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
FPS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2000

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

FLORIDA PHYSICIAN SPECIALISTS, LLC

710 LOMAX STREET
JACKSONVILLE, FL 32204

2b Employer Identification Number (EIN)
46-0772206

2c Sponsor's telephone number
904-355-6584

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.	10/20/2014	INDIA L. MURDAUGH
	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
ICON, LLC

4b EIN
41-2152274

4c PN
006

5	Total number of participants at the beginning of the plan year	**5**	157
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**	97
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	153
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	153
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	149
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 3B 3D

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

9a Plan funding arrangement (check all that apply)

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
FPS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA PHYSICIAN SPECIALISTS, LLC

D Employer Identification Number (EIN)
46-0772206

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	49900	182	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7589	6082

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INTERSECURITIES INSURANCE AGENCY

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7589			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENCOR, INC.
1361 13TH AVE. SOUTH
SUITE 250
JACKSONVILLE BEACH, FL 32250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	6082	SERVICING OF CONTRACTS	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4716729

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	**b** ☐ Dental	**c** ☐ Vision	**d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness)	**f** ☐ Long-term disability	**g** ☐ Supplemental unemployment	**h** ☐ Prescription drug
i ☐ Stop loss (large deductible)	**j** ☐ HMO contract	**k** ☐ PPO contract	**l** ☐ Indemnity contract
m ☐ Other (specify) ▶			

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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.**

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
FPS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA PHYSICIAN SPECIALISTS, LLC

D Employer Identification Number (EIN)
46-0772206

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK USA

01-0233346

(b) Enter name and EIN or address of person who provided you disclosure 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

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)

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 67 28 62 68 59 63	RECORDKEEPER	394	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
FPS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FLORIDA PHYSICIAN SPECIALISTS, LLC

D Employer Identification Number (EIN)
46-0772206

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	488887

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2040 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	162847

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	95167

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	19486

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	54745

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2020 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	68328

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2015 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	133445

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19243
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1326901
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1506809
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100664
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191563
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48457
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34081
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14884
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56604
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1204

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16271
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17518
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16799
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8728
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49926
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28111
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79467
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16997
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23103
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203778

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1529

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGG GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16043

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8166

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14044

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27014

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1711

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24764

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28709

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24329

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16919

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16763
a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 854
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25693
a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15936
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7687
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66712
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24643
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5512
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136282
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139217

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40973

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16995

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52272

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43613

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5107

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 865

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8924

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11691

a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127383

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231249

a Name of MTIA, CCT, PSA, or 103-12 IE: PBA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562693

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
FPS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA PHYSICIAN SPECIALISTS, LLC

D Employer Identification Number (EIN)
46-0772206

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	11569	357568
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1181199	756535
(2) Participant contributions	1b(2)	3884	11413
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	171915	355144
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	212913	210883
(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)	82000	134375
(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)	4625165	5999566
(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	6288645	7825484
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	6854
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	6854
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6288645	7818630

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)	739461	
	(B) Participants	2a(1)(B)	378941	
	(C) Others (including rollovers)	2a(1)(C)	342875	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1461277
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)	3177	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3177
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	6848	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6848
	(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)	42389	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		42389

		(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)		901387
c Other income	2c		3888
d Total income. Add all **income** amounts in column (b) and enter total	2d		2418966
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213782	
(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)		213782
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)	3525	
(2) Contract administrator fees	2i(2)	7331	
(3) Investment advisory and management fees	2i(3)	3548	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14404
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		228186
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2190780
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		660795

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOWARD & COMPANY, CPA'S P.A. **(2)** EIN: 47-0916323

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)
CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN	45-5523026	001

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
FPS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA PHYSICIAN SPECIALISTS, LLC

D Employer Identification Number (EIN)
46-0772206

Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

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Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

John W. Howard
CPA/ABV/CFF, CVA

CPA Designation regulated By State of Florida

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES
FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Florida Physician Specialists 401(k) Plan (the "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 then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

4745 Sutton Park Court
Suite 102
Jacksonville, FL 32224

Phone 904.421.0690
Fax 904.421.0691

Disclaimer of Opinion

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

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and delinquent participant contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

The prior period financial statements were audited by a predecessor auditor who issued financial statements dated October 8, 2013 and disclaimed an opinion due to the limited scope nature of the audit.

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

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

Howard & Company, CPAs, P.A.

Jacksonville, Florida
October 13, 2014

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31, 2013	December 31, 2012
INVESTMENTS AT FAIR VALUE		
Mutual funds	$ 5,999,565	$ 3,922,429
Corporate stocks	210,883	-
Money market funds	355,144	1,087,564
	6,565,592	5,009,993
RECEIVABLES		
Employer contributions receivable	756,535	1,181,199
Employee contributions receivable	11,413	3,884
Notes receivable	134,375	82,000
	902,323	1,267,083
CASH	357,568	11,569
TOTAL ASSETS	7,825,483	6,288,645

LIABILITIES

PLAN LIABILITIES	6,854	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,818,629	$ 6,288,645

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

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	Employees Contribution Receivable	Employer Contribution Receivable	Notes Receivable	Participant-directed Investment Funds	2013	2012
ADDITIONS						
Contributions						
Participants	$ 7,529	$ -	$ -	$ 371,412	$ 378,941	$ 1,044,687
Employer, net of forfeitures	-	(424,664)	-	1,164,125	739,461	1,796,140
Rollovers	-	-	-	342,875	342,875	26,561
Participant loans	-	-	96,272	43,897	140,169	6,635
Interest and dividend income	-	-	-	10,025	10,025	10,103
Other income	-	-	-	3,887	3,887	-
Net unrealized gains on common stocks of participant brokerage accounts	-	-	-	42,389	42,389	-
Net realized and unrealized gains from sale and increase in fair market value of investment	-	-	-	901,387	901,387	1,852,201
Total additions	7,529	(424,664)	96,272	2,879,997	2,559,134	4,736,327
DEDUCTIONS						
Benefits paid to participants	-	-	-	213,782	213,782	1,002,243
Transfer of plan assets	-	-	-	660,795	660,795	13,869,872
Expenses and fees	-	-	-	14,404	14,404	33,466
Participant loans	-	-	43,897	96,272	140,169	-
Net realized and unrealized losses from sale and increase in fair market value of investment	-	-	-	-	-	-
Total deductions	-	-	43,897	985,253	1,029,150	14,905,581
NET INCREASE (DECREASE) PRIOR TO INTERFUND TRANSFERS	7,529	(424,664)	52,375	1,894,744	1,529,984	(10,169,254)
Transfers in	-	-	-	2,903,517	2,903,517	-
Transfers out	-	-	-	(2,903,517)	(2,903,517)	-
	-	-	-	-	-	-
NET INCREASE (DECREASE)	7,529	(424,664)	52,375	1,894,744	1,529,984	(10,169,254)
NET ASSETS AVAILABLE FOR PLAN BENEFITS						
Beginning of year	3,884	1,181,199	82,000	5,021,562	6,288,645	16,457,899
End of year	$ 11,413	$ 756,535	$ 134,375	$ 6,916,306	$7,818,629	$ 6,288,645

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

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Florida Physician Specialists (the "Company") 401(k) Plan (the "Plan") provides only general information. The Plan was formally known as "ICON, LLC 401(k) Plan". The Plan was amended on January 1, 2013 to change the name to Florida Physician Specialists 401(k) Plan. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan (401(k)) covering all full-time employees who have completed six months of service and are twenty-one or older. Years of service with any medical practice operated by a physician immediately prior to the physician becoming a member of the Company are recognized. John Hancock Life Insurance Company (the "Custodian") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants generally may contribute up to 80 percent of their annual compensation, as defined in the plan document, subject to certain Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may also contribute amounts on an after-tax basis.

The Company may make discretionary matching contributions equal to a uniform percentage of participant salary reductions. The Company may also elect to make "safe harbor" contributions, but is under no obligation to do so. The "safe harbor" contribution is equal to 3% of total eligible compensation for the plan year. If the Company elects to satisfy the "safe harbor", then the discretionary matching contribution will not exceed 6% of compensation of a participant who is eligible to share in the discretionary matching contribution for the plan year. The Company may also make discretionary profit sharing contributions.

1. **DESCRIPTION OF PLAN** – (Continued)

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. During 2013, the Plan's investment options included mutual funds, common stocks, and money market fund as investment options for participants. In addition, participants may utilize an individual self-directed brokerage option, through which participants are able to invest in a variety of securities including stocks, bonds, mutual funds and government securities in accordance with the plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions, and Plan earnings or losses. Additionally, each participant account is charged with benefit payments, transaction fees related to notes receivable from participants and distributions, and allocations of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are also 100% vested in the Company's "safe harbor" contributions and qualified non-elective contributions contributed to the Plan. Vesting in the Company's match and profit sharing portion of their accounts plus actual earnings thereon is based on years of continuous service. A year of service is based on 1,000 hours of service in a particular plan year. A participant is 100% vested after six years of credited service. The vesting schedule is as follows:

Years of Service	Vesting %
Less than 2 years	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
Over 6 years	100%

1. **DESCRIPTION OF PLAN** – (Continued)

Distributions

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount as provided by the Plan. In-service distributions, as provided by the Plan, may be made upon demonstration of financial hardship, disability, or after participants reach the age of 59.5 years.

Hardship Distributions

Participants who have incurred certain hardship conditions as specified by provisions of the Internal Revenue Code may elect to receive a distribution from his/her elective contribution account.

Forfeited Accounts

At December 31, 2013 and 2012, there were $14,768 and $11,569 in forfeited non-vested accounts, respectively. These accounts are used to reduce employer contributions and then administrative expenses. During 2013 and 2012, no forfeitures were used.

Participant Loans

Participants may, pursuant to the provisions in the plan document, borrow from their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate. At December 31, 2013 and 2012, outstanding loans bore interest rates of 3.25%. Principal and interest is paid ratably through payroll deductions.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** – (Continued)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an 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.

Risks and Uncertainties

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

Notes Receivable From Participants

Notes receivable from participants (participant loans) are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded upon distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable from participants and distributions) are charged directly to the participant's account.

3. PLAN TERMINATION

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

4. TAX STATUS

On January 31, 2006, the Plan's volume submitter practitioner submitted a volume submitter plan document to the Internal Revenue Service (the "IRS") in which the Plan is utilizing. The IRS has determined and informed the Plan's volume submitter practitioner by a letter dated March 31, 2008 that the volume submitter plan document was designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan was amended on March 1, 2006 and was informed by a letter from the IRS dated June 19, 2007 that the Plan and related trust are designed in accordance with the applicable sections of the IRC for the plan amendment executed on March 1, 2006. The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Professional standards require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to audits by taxing jurisdictions. Tax years 2010, 2011, 2012, and 2013 are subject to examination by taxing authorities.

5. CONCENTRATION OF CREDIT RISK

Contributions receivable from plan participants as of December 31, 2013 and 2012 was $11,413 and $3,884, respectively.

6. FAIR VALUE MEASUREMENTS

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritize the inputs used in measuring fair value.

These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2: Inputs other than quoted prices within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted prices for similar assets or liabilities in active or non-active markets. Level 2 may also include insignificant adjustments to market observable inputs.
- Level 3: Unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy.

Level 2 investments represent money market funds for which quoted prices are not available in active markets for identical investments. The Plan utilizes a third party pricing service to determine fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

6. **FAIR VALUE MEASUREMENTS** – (Continued)

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2013 and 2012:

Fair Value as of December 31, 2013

		Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:					
Asset allocation funds	(a)	$ 4,178,584	$ 4,178,584	$ -	$ -
Aggressive growth funds	(b)	683,253	683,253	-	-
Growth funds	(c)	155,842	155,842	-	-
Growth & income funds	(d)	438,912	438,912	-	-
Income funds	(e)	250,445	250,445	-	-
Money market funds		355,144	-	355,144	-
Personal brokerage accounts		503,412	503,412	-	-
		$ 6,565,592	$ 6,210,448	$ 355,144	$ -

Fair Value as of December 31, 2012

		Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:					
Asset allocation funds	(a)	$ 3,067,190	$ 3,067,190	$ -	$ -
Aggressive growth funds	(b)	37,442	37,442	-	-
Growth funds	(c)	154,197	154,197	-	-
Growth and income funds	(d)	429,202	429,202	-	-
Income funds	(e)	234,398	234,398	-	-
Money market funds		1,087,564	-	1,087,564	-
		$ 5,009,993	$ 3,922,429	$ 1,087,564	$ -

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

6. FAIR VALUE MEASUREMENTS – (Continued)

Plan investments of $407,415 and $384,828 as of December 31, 2013 and 2012, respectively, were held by another custodian other than John Hancock Life Insurance Company and were subject to additional auditing procedures. The related Plan investment income for the years ended December 31, 2012 was $11,512 and $61,900 and was also subject to additional auditing procedures.

(a) Asset allocation lifecycle and lifestyle funds seek high total return until the fund's retirement date.
(b) Aggressive funds seek long-term growth of capital with capital appreciation. Some funds within this category seek to perform to a benchmark index of certain market indexes.
(c) Growth funds seek long-term growth.
(d) Growth and income funds seek long-term growth and appreciation with real returns and preservation of capital. Some funds within this category seek maximum real returns; and approximate the aggregate total return of certain market indexes.
(e) Income funds seek maximum total return, high level of current income with preservation of capital, and above average returns over a three to five year market cycle.

7. INVESTMENTS

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

	December 31,	
	2013	2012
JH Lifestyle - Balanced Portfolio	$ 1,506,809	$ 905,360
JH Lifestyle - Growth Portfolio	1,326,901	1,240,268
JH Lifecycle RL 2045	488,887	326,037
JH Money Market	-	507,412
Union Bank - Personal Brokerage Accounts	-	408,237
	$ 3,322,597	$ 3,387,314

8. NON EXEMPT PARTY-IN-INTEREST TRANSACTION

As described in the Statement of Delinquent Participant Contributions (included in the supplemental information), the Employer did not remit certain contributions to the Plan in a timely manner, as defined by ERISA. During the 2013 and 2012 plan years, there were unintentional delays by the Company in submitting participant contributions to the custodian in the amounts of $48,609 and $42,149, respectively. These late contributions are considered non-exempt party-in-interest transactions, which are prohibited transactions, and may result in an imposition of a 15% excise tax on the amount of the transaction. The tax status opinion of the Plan is not affected by these non-exempt transactions. If assessed, the Employer intends to pay all fines that may be imposed. At December 31, 2013 and 2012, management estimates that approximately $131 and $122 in lost income due to the delays.

9. RECLASSIFICATION

Certain amounts from the prior year have been reclassed to conform to the current year's presentation. This reclassification had no effect on previously reported net assets available for benefits.

10. SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2013, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is October 13, 2014, which is the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2015 Active Strategy		133,663
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2020 Active Strategy		68,328
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2025 Active Strategy		54,850
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2030 Active Strategy		19,506
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2035 Active Strategy		95,197
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2040 Active Strategy		162,897
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2045 Active Strategy		491,317
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Agg Active Strategy		20,157
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Grow Active Strategy		1,329,251
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Bal Active Strategy		1,510,144
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Mod Active Strategy		100,933
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Con Active Strategy		192,341
*	John Hancock Life Insurance Company (U.S.A.)	DFA Emerging Markets Value		48,457
*	John Hancock Life Insurance Company (U.S.A.)	Royce Opportunity		34,208
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Energy Fund		14,958
*	John Hancock Life Insurance Company (U.S.A.)	DFA International Value		56,604
*	John Hancock Life Insurance Company (U.S.A.)	International Value Fund		1,204
*	John Hancock Life Insurance Company (U.S.A.)	DFA US Targeted Value Fund		16,271
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Opportunities Fund		17,644
*	John Hancock Life Insurance Company (U.S.A.)	Intl Small Cap Fund		16,799
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Small Cap Grow Index		8,728
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Developing Mkt		49,926
*	John Hancock Life Insurance Company (U.S.A.)	Intl Equity Index Fund		28,111
*	John Hancock Life Insurance Company (U.S.A.)	DFA U.S. Small Cap Fund		79,467
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Stock Fund		16,997
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Index Fund		23,103
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Explorer Fund		203,816
*	John Hancock Life Insurance Company (U.S.A.)	EuroPacific Growth Fund		1,529
*	John Hancock Life Insurance Company (U.S.A.)	Legg Mason ClearBr Agg Growth		16,043
*	John Hancock Life Insurance Company (U.S.A.)	Invesco Small Cap Growth		8,166
*	John Hancock Life Insurance Company (U.S.A.)	Real Est. Securities Fund		14,208
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Health Sci		27,014
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Index Fund		1,711
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Value Fund		24,764
*	John Hancock Life Insurance Company (U.S.A.)	John Hancock Disciplined Value		28,709
*	John Hancock Life Insurance Company (U.S.A.)	Blue Chip Growth Fund		24,366
*	John Hancock Life Insurance Company (U.S.A.)	Capital Appreciation Fund		16,919
*	John Hancock Life Insurance Company (U.S.A.)	Mid Value Fund		16,763
*	John Hancock Life Insurance Company (U.S.A.)	The Growth Fund of America		854

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	Total Stock Market Index Fund		25,820
*	John Hancock Life Insurance Company (U.S.A.)	Utilities Fund		15,936
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Equity Inc		7,724
*	John Hancock Life Insurance Company (U.S.A.)	500 Index Fund		66,839
*	John Hancock Life Insurance Company (U.S.A.)	JPMorgan MidCap Value Fund		24,643
*	John Hancock Life Insurance Company (U.S.A.)	Mutual Global Discovery		5,512
*	John Hancock Life Insurance Company (U.S.A.)	Washington Mutual Investors		136,567
*	John Hancock Life Insurance Company (U.S.A.)	American Balanced Fund		139,502
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO All Asset		41,130
*	John Hancock Life Insurance Company (U.S.A.)	Fundamental Large Cap Value		16,995
*	John Hancock Life Insurance Company (U.S.A.)	High Yield Fund		52,272
*	John Hancock Life Insurance Company (U.S.A.)	Strategic Income Opp Fund		43,770
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Global Bond		5,144
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Real Return		865
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Spectrum Inc		8,961
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Total Return		11,765
*	John Hancock Life Insurance Company (U.S.A.)	Active Bond Fund		127,668
*	John Hancock Life Insurance Company (U.S.A.)	Money Market Fund		231,249
	Morgan Stanley	Money Market Fund		123,895
	Morgan Stanley	Personal Brokerage Account		283,519
*	Union Bank, N.A.	Personal Brokerage Account		219,893
*	Participant loans	Participant loans - 3.25%		134,375
				$6,699,967

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) identifies, by asterisk, those known to be a party in interest. Column (d) is left blank as permitted by ERISA regulations in the case of participant-directed plans.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	500 Index Fund		$ 5,053
*	John Hancock Life Insurance Company (U.S.A.)	AIM Small Cap Growth Fund		5,160
*	John Hancock Life Insurance Company (U.S.A.)	American Funds American Balanced		2,168
*	John Hancock Life Insurance Company (U.S.A.)	American Funds EuroPacific		490
*	John Hancock Life Insurance Company (U.S.A.)	Blue Chip Growth Fund		9,024
*	John Hancock Life Insurance Company (U.S.A.)	Capital Appreciation Fund		5,299
*	John Hancock Life Insurance Company (U.S.A.)	Davis New York Venture Fund		7,257
*	John Hancock Life Insurance Company (U.S.A.)	Energy Fund		18,192
*	John Hancock Life Insurance Company (U.S.A.)	Explorer		15,134
*	John Hancock Life Insurance Company (U.S.A.)	International Equity Index Fund		24,491
*	John Hancock Life Insurance Company (U.S.A.)	International Small Cap Fund		7,471
*	John Hancock Life Insurance Company (U.S.A.)	International Value Fund		823
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2015		106,050
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2020		50,411
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2025		76,309
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2030		8,031
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2035		75,578
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2040		135,533
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2045		326,037
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Aggressive		10,075
*	John Hancock Life Insurance Company (U.S.A.)	JII Lifestyle Fund - Balanced		905,360
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Conservative		50,068
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Growth		1,240,268
*	John Hancock Life Insurance Company (U.S.A.)	RI Lifestyle Fund - Moderate		83,470
*	John Hancock Life Insurance Company (U.S.A.)	JH Short-Term Federal Fund		185,636
*	John Hancock Life Insurance Company (U.S.A.)	Lord Abbett Mid Value Fund		4,476
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Index Fund		1,114
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Stock Fund		5,547
*	John Hancock Life Insurance Company (U.S.A.)	Mid Value Fund		6,132
*	John Hancock Life Insurance Company (U.S.A.)	Money Market Fund		507,412
*	John Hancock Life Insurance Company (U.S.A.)	Mutual Discovery Fund		37,885
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Developing Markets		56,927
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Global Fund		2,019
*	John Hancock Life Insurance Company (U.S.A.)	Optimized Value Fund		833
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO All Asset Fund		35,274
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Global Bond		4,537
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Real Return		821
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Total Return		7,065
*	John Hancock Life Insurance Company (U.S.A.)	Real Estate Securities Fund		9,410
*	John Hancock Life Insurance Company (U.S.A.)	Royce Opportunity Fund		12,259
*	John Hancock Life Insurance Company (U.S.A.)	Salomon Brothers High Yield Fund		849

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	Science & Technology Fund		5,607
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Growth Index Fund		5,578
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Index Fund		10,105
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Opportunities Fund		5,059
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Value Fund		4,392
*	John Hancock Life Insurance Company (U.S.A.)	Small Mid Growth		4,741
*	John Hancock Life Insurance Company (U.S.A.)	Strategic Income		36,414
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Equity Income Fund		5,145
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Health Sciences Fund		10,802
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Science &		5,544
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Spectrum Income		4,462
*	John Hancock Life Insurance Company (U.S.A.)	Templeton World Fund		32,949
*	John Hancock Life Insurance Company (U.S.A.)	Total Stock Market Index Fund		18,307
*	John Hancock Life Insurance Company (U.S.A.)	U.S Small Cap Fund		9,540
*	John Hancock Life Insurance Company (U.S.A.)	Disciplined Value		12,335
	Dreyfus Liquid Assets, Inc.	Money Market Fund		171,915
	iShares Trust	JP Morgan USD Emcrg Markets		24,558
	iShares Trust	MSCI Pacific ex-Japan		2,074
	iShares Trust	S&P 500 Growth Index Fund		12,573
	iShares Trust	S&P 500 Value Index Fund		7,967
	iShares Trust	S&P Mid Cap 400 Growth Index		1,830
	iShares Trust	S&P Mid Cap 400 Value Index		1,939
	iShares Trust	MSCI Canada Index		1,988
	iShares Trust	MSCI United Kingdom Index		3,085
	iShares Trust	MSCI EMU Index		2,141
	iShares Trust	iBoxx $ High Yield Corporate Bd		24,084
	iShares Trust	3-7 Year Treasury Bond		19,961
	iShares Trust	Russell 2000 Value Index		1,963
	iShares Trust	Russell 2000 Growth Index		1,906
	iShares Trust	Barclays TIPS Bond		8,013
	iShares Trust	iBoxx Investment Grade Corporate		52,268
	iShares Trust	MSCI EAFE Small Cap		3,175
	iShares Trust	Barclays 1-3 Year Treasury Bond		19,927
	Powershares	Powershares DB Commodity Index		3,778
	Vanguard	Vanguard Emerging Markets ETF		13,893
	Vanguard	Vanguard REIT ETF		5,790
	Union Bank, N.A.	Personal Brokerage Accounts		408,237
*	Participant loans	Participant loans - 3.25%		82,000
				$ 5,091,993

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) identifies, by asterisk, those known to be a party in interest. Column (d) is left blank as permitted by ERISA regulations in the case of participant-directed plans.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

ICON, LLC 401(K) PLAN
EIN: 46-0772206 PLAN NUMBER: 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2013

Payroll Period	Participant Contributions and Loan Repayments Transferred Late To The Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under Voluntary Ficuciary Correction Program (VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2/3/2012	$ 4,313	$ -	$ -	$ 4,313	$ -
2/3/2012	170	-	-	170	-
3/2/2012	4,284	-	-	4,284	-
3/30/2012	4,278	-	-	4,278	-
3/30/2012	136	-	-	136	-
4/13/2012	4,346	-	-	4,346	-
4/27/2012	131	-	-	131	-
5/25/2012	731	-	-	731	-
6/8/2012	3,523	-	-	3,523	-
6/8/2012	139	-	-	139	-
6/22/2012	3,829	-	-	3,829	-
6/22/2012	142	-	-	142	-
7/6/2012	6,223	-	-	6,223	-
7/20/2012	136	-	-	136	-
8/3/2012	143	-	-	143	-
8/17/2012	4,416	-	-	4,416	-
8/31/2012	4,329	-	-	4,329	-
8/31/2012	216	-	-	216	-
9/14/2012	218	-	-	218	-
9/28/2012	233	-	-	233	-
10/26/2012	216	-	-	216	-
1/4/2013	3,711	-	-	3,711	-
3/1/2013	3,978	-	-	3,978	-
6/21/2013	5,214	-	-	5,214	-
7/5/2013	5,118	-	-	5,118	-
7/19/2013	645	-	-	645	-
8/2/2013	5,258	-	-	5,258	-

ICON, LLC 401(K) PLAN
EIN: 46-0772206 PLAN NUMBER: 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2013

Payroll Period	Participant Contributions and Loan Repayments Transferred Late To The Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under Voluntary Ficuciary Correction Program (VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
8/16/2013	645	-	-	645	-
9/13/2013	5,380	-	-	5,380	-
11/8/2013	4,836	-	-	4,836	-
12/6/2013	4,908	-	-	4,908	-
12/20/2013	5,144	-	-	5,144	-
1/4/2013	227	-	-	227	-
1/18/2013	205	-	-	205	-
2/1/2013	226	-	-	226	-
2/15/2013	225	-	-	225	-
3/1/2013	240	-	-	240	-
3/15/2013	220	-	-	220	-
3/29/2013	271	-	-	271	-
4/12/2013	249	-	-	249	-
4/26/2013	215	-	-	215	-
5/10/2013	252	-	-	252	-
5/24/2013	266	-	-	266	-
6/7/2013	265	-	-	265	-
6/21/2013	268	-	-	268	-
7/15/2013	643	-	-	643	-
	$ 90,761	$ -	$ -	$ 90,761	$ -

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2015 Active Strategy		133,663
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2020 Active Strategy		68,328
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2025 Active Strategy		54,850
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2030 Active Strategy		19,506
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2035 Active Strategy		95,197
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2040 Active Strategy		162,897
*	John Hancock Life Insurance Company (U.S.A.)	JH Thru 2045 Active Strategy		491,317
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Agg Active Strategy		20,157
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Grow Active Strategy		1,329,251
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Bal Active Strategy		1,510,144
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Mod Active Strategy		100,933
*	John Hancock Life Insurance Company (U.S.A.)	JH LS Con Active Strategy		192,341
*	John Hancock Life Insurance Company (U.S.A.)	DFA Emerging Markets Value		48,457
*	John Hancock Life Insurance Company (U.S.A.)	Royce Opportunity		34,208
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Energy Fund		14,958
*	John Hancock Life Insurance Company (U.S.A.)	DFA International Value		56,604
*	John Hancock Life Insurance Company (U.S.A.)	International Value Fund		1,204
*	John Hancock Life Insurance Company (U.S.A.)	DFA US Targeted Value Fund		16,271
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Opportunities Fund		17,644
*	John Hancock Life Insurance Company (U.S.A.)	Intl Small Cap Fund		16,799
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Small Cap Grow Index		8,728
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Developing Mkt		49,926
*	John Hancock Life Insurance Company (U.S.A.)	Intl Equity Index Fund		28,111
*	John Hancock Life Insurance Company (U.S.A.)	DFA U.S. Small Cap Fund		79,467
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Stock Fund		16,997
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Index Fund		23,103
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Explorer Fund		203,816
*	John Hancock Life Insurance Company (U.S.A.)	EuroPacific Growth Fund		1,529
*	John Hancock Life Insurance Company (U.S.A.)	Legg Mason ClearBr Agg Growth		16,043
*	John Hancock Life Insurance Company (U.S.A.)	Invesco Small Cap Growth		8,166
*	John Hancock Life Insurance Company (U.S.A.)	Real Est. Securities Fund		14,208
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Health Sci		27,014
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Index Fund		1,711
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Value Fund		24,764
*	John Hancock Life Insurance Company (U.S.A.)	John Hancock Disciplined Value		28,709
*	John Hancock Life Insurance Company (U.S.A.)	Blue Chip Growth Fund		24,366
*	John Hancock Life Insurance Company (U.S.A.)	Capital Appreciation Fund		16,919
*	John Hancock Life Insurance Company (U.S.A.)	Mid Value Fund		16,763
*	John Hancock Life Insurance Company (U.S.A.)	The Growth Fund of America		854

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	Total Stock Market Index Fund		25,820
*	John Hancock Life Insurance Company (U.S.A.)	Utilities Fund		15,936
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Equity Inc		7,724
*	John Hancock Life Insurance Company (U.S.A.)	500 Index Fund		66,839
*	John Hancock Life Insurance Company (U.S.A.)	JPMorgan MidCap Value Fund		24,643
*	John Hancock Life Insurance Company (U.S.A.)	Mutual Global Discovery		5,512
*	John Hancock Life Insurance Company (U.S.A.)	Washington Mutual Investors		136,567
*	John Hancock Life Insurance Company (U.S.A.)	American Balanced Fund		139,502
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO All Asset		41,130
*	John Hancock Life Insurance Company (U.S.A.)	Fundamental Large Cap Value		16,995
*	John Hancock Life Insurance Company (U.S.A.)	High Yield Fund		52,272
*	John Hancock Life Insurance Company (U.S.A.)	Strategic Income Opp Fund		43,770
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Global Bond		5,144
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Real Return		865
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Spectrum Inc		8,961
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Total Return		11,765
*	John Hancock Life Insurance Company (U.S.A.)	Active Bond Fund		127,668
*	John Hancock Life Insurance Company (U.S.A.)	Money Market Fund		231,249
	Morgan Stanley	Money Market Fund		123,895
	Morgan Stanley	Personal Brokerage Account		283,519
*	Union Bank, N.A.	Personal Brokerage Account		219,893
*	Participant loans	Participant loans - 3.25%		134,375
				$6,699,967

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) identifies, by asterisk, those known to be a party in interest. Column (d) is left blank as permitted by ERISA regulations in the case of participant-directed plans.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	500 Index Fund		$ 5,053
*	John Hancock Life Insurance Company (U.S.A.)	AIM Small Cap Growth Fund		5,160
*	John Hancock Life Insurance Company (U.S.A.)	American Funds American Balanced		2,168
*	John Hancock Life Insurance Company (U.S.A.)	American Funds EuroPacific		490
*	John Hancock Life Insurance Company (U.S.A.)	Blue Chip Growth Fund		9,024
*	John Hancock Life Insurance Company (U.S.A.)	Capital Appreciation Fund		5,299
*	John Hancock Life Insurance Company (U.S.A.)	Davis New York Venture Fund		7,257
*	John Hancock Life Insurance Company (U.S.A.)	Energy Fund		18,192
*	John Hancock Life Insurance Company (U.S.A.)	Explorer		15,134
*	John Hancock Life Insurance Company (U.S.A.)	International Equity Index Fund		24,491
*	John Hancock Life Insurance Company (U.S.A.)	International Small Cap Fund		7,471
*	John Hancock Life Insurance Company (U.S.A.)	International Value Fund		823
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2015		106,050
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2020		50,411
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2025		76,309
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2030		8,031
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2035		75,578
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2040		135,533
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifecycle 2045		326,037
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Aggressive		10,075
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Balanced		905,360
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Conservative		50,068
*	John Hancock Life Insurance Company (U.S.A.)	JH Lifestyle Fund - Growth		1,240,268
*	John Hancock Life Insurance Company (U.S.A.)	RI Lifestyle Fund - Moderate		83,470
*	John Hancock Life Insurance Company (U.S.A.)	JH Short-Term Federal Fund		185,636
*	John Hancock Life Insurance Company (U.S.A.)	Lord Abbett Mid Value Fund		4,476
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Index Fund		1,114
*	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Stock Fund		5,547
*	John Hancock Life Insurance Company (U.S.A.)	Mid Value Fund		6,132
*	John Hancock Life Insurance Company (U.S.A.)	Money Market Fund		507,412
*	John Hancock Life Insurance Company (U.S.A.)	Mutual Discovery Fund		37,885
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Developing Markets		56,927
*	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Global Fund		2,019
*	John Hancock Life Insurance Company (U.S.A.)	Optimized Value Fund		833
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO All Asset Fund		35,274
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Global Bond		4,537
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Real Return		821
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Total Return		7,065
*	John Hancock Life Insurance Company (U.S.A.)	Real Estate Securities Fund		9,410
*	John Hancock Life Insurance Company (U.S.A.)	Royce Opportunity Fund		12,259
*	John Hancock Life Insurance Company (U.S.A.)	Salomon Brothers High Yield Fund		849

FLORIDA PHYSICIAN SPECIALISTS 401(K) PLAN
EIN: 41-2152274 PLAN NUMBER: 006

SCHEDULE H, Line 4i - STATEMENT OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company (U.S.A.)	Science & Technology Fund		5,607
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Growth Index Fund		5,578
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Index Fund		10,105
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Opportunities Fund		5,059
*	John Hancock Life Insurance Company (U.S.A.)	Small Cap Value Fund		4,392
*	John Hancock Life Insurance Company (U.S.A.)	Small Mid Growth		4,741
*	John Hancock Life Insurance Company (U.S.A.)	Strategic Income		36,414
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Equity Income Fund		5,145
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Health Sciences Fund		10,802
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Science &		5,544
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Spectrum Income		4,462
*	John Hancock Life Insurance Company (U.S.A.)	Templeton World Fund		32,949
*	John Hancock Life Insurance Company (U.S.A.)	Total Stock Market Index Fund		18,307
*	John Hancock Life Insurance Company (U.S.A.)	U.S Small Cap Fund		9,540
*	John Hancock Life Insurance Company (U.S.A.)	Disciplined Value		12,335
	Dreyfus Liquid Assets, Inc.	Money Market Fund		171,915
	iShares Trust	JP Morgan USD Emcrg Markets		24,558
	iShares Trust	MSCI Pacific ex-Japan		2,074
	iShares Trust	S&P 500 Growth Index Fund		12,573
	iShares Trust	S&P 500 Value Index Fund		7,967
	iShares Trust	S&P Mid Cap 400 Growth Index		1,830
	iShares Trust	S&P Mid Cap 400 Value Index		1,939
	iShares Trust	MSCI Canada Index		1,988
	iShares Trust	MSCI United Kingdom Index		3,085
	iShares Trust	MSCI EMU Index		2,141
	iShares Trust	iBoxx $ High Yield Corporate Bd		24,084
	iShares Trust	3-7 Year Treasury Bond		19,961
	iShares Trust	Russell 2000 Value Index		1,963
	iShares Trust	Russell 2000 Growth Index		1,906
	iShares Trust	Barclays TIPS Bond		8,013
	iShares Trust	iBoxx Investment Grade Corporate		52,268
	iShares Trust	MSCI EAFE Small Cap		3,175
	iShares Trust	Barclays 1-3 Year Treasury Bond		19,927
	Powershares	Powershares DB Commodity Index		3,778
	Vanguard	Vanguard Emerging Markets ETF		13,893
	Vanguard	Vanguard REIT ETF		5,790
	Union Bank, N.A.	Personal Brokerage Accounts		408,237
*	Participant loans	Participant loans - 3.25%		82,000
				$ 5,091,993

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