)**	2a(3)		2,310,066
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18,625	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18,625
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	502,333	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		502,333
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1,200,483
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4,031,507

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2,982,545	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2,982,545
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	23,915	
(3) Investment advisory and management fees	2i(3)	215,651	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		239,566
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3,222,111

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		809,396
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: Paul J. Fitzgerald, P.C. (2) EIN: 74-2969628

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		500,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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

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

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

UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

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): _____ _____

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):

Form **5558**
(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
▶ **Information about Form 5558 and its instructions is at *www.irs.gov/form5558***

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
UROLOGY SAN ANTONIO, P.A.
Number, street, and room or suite no. (If a P.O. box, see instructions)
7909 FREDERICKSBURG ROAD, SUITE 110
City or town, state, and ZIP code
SAN ANTONIO TX 78229

B **Filer's identifying number (see instructions)**
Employer identification number (EIN) (9 digits XX-XXXXXXX)
74-2719352
Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
UROLOGY SAN ANTONIO, P.A. 401(k) PROFIT SHARING PLAN	0 0 1	12	31	2013

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 10 / 15 / 2014 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10 / 15 / 2014 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date ▶**

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	AAC TECHNOLOGIES HLDG	COMMON STOCK	196.000	$ 8,090	$ 9,596
	ABB LTD	COMMON STOCK	930.000	23,283	24,701
	ACCENTURE PLC IRELAND	COMMON STOCK	377.000	23,951	30,997
	AFFILIATED MGRS GROUP	COMMON STOCK	48.000	5,442	10,410
	AGRICULTURAL BK CHINA LTD	COMMON STOCK	380.000	4,370	4,685
	AIA GROUP	COMMON STOCK	1,921.000	31,714	38,708
	AIR LIQUIDE ADR	COMMON STOCK	1,542.000	40,058	43,747
	AKBANK TURK ANONIM SIRKETI	COMMON STOCK	2,070.000	15,220	12,938
	AKORN INC	COMMON STOCK	176.000	4,521	4,333
	AKZO NOBEL NV ADR	COMMON STOCK	2,610.000	56,943	67,521
	ALBEMARLE CO	COMMON STOCK	101.000	6,731	6,402
	ALEXANDRIA REAL ESTATE	COMMON STOCK	294.000	21,553	18,704
	ALEXION PHARM INC	COMMON STOCK	87.000	8,741	11,561
	ALLAINCE DATA SYSTEMS CORP	COMMON STOCK	59.000	7,614	15,513
	ALLIANZ SE ADS	COMMON STOCK	2,581.000	33,800	46,794
	ALLSTATE CORP	COMMON STOCK	496.000	17,583	27,052
	ALTISOURCE RESIDENTIAL CORP B	COMMON STOCK	117.000	3,233	3,523
	AMAZON COM	COMMON STOCK	85.000	19,272	33,897
	AMBEV S A SPONSORED ADR	COMMON STOCK	1,935.000	15,715	14,222
	AMER INTL GP INC	COMMON STOCK	502.000	19,464	25,627
	AMERICAN ELECTRIC POWER CO	COMMON STOCK	570.000	22,488	26,642
	AMERICAN EXPRESS CO	COMMON STOCK	121.000	9,144	10,978
	AMERICAN HOMES 4 RENT	COMMON STOCK	194.000	3,240	3,143
	AMERICAN TOWER REIT	COMMON STOCK	144.000	10,411	11,494
	AMETEK INC NEW	COMMON STOCK	890.000	38,788	46,876
	AMGEN INC	COMMON STOCK	152.000	14,136	17,340
	AMREIT INC CL B	COMMON STOCK	718.000	12,421	12,062
	ANHEUSER BUSCH INBEV SA SPON	COMMON STOCK	287.000	24,172	30,554

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	AOL INC	COMMON STOCK	164.000	6,008	7,646
	AON PLC SHS CL-A	COMMON STOCK	496.000	37,169	41,609
	APARTMENT INVT & MGMT CO A	COMMON STOCK	446.000	11,982	11,556
	APPLE INC	COMMON STOCK	41.000	21,685	23,002
	APPLIED MATERIALS INC	COMMON STOCK	472.000	8,394	8,345
	AQR MANAGED FUTURES	MUTUAL FUND	44,409.024	430,753	470,292
	ARCHER DANIELS MIDLAND	COMMON STOCK	611.000	18,005	26,517
	ARM HOLDINGS PLC	COMMON STOCK	850.000	30,931	46,521
	ASHLAND INC NEW	COMMON STOCK	107.000	6,108	10,383
	ASSOV ESTATES REALTY	COMMON STOCK	694.000	11,051	11,139
	ASSURED GUARANTY LTD	COMMON STOCK	700.000	13,350	16,513
	ATLAS COPCO AS A	COMMON STOCK	830.000	21,903	23,107
	AUTOLIV INC	COMMON STOCK	131.000	9,379	12,026
	AUTOMATIC DATA PROCESSING	COMMON STOCK	424.000	23,567	34,259
	AUTONATION INC	COMMON STOCK	152.000	5,687	7,553
	AVALONBAY COMM INC	COMMON STOCK	118.000	15,517	13,951
	AVIVA PLC ADR	COMMON STOCK	2,267.000	27,719	34,345
	AXA ADS	COMMON STOCK	774.000	18,508	21,587
	BAIDU INC	COMMON STOCK	458.000	51,280	81,469
	BALFOUR BEATTY PLC SPON ADR	COMMON STOCK	1,790.000	16,529	17,184
	BANCO BILBAO VIZ ARG SA	COMMON STOCK	3,779.000	43,338	46,822
	BANCO BRADESCO A NEW	COMMON STOCK	477.000	6,488	5,977
	BANCO DO BRASIL SA SPON	COMMON STOCK	2,330.000	27,026	24,192
	BANCO MACRO SA SPONS ADR	COMMON STOCK	531.000	8,053	12,887
	BANCOLOMBIA	COMMON STOCK	130.000	8,591	6,373
	BANK RAKYAT INDONESIA	COMMON STOCK	744.000	11,103	8,876
	BANKUNITED INC	COMMON STOCK	504.000	15,524	16,592
	BARCAP IPATH DJ UBS	MUTUAL FUND	90.000	3,300	3,308

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	BARCLAYS PLC	COMMON STOCK	2,163.000	30,857	39,215
	BAYER AG SPON	COMMON STOCK	239.000	23,890	33,938
	BAYERISCHE MOTOREN WERKE	COMMON STOCK	830.000	28,719	32,727
	BE AEROSPACE	COMMON STOCK	87.000	5,908	7,572
	BG GROUP	COMMON STOCK	2,720.000	53,435	58,997
	BIDVEST GROUP	COMMON STOCK	330.000	15,498	17,008
	BIOGEN IDEC	COMMON STOCK	73.000	10,158	20,409
	BLACKROCK INC	COMMON STOCK	52.000	10,541	16,456
	BNP PARIBAS SP	COMMON STOCK	1,045.000	33,212	40,964
	BORG WARNER INC	COMMON STOCK	242.000	9,175	13,530
	BOSTON PROPERTIES	COMMON STOCK	146.000	14,833	14,654
	BRANDYWINE REALTY	COMMON STOCK	961.000	10,243	13,540
	BRISTOL MYERS SQUIBB	COMMON STOCK	146.000	7,733	7,760
	BRITISH AMER TOB SPON	COMMON STOCK	458.000	48,868	49,198
	BROOKDALE SENIOR LIVING	COMMON STOCK	689.000	14,465	18,727
	BUNGE LTD	COMMON STOCK	356.000	26,532	29,231
	CAMDEN PROPERTY TRUST	COMMON STOCK	239.000	15,746	13,594
	CANADIAN NATL RAILWAY CO	COMMON STOCK	494.000	22,157	28,168
	CAPITAL ONE FINANCIAL CORP	COMMON STOCK	395.000	21,889	30,261
	CARNIVAL PLC	COMMON STOCK	525.000	17,614	21,761
	CARRIZO OIL AND GAS	COMMON STOCK	151.000	6,332	6,760
	CASEY'S GENERAL STORES	COMMON STOCK	130.000	7,649	9,133
	CATAMARAN CORP COM	COMMON STOCK	156.000	7,840	7,404
	CAUSEWAY INTL VALUE	MUTUAL FUND	2,320.964	36,521	37,530
	CBL & ASSOC PPTYS	COMMON STOCK	535.000	9,008	9,609
	CBL & ASSOC PROP 7.375 SER D	PREFERRED STOCK	211.000	5,231	5,011
	CBRE GROUP	COMMON STOCK	435.000	10,120	11,441
	CBS CORP NEW CL	COMMON STOCK	210.000	7,092	13,385

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	CELGENE CORP	COMMON STOCK	159.000	13,037	26,866
	CENTURYLINK INC	COMMON STOCK	945.000	35,073	30,098
	CERNER CORP	COMMON STOCK	183.000	6,741	10,200
	CHARLES SCHWAB	COMMON STOCK	240.000	5,753	6,240
	CHEVRON CORP	COMMON STOCK	268.000	28,631	33,476
	CHINA CONSTRUCTION BANK CORP	COMMON STOCK	1,875.000	27,495	28,463
	CHINA MERCHANTS BANK	COMMON STOCK	324.000	3,082	3,486
	CHINA MOBILE LTD	COMMON STOCK	429.000	24,226	22,432
	CHINA NATL MATLS CO	COMMON STOCK	870.000	5,584	3,715
	CHINA ST CONSTRUCTION INTL	COMMON STOCK	146.000	9,768	13,036
	CHIPOTLE MEXICAN GRILL	COMMON STOCK	8.000	3,436	4,262
	CIELO SA SPONSORED ADR	COMMON STOCK	839.000	20,322	23,492
	CIENA CORP	COMMON STOCK	178.000	4,055	4,260
	CINTAS CORP	COMMON STOCK	333.000	11,413	19,843
	CISCO SYS	COMMON STOCK	871.000	16,495	19,537
	CLICKS GROUP LTD	COMMON STOCK	1,185.000	14,380	14,337
	CNO FINL GROUP	COMMON STOCK	639.000	4,947	11,304
	CNOOC LTD ADS	COMMON STOCK	299.000	59,978	56,110
	COCHLEAR LTD UNSPON	COMMON STOCK	515.000	17,152	13,575
	COGNIZANT TECH SOLUTIONS	COMMON STOCK	118.000	8,006	11,916
	COMMERCIAL INTL BNK LTD	COMMON STOCK	2,595.000	7,432	11,678
	CONOCOPHILLIPS	COMMON STOCK	380.000	20,646	26,847
	COSTCO WHOLESALE CORP	COMMON STOCK	87.000	7,190	10,355
	CREDICORP LTD	COMMON STOCK	60.000	7,473	7,964
	CREDIT AGRICOLE SA UNSP	COMMON STOCK	1,650.000	10,086	10,593
	CROWN HOLDINGS INC	COMMON STOCK	414.000	15,547	18,452
	CSL LTD UNSPON ADR	COMMON STOCK	752.000	18,099	23,139
	CULLEN FROST BANKERS	COMMON STOCK	111.000	6,371	8,262

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	CURRENCYSHARES JAPANESE YEN	COMMON STOCK	24.000	2,388	2,226
	CVS CAREMARK CORP	COMMON STOCK	626.000	29,238	44,803
	CYRELA BRAZIL REALTY SA GDR	COMMON STOCK	1,755.000	13,775	10,776
	DAIMLER AG SPONSORED ADR	COMMON STOCK	516.000	41,328	45,067
	DANA HOLDING CORP	COMMON STOCK	280.000	6,424	5,494
	DANAHER CORPORATION	COMMON STOCK	711.000	37,970	54,889
	DARLING INTERNATIONAL	COMMON STOCK	875.000	13,323	18,270
	DASSAULT SYSTEMS SA ADS	COMMON STOCK	374.000	37,164	46,488
	DBS GROUP HOLDINGS LTD	COMMON STOCK	390.000	20,263	21,165
	DELATA AIR LINES INC NEW	COMMON STOCK	216.000	3,506	5,934
	DELAWARE INV SM CAP	MUTUAL FUND	160.970	8,080	8,837
	DIGITAL REALTY TRUST INC	COMMON STOCK	260.000	15,691	12,771
	DILLARDS INC	COMMON STOCK	61.000	4,712	5,930
	DOLBY CLA A COM	COMMON STOCK	182.000	6,826	7,018
	DOLLAR GEN CORP NEW COM	COMMON STOCK	240.000	11,957	14,477
	DOUGLAS EMMETT INC	COMMON STOCK	591.000	13,059	13,764
	DOVER CORP	COMMON STOCK	290.000	16,553	27,997
	EASTGROUP PROPERTIES	COMMON STOCK	255.000	13,361	14,772
	EATON VANCE COMMODITY	MUTUAL FUND	132,211.196	1,178,277	1,073,555
	EBAY INC	COMMON STOCK	249.000	11,905	13,661
	ECOLAB	COMMON STOCK	100.000	5,686	10,427
	ELI LILLY & CO	COMMON STOCK	516.000	23,242	26,316
	EMC CORP MASS	COMMON STOCK	2,365.000	57,038	59,480
	ENERSYS	COMMON STOCK	97.000	3,400	6,799
	ENSCO PLC CLASS A	COMMON STOCK	421.000	24,783	24,073
	ENTEGRIS INC	COMMON STOCK	514.000	5,230	5,957
	ENTERGY CORP	COMMON STOCK	378.000	24,572	23,916
	EPR PPTYS COM	COMMON STOCK	356.000	16,750	17,501

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	EQUITY LIFESTYLE PROPERTIES	COMMON STOCK	235.000	8,602	8,514
	EQUITY ONE INC	COMMON STOCK	227.000	5,266	5,094
	ESSEX PROPERTY TRUST	COMMON STOCK	92.000	13,210	13,203
	ESTACIO PARTICIPACOES S A SPON	COMMON STOCK	1,540.000	12,314	13,552
	ESTEE LAUDER CO INC	COMMON STOCK	137.000	7,807	10,319
	EV INCOME FUND OF BOSTON	MUTUAL FUND	150,440.675	891,934	911,670
	EVERCORE PARTNERS INC CLASS A	COMMON STOCK	110.000	4,607	6,576
	EXPEDIA INC	COMMON STOCK	199.000	7,341	13,862
	EXXARO RESOURCES LTD	COMMON STOCK	617.000	12,122	8,669
	EXXON MOBIL CORP	COMMON STOCK	274.000	23,306	27,729
	F5 NETWORKS	COMMON STOCK	54.000	4,433	4,906
	FACEBOOK INC	COMMON STOCK	277.000	9,232	15,138
	FANUC CORPORATION	COMMON STOCK	1,428.000	40,885	43,854
	FEDL RLTY INVT TRUST	COMMON STOCK	148.000	13,733	15,009
	FEI COMPANY	COMMON STOCK	99.000	4,448	8,847
	FHLMC 15 YR 4.000% 05/01/27	U.S GOVT SERCURITY	47,000.000	30,657	29,807
	FIFTH 3RD BANCORP OHIO	COMMON STOCK	1,100.000	16,047	23,133
	FINISAR COM NEW	COMMON STOCK	176.000	4,048	4,210
	FIRST CASH FINL SVCS	COMMON STOCK	131.000	6,353	8,101
	FIRST REPUBLIC BANK	COMMON STOCK	174.000	6,960	9,109
	FIRST TRACTOR	COMMON STOCK	635.000	4,883	4,972
	FLEETCOR TECHNOLOGIES	COMMON STOCK	102.000	4,333	11,951
	FLUOR CORP NEW	COMMON STOCK	482.000	29,380	38,700
	FNMA 3.000% 02/01/28	U.S GOVT SERCURITY	1,000.000	982	949
	FNMA 3.000% 03/01/27	U.S GOVT SERCURITY	21,000.000	20,738	17,928
	FNMA 3.000% 04/01/28	U.S GOVT SERCURITY	3,000.000	3,101	2,838
	FNMA 3.000% 06/01/27	U.S GOVT SERCURITY	1,000.000	895	868
	FNMA 3.000% 06/01/27	U.S GOVT SERCURITY	1,000.000	997	871

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	FNMA 3.000% 07/01/28	U.S GOVT SERCURITY	1,000.000	1,021	997
	FNMA 3.000% 11/01/27	U.S GOVT SERCURITY	19,000.000	20,116	15,917
	FNMA 3.000% 11/01/27	U.S GOVT SERCURITY	4,000.000	4,143	3,616
	FNMA 3.000% 11/01/27	U.S GOVT SERCURITY	1,000.000	1,055	767
	FNMA 3.000% 12/01/27	U.S GOVT SERCURITY	19,000.000	19,921	17,306
	FNMA 3.500% 01/01/27	U.S GOVT SERCURITY	2,000.000	1,566	1,489
	FNMA 3.500% 08/01/27	U.S GOVT SERCURITY	32,000.000	30,201	29,399
	FNMA 3.500% 09/01/26	U.S GOVT SERCURITY	14,000.000	10,506	9,858
	FNMA 3.500% 10/01/26	U.S GOVT SERCURITY	5,000.000	3,359	3,298
	FNMA 3.500% 11/01/26	U.S GOVT SERCURITY	22,000.000	18,230	17,526
	FNMA 5.000% 04/01/35	U.S GOVT SERCURITY	411,000.000	57,461	51,384
	FNMA 5.000% 04/01/35	U.S GOVT SERCURITY	7,000.000	1,075	1,020
	FNMA 5.000% 06/01/35	U.S GOVT SERCURITY	79,000.000	12,126	11,157
	FNMA 5.000% 07/01/36	U.S GOVT SERCURITY	77,000.000	18,497	17,225
	FNMA 5.500% 01/01/35	U.S GOVT SERCURITY	393,000.000	60,494	44,256
	FNMA 5.500% 08/01/34	U.S GOVT SERCURITY	95,000.000	11,977	11,078
	FNMA 5.500% 09/01/35	U.S GOVT SERCURITY	164,000.000	46,888	24,054
	FNMA 5.500% 11/01/22	U.S GOVT SERCURITY	584,000.000	24,430	23,916
	FNMA 6.500% 10/01/39	U.S GOVT SERCURITY	17,000.000	10,178	4,345
	FNMA 6.500% 12/01/37	U.S GOVT SERCURITY	27,000.000	6,922	2,814
	FNMA 6.500% 12/01/37	U.S GOVT SERCURITY	8,000.000	2,207	927
	FOREST OIL CP	COMMON STOCK	1,190.000	6,780	4,296
	FREEPORT MCMORAN CP &GLD	COMMON STOCK	970.000	32,531	36,608
	FRESENIUS MEDICAL CARE	COMMON STOCK	760.000	25,939	27,041
	GARTNER	COMMON STOCK	160.000	7,017	11,368
	GAZPROM O A O SPON	COMMON STOCK	4,130.000	39,380	35,725
	GENL DYNAMICS CORP	COMMON STOCK	310.000	20,798	29,621
	GENOMIC HEALTH INC	COMMON STOCK	141.000	4,471	4,127

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

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	GENTEX CORP	COMMON STOCK	153.000	4,535	5,046
	GENWORTH FINANCIAL	COMMON STOCK	1,515.000	8,397	23,528
	GEO GROUP	COMMON STOCK	275.000	9,344	8,861
	GERDAU SA ADR	COMMON STOCK	1,590.000	12,731	12,466
	GILEAD SCIENCE	COMMON STOCK	273.000	10,027	20,502
	GIVAUDAN SA ADR	COMMON STOCK	930.000	25,832	26,617
	GNC HOLDINGS	COMMON STOCK	157.000	8,840	9,177
	GOLDMAN SACHS	COMMON STOCK	130.000	15,388	23,044
	GOLDMAN SACHS ABSLT RET	MUTUAL FUND	2,558.657	23,754	23,847
	GOLDMAN SACHS STRATEGIC INC	MUTUAL FUND	169,996.383	1,788,581	1,812,161
	GOOGLE INC	COMMON STOCK	38.000	24,037	42,587
	GRUPO FINANCIERO BANORTO	COMMON STOCK	270.000	7,311	9,461
	GRUPO TELEVISA SA GLOBAL DEP	COMMON STOCK	430.000	9,426	13,012
	HANGER INC	COMMON STOCK	85.000	2,349	3,344
	HARTFORD FIN SERS GRP	COMMON STOCK	631.000	11,478	22,861
	HCP INC	COMMON STOCK	301.000	11,947	10,932
	HDFC BANK	COMMON STOCK	226.000	7,802	7,783
	HEARTLAND PAYMENT SYS	COMMON STOCK	214.000	4,782	10,666
	HEATH CARE REIT	COMMON STOCK	293.000	16,847	15,696
	HELMERICH & PAYNE	COMMON STOCK	108.000	6,553	9,081
	HERTZ GLOBAL HOLDINGS	COMMON STOCK	803.000	13,424	22,982
	HILLSHIRE BRANDS CO	COMMON STOCK	462.000	13,376	15,449
	HILTON WORLDWIDE HOLDINGS	COMMON STOCK	329.000	7,241	7,320
	HITACHI 10 COM	COMMON STOCK	380.000	23,068	29,036
	HONG KONG EXCHANGES & CLEARING	COMMON STOCK	955.000	15,399	15,939
	HOSPITALITY PPTYS TR COM	COMMON STOCK	849.000	22,512	22,948
	HOST HOTELS AND RESORTS	COMMON STOCK	1,272.000	22,736	24,728
	HSBC HOLDINGS	COMMON STOCK	819.000	41,912	45,151

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

(a)	(b)	(c)		(d)	(e)
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	IAC INTERACTIVECORP	COMMON STOCK	216.000	9,174	14,829
	ICICI BANK LTD	COMMON STOCK	897.000	32,067	33,341
	IMPERIAL HLDGS LTD	COMMON STOCK	705.000	16,498	13,642
	IMPERIAL OIL LTD	COMMON STOCK	1,430.000	63,882	63,249
	INCYTE CORP	COMMON STOCK	55.000	1,002	2,785
	INFORMATICA CORP	COMMON STOCK	131.000	5,476	5,437
	ING GLOBAL REAL ESTATE	MUTUAL FUND	358.928	6,017	6,576
	INGREDION INC	COMMON STOCK	236.000	12,735	16,157
	INTEL CORP	COMMON STOCK	995.000	24,017	25,825
	INTERACTIVE BROKERS GROUP	COMMON STOCK	111.000	2,514	2,702
	INTERNATIONAL CONS AIRLS	COMMON STOCK	1,112.000	31,897	37,308
	INTERNATIONAL GAME TECH	COMMON STOCK	403.000	7,201	7,318
	INTERXION HOLDING	COMMON STOCK	183.000	4,203	4,321
	IRON MOUNTAIN INC	COMMON STOCK	576.000	17,550	17,482
	ISHARES BARCLAYS 1-3 YR TSY BD	MUTUAL FUND	1,010.000	85,243	85,224
	ISHARES BARCLAYS AGG.BD	MUTUAL FUND	2,095.000	226,380	222,971
	ISHARES IBOXX INVEST GR COR BD	MUTUAL FUND	468.000	53,508	53,440
	ISHARES JP MORGAN EM BOND	MUTUAL FUND	306.000	32,931	33,097
	ISHARES LEHMAN CREDIT BD ETF	MUTUAL FUND	30.000	3,207	3,207
	ISHARES MSCI EAFE	MUTUAL FUND	2,500.000	148,106	167,738
	ISHARES RUSSELL 1000 GROWTH	MUTUAL FUND	3,316.000	247,665	285,010
	ISHARES RUSSELL 2000 ETF	MUTUAL FUND	702.000	68,308	80,983
	ISHARES TIPS BOND	MUTUAL FUND	3,221.000	382,699	353,988
	ISIS PHARM INC	COMMON STOCK	168.000	6,517	6,693
	ITAU UNIBANCO MULTIPLE ADR	COMMON STOCK	2,531.000	38,238	34,346
	IVY MID CAP GROWTH	MUTUAL FUND	356.186	6,944	8,652
	JANUS CAPITAL GROUP	COMMON STOCK	487.000	4,231	6,024
	JAZZ PHARMACEUTICALS	COMMON STOCK	71.000	5,359	8,986

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

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	JGC CORP	COMMON STOCK	768.000	53,641	59,981
	JOHNSON AND JOHNSON	COMMON STOCK	304.000	20,653	27,843
	JP MORGAN DYNAMIC SM CP	MUTUAL FUND	306.355	6,355	8,575
	JPMORGAN CHASE	COMMON STOCK	759.000	33,637	44,386
	KANSAS CY SOUTHN IND	COMMON STOCK	35.000	4,037	4,334
	KAPSTONE PAPER AND PACKAGING	COMMON STOCK	154.000	3,183	8,602
	KB FINANCIAL GRP	COMMON STOCK	506.000	17,085	20,498
	KBC GROUP NV	COMMON STOCK	720.000	19,740	20,426
	KDDI CORP	COMMON STOCK	3,370.000	45,855	52,033
	KERYX BIOPHARMCEUTICALS	COMMON STOCK	192.000	2,546	2,486
	KEYCORP NEW	COMMON STOCK	1,325.000	11,292	17,782
	KIMBERLY CLARK CORP	COMMON STOCK	232.000	18,951	24,235
	KIMBERLY CLARK SPON ADR	COMMON STOCK	1,576.000	16,865	22,411
	KLA TENCOR CORP	COMMON STOCK	205.000	8,789	13,214
	KOC HOLDINGS AS UNSPON	COMMON STOCK	840.000	16,214	17,312
	KOHLS CORP	COMMON STOCK	422.000	21,454	23,949
	KOREA ELECTRIC POWER CORP	COMMON STOCK	1,290.000	20,056	21,427
	LEXINGTON REALTY TRUST	COMMON STOCK	1,283.000	11,836	13,099
	LIBERTY GLOBAL PLC	COMMON STOCK	125.000	10,153	11,125
	LINDE AG SPONSORED ADR	COMMON STOCK	895.000	17,454	18,798
	LINKED IN CORP	COMMON STOCK	31.000	7,492	6,722
	LIVE NATION ENTERTAINMENT	COMMON STOCK	840.000	10,439	16,598
	LLOYDS BANKING GROUP	COMMON STOCK	7,475.000	37,596	39,767
	LOCALIZA RENT A CAR	COMMON STOCK	588.000	9,336	8,350
	LOREAL CO ADR	COMMON STOCK	1,043.000	29,866	36,661
	LOWES COMPANIES	COMMON STOCK	206.000	9,980	10,207
	LTC PROPERTIES	COMMON STOCK	285.000	9,276	10,086
	LVMH MOET HENNESSY LOUIS VUITT	COMMON STOCK	464.000	16,746	16,982

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

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	MAINSTAY LARGE CAP GR	MUTUAL FUND	4,463.881	36,009	46,469
	MANAGERS AMGMDCAP	MUTUAL FUND	558.693	7,162	7,844
	MANHATTAN ASSOC INC	COMMON STOCK	21.000	2,289	2,467
	MANPOWERGROUP INC	COMMON STOCK	137.000	5,982	11,763
	MARATHON OIL CO	COMMON STOCK	805.000	21,602	28,417
	MARKETAXESS HOLDINGS INC	COMMON STOCK	36.000	2,394	2,409
	MASTERCARD INC	COMMON STOCK	40.000	17,722	33,418
	MCKESSON CORP	COMMON STOCK	112.000	13,634	18,077
	MEADWESTVACO CORP	COMMON STOCK	422.000	11,664	15,584
	MEDIVATION INC	COMMON STOCK	64.000	4,084	4,084
	MERCADOLIBRE INC	COMMON STOCK	96.000	6,710	10,348
	MERCK & CO INC	COMMON STOCK	611.000	24,087	30,581
	METLIFE INCORPORATED	COMMON STOCK	580.000	19,841	31,274
	METROPOLITAN WEST TOT RET BD I	MUTUAL FUND	196,856.037	2,062,221	2,076,831
	MICRON TECH	COMMON STOCK	900.000	13,414	19,575
	MICROSOFT CORP	COMMON STOCK	798.000	23,216	29,853
	MITSUBISHI ADR	COMMON STOCK	714.000	21,042	21,520
	MOBILE TELESYSTEMS	COMMON STOCK	1,147.000	21,460	24,810
	MONMOUTH RL EST	COMMON STOCK	582.000	5,257	5,290
	MONOTARO CO	COMMON STOCK	280.000	6,423	5,774
	MONSANTO	COMMON STOCK	244.000	17,960	28,438
	MORGAN STANLEY BANK, N.A.	MONEY MARKET	738,506.870	733,296	733,296
	MORGAN STLEY	COMMON STOCK	426.000	11,265	13,359
	MOTOROLA SOLUTIONS	COMMON STOCK	482.000	27,889	32,535
	MTN GROUP LTD	COMMON STOCK	640.000	12,263	13,440
	MURPHY OIL CORP	COMMON STOCK	408.000	17,070	26,471
	NATIOANL RETAIL PROPERTIES	COMMON STOCK	377.000	10,697	11,434
	NATIONAL OILWELL VARCO	COMMON STOCK	352.000	23,893	27,995

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

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

December 31, 2013

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	NEDBANK GRP LTD	COMMON STOCK	804.000	17,521	16,136
	NESTLE SPON ADR	COMMON STOCK	703.000	45,942	51,734
	NETLEASE.COM	COMMON STOCK	248.000	14,785	19,493
	NEUSTAR	COMMON STOCK	92.000	4,517	4,587
	NIELSEN HOLDINGS	COMMON STOCK	811.000	29,612	37,217
	NIKE INC	COMMON STOCK	174.000	11,732	13,683
	NIKON CORP	COMMON STOCK	1,800.000	34,172	34,632
	NOBLE ENERGY	COMMON STOCK	140.000	8,304	9,535
	NOKIAN TYRES OYJ	COMMON STOCK	860.000	18,758	20,623
	NORDSON	COMMON STOCK	119.000	6,584	8,842
	NOVARTIS AG	COMMON STOCK	740.000	53,531	59,481
	NOVO NORDISK	COMMON STOCK	93.000	15,817	17,183
	NUCOR CORPORATION	COMMON STOCK	374.000	14,768	19,964
	NUVEEN NWQ LARGE CAP VAL	MUTUAL FUND	1,650.230	30,716	36,998
	NXP SEMICONDUCTORS	COMMON STOCK	348.000	10,319	15,984
	OIL CO LUKOIL	COMMON STOCK	172.000	9,950	10,857
	OIL STATES INTL	COMMON STOCK	95.000	7,102	9,663
	OLD DOMINION FREIGHT LINE	COMMON STOCK	87.000	4,491	4,613
	OMEGA HEALTHCARE INV	COMMON STOCK	354.000	7,516	10,549
	ONEOK INC	COMMON STOCK	202.000	8,792	12,560
	ORACLE CORP	COMMON STOCK	608.000	20,889	23,262
	ORASCOM CONSTR INDS SPON	COMMON STOCK	306.000	13,798	11,322
	ORIFLAME COSMETICS	COMMON STOCK	870.000	14,875	13,450
	OWENS ILLINOIS COM	COMMON STOCK	704.000	14,624	25,189
	PAREXEL INTL CORP	COMMON STOCK	99.000	3,100	4,473
	PETROLEO BRAS	COMMON STOCK	628.000	12,298	8,654
	PETROLEO BRASILEIRO	COMMON STOCK	849.000	16,756	12,472
	PETSMART INC	COMMON STOCK	155.000	7,734	11,276

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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December 31, 2013

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	PEUGEOT SA SPONS ADR	COMMON STOCK	702.000	10,208	9,231
	PHILIPPINE LG DIST TEL	COMMON STOCK	282.000	17,133	16,943
	PING AN INSURANCE ADR	COMMON STOCK	419.000	6,200	7,555
	POLARIS INDUSTRIES	COMMON STOCK	104.000	7,161	15,147
	POSTNL NV SPON	COMMON STOCK	3,090.000	14,015	17,613
	POWERSHARES DB COMM TRK	MUTUAL FUND	365.000	9,442	9,366
	POWERSHARES DB G10 CURCY	MUTUAL FUND	161.000	4,087	4,093
	POWERSHARES SENIOR LOAN PORT	MUTUAL FUND	5,340.000	133,314	132,859
	PPC LIMITED	COMMON STOCK	1,230.000	9,294	7,294
	PRECISION CASTPARTS CORP	COMMON STOCK	63.000	10,290	16,966
	PRICELINE.COM	COMMON STOCK	29.000	17,525	33,710
	PROGRESSIVE CORP OHIO	COMMON STOCK	1,115.000	28,990	30,406
	PROSHARES ULTRASHORT EURO	MUTUAL FUND	2,260.000	41,579	38,556
	PROSHARES ULTRASHORT GOLD	MUTUAL FUND	54.000	4,817	5,591
	PROSHARES ULTRASHORT MSCI	MUTUAL FUND	101.000	2,033	2,033
	PROSHARES ULTRASHORT RE	MUTUAL FUND	1,730.000	34,967	37,351
	PT ASTRA INTL TBK	COMMON STOCK	864.000	11,346	9,634
	PT BK MANDIRI PERSERO TBK	COMMON STOCK	3,125.000	23,119	20,188
	PT SEMEN GRESIK PERSERO ADR	COMMON STOCK	316.000	8,541	7,410
	PT TELEKOMUNIKASI INDONESIA	COMMON STOCK	494.000	17,910	17,710
	PT UNITED TRACTORS ADR	COMMON STOCK	330.000	15,759	10,415
	PTT EXPLO & PROTN SPON	COMMON STOCK	820.000	9,216	9,020
	PUBLIC SERVICE ENTERPRISE	COMMON STOCK	749.000	23,968	23,998
	PUBLIC STORAGE	COMMON STOCK	239.000	33,646	35,974
	PWRSHARES EMERGING MKTS	MUTUAL FUND	678.000	18,270	18,306
	QUALCOMM INC	COMMON STOCK	161.000	10,490	11,954
	QUESTAR CORP	COMMON STOCK	429.000	9,468	9,863
	RALPH LAUREN CORP	COMMON STOCK	52.000	8,292	9,182

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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Schedule H, Part IV, Line 4i
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December 31, 2013

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	RANGE RESOURCES CORP	COMMON STOCK	123.000	9,700	10,370
	REALTY INCOME CORP	COMMON STOCK	353.000	13,083	13,177
	REDWOOD TRUST	COMMON STOCK	675.000	10,996	13,075
	REED ELSEVIER NV-SPONS ADR	COMMON STOCK	1,490.000	55,763	63,578
	REXAM PLC SPONSADR COMNOPA	COMMON STOCK	582.000	22,785	25,730
	RIO TINTO PLC	COMMON STOCK	339.000	16,850	19,130
	ROBERT HALF INT	COMMON STOCK	240.000	7,505	10,078
	ROCHE HOLDINGS ADR	COMMON STOCK	1,196.000	63,294	83,959
	ROLLS ROYCE HOLDINGS	COMMON STOCK	229.000	20,374	24,281
	ROSS STORES	COMMON STOCK	141.000	8,662	10,565
	ROVI CORP	COMMON STOCK	220.000	5,204	4,332
	ROYAL DUTCH SHELL	COMMON STOCK	613.000	40,596	43,689
	RYANAIR HLDGS	COMMON STOCK	168.000	8,471	7,884
	SALESFORCE.COM	COMMON STOCK	428.000	15,021	23,621
	SALIX PHARM LTD	COMMON STOCK	73.000	5,041	6,566
	SALLY BEAUTY	COMMON STOCK	118.000	3,103	3,567
	SANDS CHINA LTD	COMMON STOCK	119.000	5,515	9,782
	SANLAM LTD	COMMON STOCK	566.000	12,228	14,376
	SANOFI ADR	COMMON STOCK	1,170.000	58,637	62,747
	SAP AG	COMMON STOCK	965.000	66,563	84,090
	SASOL LTD	COMMON STOCK	240.000	12,182	11,868
	SBA COMMUNICATIONS	COMMON STOCK	302.000	16,072	27,132
	SBERBANK RUSSIA	COMMON STOCK	3,202.000	37,854	40,249
	SCHLUMBERGER LTD	COMMON STOCK	484.000	39,726	43,613
	SCHNEIDER ELEC SA	COMMON STOCK	1,993.000	31,142	34,977
	SCRIPPS NETWORKS INTERAC	COMMON STOCK	414.000	28,432	35,774
	SENIOR HSG PPTY	COMMON STOCK	439.000	9,844	9,759
	SERVICENOW INC	COMMON STOCK	88.000	4,136	4,929

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
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Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date		Cost	Current Value
	SHIN ETSU CHEM CO	COMMON STOCK	2,477.000	37,067	36,164
	SHINHAN FINANCIAL GROUP	COMMON STOCK	448.000	15,691	20,474
	SHOPRITE HLDGS	COMMON STOCK	730.000	12,464	11,498
	SIEMENS AKTIENGESELLSCHAFT	COMMON STOCK	435.000	50,291	60,252
	SIGNET JEWELERS	COMMON STOCK	173.000	7,181	13,615
	SILGAN HOLDINGS	COMMON STOCK	169.000	7,082	8,115
	SILVER BAY REALTY	COMMON STOCK	206.000	3,223	3,294
	SIMON PPTY GROUP	COMMON STOCK	303.000	42,556	46,104
	SK TELECOM	COMMON STOCK	1,475.000	35,545	36,315
	SLM CORPORATION	COMMON STOCK	426.000	5,944	11,195
	SM INVTS CORP	COMMON STOCK	1,070.000	2,130	8,560
	SMUCKER JM CO	COMMON STOCK	211.000	22,311	21,864
	SONOVA HLDG AG	COMMON STOCK	569.000	11,877	15,306
	SPDR BARCLAYS CAP	MUTUAL FUND	7,496.000	450,127	432,819
	SPDR BARCLAYS CAP	MUTUAL FUND	167.000	9,494	9,419
	SPDR BARCLAYS CAP CONVERTI	MUTUAL FUND	3,490.000	151,181	163,088
	SPDR DJ WILSHIRE INTL	MUTUAL FUND	343.000	14,088	14,132
	SPDR TRUST SERIES 1	MUTUAL FUND	384.000	60,633	70,921
	ST JUDE MEDICAL INC	COMMON STOCK	508.000	19,734	31,471
	STANDARD BANK GROUP	COMMON STOCK	1,381.000	19,689	17,235
	STANLEY BLACK & DECKER	COMMON STOCK	897.000	65,000	72,379
	STAPLES INC	COMMON STOCK	1,005.000	13,704	15,969
	STARBUCKS CORP	COMMON STOCK	291.000	16,870	22,811
	STARWOOD HTLS &RSTS	COMMON STOCK	574.000	30,130	45,604
	STATE STREET CORP	COMMON STOCK	404.000	18,514	29,650
	SUMITOMO MITSUI FINL GROUP	COMMON STOCK	2,389.000	23,267	25,061
	SVENSKA HANDELSBANKEN AB	COMMON STOCK	644.000	12,135	15,894
	SWATCH GROUP	COMMON STOCK	616.000	16,313	20,451

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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December 31, 2013

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	SYSMEX CORP UNSPON	COMMON STOCK	857.000	21,616	25,441
	T ROWE PRICE GROUP	COMMON STOCK	444.000	28,459	37,194
	TAIWAN SMCNDCTR MFG	COMMON STOCK	3,498.000	55,677	61,005
	TANGER FACTORY OUTLET	COMMON STOCK	460.000	14,076	14,729
	TATA MOTORS	COMMON STOCK	238.000	7,583	7,330
	TAV HAVALIMANLARI HLDGS	COMMON STOCK	420.000	10,457	12,184
	TECHNIP-COFLEXIP	COMMON STOCK	1,435.000	41,373	34,670
	TECHTRONIC IND LTD	COMMON STOCK	627.000	7,347	8,935
	TEMPLETON GLOBAL BOND	MUTUAL FUND	53,196.623	705,914	696,344
	TESCO PLC	COMMON STOCK	2,475.000	44,363	41,679
	TIBCO SOFTWARE INC	COMMON STOCK	376.000	9,337	8,452
	TIDEWATER INC	COMMON STOCK	117.000	5,634	6,935
	TIGER BRANDS LTD	COMMON STOCK	409.000	14,721	10,495
	TMK OAO SPONSORED ADR	COMMON STOCK	990.000	13,005	11,484
	TOTAL S A SPON	COMMON STOCK	581.000	35,218	35,598
	TOTAL SYSTEM SVCS	COMMON STOCK	366.000	8,676	12,180
	TOWERS WATSON & CO	COMMON STOCK	83.000	4,860	10,592
	TOYOTA MOTOR	COMMON STOCK	330.000	42,890	40,234
	TRAVELERS COMPANIES	COMMON STOCK	171.000	11,091	15,482
	TURKCELL ILETISM	COMMON STOCK	935.000	12,150	12,482
	TURKIYE GARANTI BANKASI	COMMON STOCK	5,376.000	23,429	17,257
	TWENTY-FIRST CENTURY FOX	COMMON STOCK	1,322.000	42,482	46,495
	TYCO INTERNATIONAL	COMMON STOCK	955.000	34,340	39,193
	U.S. TREASURY NOTE .250% 01/31/15	U.S GOVT SERCURITY	107,000.000	107,040	107,199
	U.S. TREASURY NOTE .250% 05/31/15	U.S GOVT SERCURITY	116,000.000	115,838	116,079
	U.S. TREASURY NOTE .250% 06/30/14	U.S GOVT SERCURITY	110,000.000	110,116	110,086
	U.S. TREASURY NOTE .250% 10/31/15	U.S GOVT SERCURITY	140,000.000	139,900	139,861
	U.S. TREASURY NOTE .375% 04/15/15	U.S GOVT SERCURITY	106,000.000	106,182	106,328

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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	U.S. TREASURY NOTE .500% 08/15/14	U.S GOVT SERCURITY	163,000.000	163,876	163,687
	U.S. TREASURY NOTE .500% 10/15/14	U.S GOVT SERCURITY	133,000.000	133,660	133,514
	U.S. TREASURY NOTE .625% 08/31/17	U.S GOVT SERCURITY	6,000.000	5,920	5,900
	U.S. TREASURY NOTE .625% 10/15/16	U.S GOVT SERCURITY	2,000.000	2,006	1,999
	U.S. TREASURY NOTE .625% 11/30/17	U.S GOVT SERCURITY	3,000.000	2,947	2,927
	U.S. TREASURY NOTE .625% 12/15/16	U.S GOVT SERCURITY	105,000.000	104,853	104,603
	U.S. TREASURY NOTE .750% 06/15/14	U.S GOVT SERCURITY	105,000.000	105,620	105,338
	U.S. TREASURY NOTE 1.000% 05/15/14	U.S GOVT SERCURITY	105,000.000	105,764	105,482
	U.S. TREASURY NOTE 1.875% 06/30/15	U.S GOVT SERCURITY	176,000.000	181,736	180,263
	U.S. TREASURY NOTE 2.125% 12/31/15	U.S GOVT SERCURITY	30,000.000	31,448	31,033
	U.S. TREASURY NOTE 2.500% 04/30/15	U.S GOVT SERCURITY	165,000.000	171,478	170,676
	U.S. TREASURY NOTE 2.500% 06/30/17	U.S GOVT SERCURITY	13,000.000	13,615	13,642
	U.S. TREASURY NOTE 4.125% 05/15/15	U.S GOVT SERCURITY	47,000.000	50,996	49,747
	U.S. TREASURY NOTE 4.250% 08/15/15	U.S GOVT SERCURITY	80,000.000	87,658	86,385
	UBS AG	COMMON STOCK	2,540.000	52,856	48,895
	ULTA SALON	COMMON STOCK	82.000	7,750	7,915
	UNICHARM CORP	COMMON STOCK	2,576.000	27,564	29,160
	UNILEVER NV	COMMON STOCK	482.000	18,806	19,391
	UNILEVER PLC	COMMON STOCK	359.000	12,638	14,791
	UNION PACIFIC CORP	COMMON STOCK	208.000	21,552	34,944
	UNITED RENTALS INC	COMMON STOCK	203.000	5,906	15,824
	UNITED TECHNOLOGIES CORP	COMMON STOCK	102.000	7,716	11,608
	UNITED THERAPEUTICS	COMMON STOCK	29.000	1,584	3,279
	UNITEDHEALTH GP	COMMON STOCK	436.000	22,647	32,831
	UNIVERSAL HEALTH SERVICES	COMMON STOCK	144.000	5,644	11,701
	V F CORPORATION	COMMON STOCK	428.000	16,886	26,682
	VALE SA	COMMON STOCK	728.000	13,392	11,102
	VALE SA SP	PREFERRED STOCK	812.000	16,476	11,376

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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	VALMONT INDUSTRIES	COMMON STOCK	55.000	6,791	8,202
	VANGUARD FTSE	MUTUAL FUND	1,441.000	52,989	60,061
	VANGUARD SHORT TERM	MUTUAL FUND	17,063.000	1,373,291	1,363,846
	VANGUARD TOTAL BOND MARKET	MUTUAL FUND	3,230.000	263,292	258,562
	VELOCITYSHARES DAILY INVERSE	MUTUAL FUND	356.000	11,370	13,777
	VENTAS INC	COMMON STOCK	239.000	14,177	13,690
	VERISK ANALYTICS	COMMON STOCK	333.000	12,100	21,885
	VIRTUS INSIGHTS EM	MUTUAL FUND	78,352.396	731,935	748,265
	VISA INC	COMMON STOCK	163.000	15,270	36,297
	VISTEON CORP	COMMON STOCK	110.000	8,313	9,008
	VODACOM GROUP	COMMON STOCK	770.000	10,449	9,818
	VODAFONE GP	COMMON STOCK	1,190.000	44,015	46,779
	VORNADO REALTY	COMMON STOCK	103.000	9,230	9,145
	WABTEC	COMMON STOCK	168.000	5,907	12,477
	WALT DISNEY CORP	COMMON STOCK	153.000	8,574	11,689
	WEICAHI PWR	COMMON STOCK	829.000	12,855	13,463
	WEINGARTEN REALTY	COMMON STOCK	410.000	11,216	11,242
	WEYERHAEUSER CO	COMMON STOCK	560.000	16,612	17,679
	WHITING PETROLEUM	COMMON STOCK	145.000	7,039	8,971
	WILLIAMS CO INC	COMMON STOCK	374.000	11,794	14,425
	WILLIAMS SONOMA	COMMON STOCK	152.000	6,743	8,859
	WISDOMTREE DREYFUS	MUTUAL FUND	1,410.000	28,888	28,285
	WISDOMTREE INVSTS	COMMON STOCK	264.000	4,584	4,675
	WOOLWORTHS HLDGS	COMMON STOCK	185.000	12,237	13,102
	WORKDAY INC	COMMON STOCK	25.000	2,049	2,079
	WPP PLC SPON	COMMON STOCK	431.000	32,754	49,505
	WPX ENERGY	COMMON STOCK	844.000	14,147	17,201
	WUXI PHARMATECH	COMMON STOCK	198.000	6,065	7,599

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	WYNDHAM WORLDWIDE	COMMON STOCK	120.000	4,221	8,843
	WYNN MACAU LTD	COMMON STOCK	540.000	15,582	24,559
	WYNN RESORTS	COMMON STOCK	233.000	28,192	45,251
	XINYI GLASS HLDGS	COMMON STOCK	443.000	6,453	8,882
	XL GROUP PLC	COMMON STOCK	280.000	6,418	8,915
	XYLEM INC	COMMON STOCK	480.000	11,855	16,608
	YANDEX NV	COMMON STOCK	315.000	7,874	13,592
	YPF SOCIEDAD ADS	COMMON STOCK	845.000	12,868	27,851
	YUE YUEN INDL	COMMON STOCK	561.000	7,728	9,430
	ZOETIS INC	COMMON STOCK	363.000	11,664	11,866
	ZOOMLION HEAVY INDUS	COMMON STOCK	489.000	5,627	4,601
	ZURICH INSURANCE GROUP	COMMON STOCK	990.000	25,965	28,878
*	PARTICIPANT LOANS	4.25% INTEREST, MATURING THROUGH 2018			513,161

* PARTY-IN-INTEREST IN THE PLAN.