

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CONVERGE DIAGNOSTIC SERVICES 401(K) PROFIT SHARING PLAN TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2006</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CONVERGE DIAGNOSTIC SERVICES, LLC</u> <u>200 CORPORATE PLACE</u> <u>SUITE 7</u> <u>PEABODY, MA 01960</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-4419363</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>978-535-3317</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-4419363</u>	2c Plan Sponsor's telephone number <u>978-535-3317</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>20-4419363</u>					
2c Plan Sponsor's telephone number <u>978-535-3317</u>					
2d Business code (see instructions) <u>621510</u>					

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.	10/22/2015	COSTAS CHRYSOSTOMOU
	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 ☒ Same as Plan Sponsor		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 CONVERGE DIAGNOSTICS SERVICES		4b EIN 20-4419363	
		4c PN 001	
5 Total number of participants at the beginning of the plan year		5	159
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	124
a(2) Total number of active participants at the end of the plan year		6a(2)	104
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	14
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	118
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	61
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	7
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: 2J 2T 3D 2E 2F 2G			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CONVERGE DIAGNOSTIC SERVICES 401(K) PROFIT SHARING PLAN TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONVERGE DIAGNOSTIC SERVICES, LLC	D Employer Identification Number (EIN) 20-4419363	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	3119	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ INTL VL AD - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTL - BOSTON FINANCIAL DA P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAIRD CORE PLUS INV - US BANCORP F 39-0281260	0.27%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BAIRD MID CAP INV - US BANCORP FUN	0.40%	
39-0281260		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
CONESTOGA SM CAP INV - MUTUAL SHAR	0.40%	
34-1896033		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
DLWR SMALL CAP VAL A - DELAWARE SE	0.50%	
35-1140070		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EV INC FUND BOSTON A - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE SMCP EQ ADV - STATE STREE 04-0025081	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JH DSCPL VAL MDCP R2 - JOHN HANCOCK 01-0233346	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LM BW GLB OPP BD A - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIXIS AEW RE Y - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM EM MKTS BD ADM - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.28%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO LOW DUR ADM - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.28%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>SCOUT MID CAP - UMB FUND SERVICES</p> <p>39-1657495</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP DIV GROWTH ADV - T. ROWE PRICE</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>WFA GOVT SECS ADM - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>CONVERGE DIAGNOSTIC SERVICES 401(K) PROFIT SHARING PLAN TRUST</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONVERGE DIAGNOSTIC SERVICES, LLC</u>		D Employer Identification Number (EIN) <u>20-4419363</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	284230	2341
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	66817	59180
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1620832	1925802
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1971879	1987323

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1971879	1987323
---	-----------	---------	---------

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)	27474	
(B) Participants	2a(1)(B)	183764	
(C) Others (including rollovers)	2a(1)(C)	9037	
(2) Noncash contributions	2a(2)	0	220275
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2339	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2339
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	126982	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		126982
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-36674
c Other income.....	2c		-2571
d Total income. Add all income amounts in column (b) and enter total.....	2d		310351

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	291735	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		291735
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	53	
(4) Other.....	2i(4)	3119	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3172
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		294907

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		15444
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?.....		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?.....		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X		

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CONVERGE DIAGNOSTIC SERVICES 401(K) PROFIT SHARING PLAN TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONVERGE DIAGNOSTIC SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-4419363</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
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 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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements and Supplemental Schedules
and Report of Independent Certified Public Accountants

**CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST**

December 31, 2014 and 2013

CONVERGE DIAGNOSTIC SERVICES 401(k) PROFIT SHARING PLAN AND TRUST

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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees, Participants and Plan Administrator of the
Converge Diagnostic Services, 401(k) Profit Sharing Plan and Trust

Report on the financial statements

We were engaged to audit the accompanying financial statements of Converge Diagnostic Services 401(k) Profit Sharing Plan and Trust (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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 certified information described in Note 4, 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.

Grant Thornton LLP

New York, New York
October 14, 2015

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments, at fair value	\$ 1,928,143	\$ 1,905,062
Receivables		
Participant contributions receivable	7,636	-
Employer contributions receivable	1,218	-
Notes receivable from participants	<u>59,180</u>	<u>66,817</u>
Total receivables	<u>68,034</u>	<u>66,817</u>
Net assets available for benefits	<u>\$ 1,996,177</u>	<u>\$ 1,971,879</u>

The accompanying notes are an integral part of these statements.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2014

ADDITIONS

Investment income	
Net depreciation in fair value of investments	\$ (39,245)
Dividends	<u>126,982</u>
Total investment income	<u>87,737</u>
Interest income received on notes receivable from participants	<u>2,339</u>
Contributions	
Participant	191,400
Employer	28,692
Rollover	<u>9,037</u>
Total contributions	<u>229,129</u>
Total additions	<u>319,205</u>

DEDUCTIONS

Benefits paid to participants	291,735
Administrative expenses	<u>3,172</u>
Total deductions	<u>294,907</u>
Net increase	24,298

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>1,971,879</u>
End of year	<u>\$ 1,996,177</u>

The accompanying notes are an integral part of this statement.

CONVERGE DIAGNOSTIC SERVICES 401(k) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2014 and 2013

1. DESCRIPTION OF PLAN

The following description of the Converge Diagnostic Services 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan that is qualified under Section 401 of the Internal Revenue Code (“IRC”). The Plan became effective on January 1, 2006, was most recently amended in July 19, 2013, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan covers all employees of the Converge Diagnostic Services, LLC (the “Company”) who are age 21 or older. There is no service period eligibility requirement.

Plan Merger

On December 31, 2014, the Company approved the merger of the Plan to The Profit Sharing Plan of Quest Diagnostics Incorporated, the plan of its Parent Company, Quest Diagnostic Incorporated (“Quest”). The Plan was no longer active effective January 1, 2015. The Plan participants were given the opportunity to join Quest’s plan. The Plan assets were all transferred to Quest’s plan trustee effective February 27, 2015. Although the Company has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their account balances.

Contributions

Participants are allowed to make elective 401(k) deferrals up to the maximum amount allowed by the IRC. Participants may direct their elective salary deferral contributions in any of the investment options offered by the Plan. Participants are allowed to make rollover contributions to the Plan. The Company may make a discretionary non-elective profit sharing contribution which is allocated to each eligible participant based on discretionary formula that are determined annually. In 2014, no employer discretionary non-elective profit sharing contributions were made to the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s elective salary deferral contribution, employer contributions, the Plan earnings and forfeitures of terminated participants’ non-vested accounts. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account balance.

Vesting

Participants are immediately vested in their elective salary deferral contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

A participant is 100% vested after four years of credited service for any profit sharing contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 1	0 %
1	20 %
2	40 %
3	60 %
4	80 %
5 or more	100 %

Notes Receivable from Participants

Participants are permitted to obtain loans in amounts not less than one thousand dollars and up to the lesser of (1) fifty thousand dollars, subject to certain limitations as defined by the Plan, or (2) 50% of the participant's vested portion of their account value. Participant may have only one outstanding loan at a time and loans are repayable over a period of up to five years, unless the proceeds are used to purchase a primary residence. The notes receivable will bear a reasonable interest rate computed on the basis of prime rate plus 1%.

Deemed Distributions

Deemed distributions represent the amount of unpaid principal on notes receivable from participants who are actively participating in the Plan and have not continued to make payments on the outstanding notes as required by the Plan document. There were no deemed distributions for the year ended December 31, 2014.

Investment Options

Participants must direct both employee and profit sharing to be invested amongst various investment options as made available and determined by the Plan administrator, which are more fully described in the Plan literature. Participants may change their investment options any time throughout the year with the service provider.

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeitures

Forfeitures may be allocated among the remaining eligible participants of the Plan as of the last day of the Plan year. Forfeitures applied totaled \$787 for the year ended December 31, 2014. Unapplied forfeitures were \$1,652 at December 31, 2014 and \$1,081 at December 31, 2013.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Risks and Uncertainties

The Plan provides for participant-directed investment of their voluntary contributions and discretionary non-elective profit sharing contribution in a number of investment funds. Certain underlying investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in these risks could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments are stated at fair market value. All fair market values have been determined by Fidelity Investments, the trustee of the Plan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Accounting fees and certain administrative expenses of the Plan may be paid by the Plan or the Company. Loan origination and certain distribution fees are charged against participant accounts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Management individually reviews all notes receivable balances that exceed 90 days from the date of the most recent payment and, based on the assessment of credit worthiness, estimates the portion, if any, of the balance that will not be collected. Currently, there is no valuation allowance recorded; however, management will record an allowance, if and when potentially uncollectible participant notes receivable becomes material. If a participant defaults on a note receivable and distribution from the participant account has been made during the Plan years because the participant has left the Plan, the defaulted note receivable will be reported as benefits paid to participants on the Statement of Changes in Net Assets Available for Benefits and deducted from the receivable balance.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through October 14, 2015, the date that the financial statements were available to be issued.

The Plan merged to Quest's plan effective February 27, 2015. The Plan assets were completely transferred to Quest's plan trustee on the same date.

There were no additional subsequent events that would require recognition or additional disclosure in the Plan's financial statements.

3. PARTY-IN-INTEREST TRANSACTIONS

Fidelity Investments provides investment trustee services and third-party administrative services to the Plan. These transactions qualify as party-in-interest transactions. The trustee service fees paid to Fidelity Investment were paid by the Plan, which amounted to \$3,172 for the year ended December 31, 2014. Certain third-party administrative service fees were paid by the Company in 2014.

4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Investments, the trustee of the Plan, has certified that the following information in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Total investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

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

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

5. INVESTMENTS

Individual investments held that are 5% or more of the Plan's net assets are identified below. The following represents those investments of the Plan's net assets as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fidelity Freedom 2025	\$ 348,665	*
Fidelity Freedom 2020	330,756	*
Fidelity Freedom 2035	294,176	*
Fidelity Freedom 2030	165,545	*
Fidelity Freedom 2045	132,567	*
Fidelity Blue Chip Growth Fund	100,696	*
Fidelity Cash Reserves Fund	-	\$ 284,230
Fidelity Advisor New Insights Fund Class A	-	192,675
Franklin Growth Series Class A	-	104,009
MFS Value Fund Class R3	-	288,793
International Equity Fund	-	141,199
Eaton Vance Short Duration Strategic Income Fund Class A	-	212,904
MFS Total Return Fund Class R3	-	290,344

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$87,737, which was attributable to the Plan's investments in mutual funds.

6. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board has published authoritative guidance on Fair Value Measurements, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the authoritative guidance are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Also included in Level 2 are investments measured using a net asset value (“NAV”) per share, or its equivalent, that may be redeemed at that NAV at the period end date or in the near term, which is generally considered to be 90 days.

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

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

There have been no changes in the methodologies used at December 31, 2014 and 2013. Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - are valued by obtaining quoted prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The Plan’s mutual funds are considered to be Level 1 securities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value at December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money Market Fund	\$ 2,341	\$ -	\$ -	\$ 2,341
Equity Fund	212,073	-	-	212,073
International Equity Fund	108,209	-	-	108,209
Fixed Income Fund	184,912	-	-	184,912
Balanced Fund	1,420,607	-	-	1,420,607
Total assets, at fair value	<u>\$ 1,928,142</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,928,142</u>

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money Market Fund	\$ 284,230	\$ -	\$ -	\$ 284,230
Equity Fund	822,760	-	-	822,760
International Equity Fund	223,448	-	-	223,448
Fixed Income Fund	226,853	-	-	226,853
Balanced Fund	347,771	-	-	347,771
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total assets, at fair value	<u>\$ 1,905,062</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,905,062</u>

7. TAX STATUS

The Plan adopted the Fidelity 401(k) prototype plan. The Internal Revenue Service (“IRS”) has determined and informed the prototype plan sponsor, by letter dated March 31, 2014, that the prototype plan is designed in accordance with applicable sections of the Code. Accordingly, the Plan has been accounted for as a tax-exempt plan. The Plan has been amended since receiving the determination letter and the Plan administrator and the trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, 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 routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

8. RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

Below is a reconciliation of the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits to the Form 5500:

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
Statement of Net Assets Available for Benefits		
Net assets, per audited financial statements	\$ 1,996,177	\$ 1,971,879
Participant contributions receivable	(7,636)	-
Employer contributions receivable	<u>(1,218)</u>	<u>-</u>
Net assets, per Form 5500	<u>\$ 1,987,323</u>	<u>\$ 1,971,879</u>
 Year Ended		
<u>December 31, 2014</u>		
Statement of Changes in Net Assets Available for Benefits		
Net increase, per audited financial statements	\$ 24,298	
Participant contribution receivable at December 31, 2014	(7,636)	
Employer contribution receivable at December 31, 2014	<u>(1,218)</u>	
Net increase, per Form 5500	<u>\$ 15,444</u>	

SUPPLEMENTAL SCHEDULES

CONVERGE DIAGNOSTIC SERVICES**401(k) PROFIT SHARING PLAN AND TRUST****Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**

Year ended December 31, 2014

Participant Contributions Transferred Late to Plan	Total That Constitute Non Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are included: ☒				
\$32,931	\$32,931	\$ -	\$ -	\$ -

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issuer, 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
*	Fidelity	Fidelity Freedom 2025	**	\$ 348,665
*	Fidelity	Fidelity Freedom 2020	**	330,756
*	Fidelity	Fidelity Freedom 2035	**	294,176
*	Fidelity	Fidelity Freedom 2030	**	165,545
*	Fidelity	Fidelity Freedom 2045	**	132,567
*	Fidelity	Fidelity Blue Chip Growth Fund	**	100,696
*	Fidelity	Fidelity Freedom 2015	**	98,964
*	Fidelity	Fidelity Strategic Income Fund	**	64,580
*	Fidelity	Fidelity International Growth Fund	**	47,764
	Baird	Baird MidCap Investment Fund	**	45,957
	Baird	Baird Core Plus Bond Investment Fund	**	45,519
*	Fidelity	Fidelity Spartan 500 Index Advtg	**	38,370
	PIMCO	PIMCO Emerging Markets Bond Fund Administrative Class	**	37,121
*	Fidelity	Fidelity Freedom 2040	**	30,036
	Eaton Vance	Eaton Vance Income Fund of Boston Class A	**	27,091
*	Fidelity	Spartan Extended Market Index Fund - Fidelity Advantage C	**	26,840
	Oppenheimer	Oppenheimer Developing Markets Fund Class A	**	20,502
	Natixis	Natixis Funds Trust IV AEW Real Estate Fund Class Y	**	19,678
*	Fidelity	Fidelity Freedom 2010	**	15,960
	John Hancock	John Hancock Funds Disciplined Value Mid Cap Fund Class	**	5,758
*	Fidelity	Fidelity Contrafund	**	5,193
	Glenmede	Glenmede Small Cap Equity Portfolio Class Advisor	**	5,102
*	Fidelity	Fidelity Freedom 2055	**	3,668
	Conestoga	Conestoga Small Cap Fund Investors Class	**	2,848
	Artisan	Artisan International Fund Investor Class	**	2,690
*	Fidelity	Fidelity Money Market Trust Retirement Money Market Port	**	2,341
*	Fidelity	Fidelity Select Energy Portfolio	**	2,200
	Delaware Small	Delaware Small Cap Value Fund Class A	**	2,083
*	Fidelity	Spartan Global ex U.S. Index Fund - Fidelity Advantage Cla	**	1,372
	T. Rowe	T. Rowe Price Dividend Growth Fund Advisor Class	**	803
	Wells Fargo	Wells Fargo Advantage Government Securities Fund Admini	**	780
	Invesco	Invesco Diversified Dividend Fund R5 Class	**	697
*	Fidelity	Spartan Total Market Index Fund - Fidelity Advantage Class	**	692
	Scout	Scout Mid Cap Fund	**	437
*	Fidelity	Spartan U.S. Bond Index Fund - Fidelity Advantage Class	**	287
*	Fidelity	Fidelity Balanced Fund	**	137
*	Fidelity	Fidelity Freedom 2050	**	131

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issuer, 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
	Legg Mason	Legg Mason BW Global Opportunities Bond Fund Class A	**	\$ 130
	AllianzGI NFJ	AllianzGI NFJ International Value Fund A	**	3
				1,928,143
*	Participants	Various participant loans with interest at 4.25%		59,180
				<u>\$ 1,987,323</u>

* Party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.

Financial Statements and Supplemental Schedules
and Report of Independent Certified Public Accountants

**CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST**

December 31, 2014 and 2013

CONVERGE DIAGNOSTIC SERVICES 401(k) PROFIT SHARING PLAN AND TRUST

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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees, Participants and Plan Administrator of the
Converge Diagnostic Services, 401(k) Profit Sharing Plan and Trust

Report on the financial statements

We were engaged to audit the accompanying financial statements of Converge Diagnostic Services 401(k) Profit Sharing Plan and Trust (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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 certified information described in Note 4, 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.

Grant Thornton LLP

New York, New York
October 14, 2015

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments, at fair value	\$ 1,928,143	\$ 1,905,062
Receivables		
Participant contributions receivable	7,636	-
Employer contributions receivable	1,218	-
Notes receivable from participants	<u>59,180</u>	<u>66,817</u>
Total receivables	<u>68,034</u>	<u>66,817</u>
Net assets available for benefits	<u>\$ 1,996,177</u>	<u>\$ 1,971,879</u>

The accompanying notes are an integral part of these statements.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2014

ADDITIONS

Investment income	
Net depreciation in fair value of investments	\$ (39,245)
Dividends	<u>126,982</u>
Total investment income	<u>87,737</u>
Interest income received on notes receivable from participants	<u>2,339</u>
Contributions	
Participant	191,400
Employer	28,692
Rollover	<u>9,037</u>
Total contributions	<u>229,129</u>
Total additions	<u>319,205</u>

DEDUCTIONS

Benefits paid to participants	291,735
Administrative expenses	<u>3,172</u>
Total deductions	<u>294,907</u>
Net increase	24,298

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>1,971,879</u>
End of year	<u>\$ 1,996,177</u>

The accompanying notes are an integral part of this statement.

CONVERGE DIAGNOSTIC SERVICES 401(k) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2014 and 2013

1. DESCRIPTION OF PLAN

The following description of the Converge Diagnostic Services 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan that is qualified under Section 401 of the Internal Revenue Code (“IRC”). The Plan became effective on January 1, 2006, was most recently amended in July 19, 2013, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan covers all employees of the Converge Diagnostic Services, LLC (the “Company”) who are age 21 or older. There is no service period eligibility requirement.

Plan Merger

On December 31, 2014, the Company approved the merger of the Plan to The Profit Sharing Plan of Quest Diagnostics Incorporated, the plan of its Parent Company, Quest Diagnostic Incorporated (“Quest”). The Plan was no longer active effective January 1, 2015. The Plan participants were given the opportunity to join Quest’s plan. The Plan assets were all transferred to Quest’s plan trustee effective February 27, 2015. Although the Company has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their account balances.

Contributions

Participants are allowed to make elective 401(k) deferrals up to the maximum amount allowed by the IRC. Participants may direct their elective salary deferral contributions in any of the investment options offered by the Plan. Participants are allowed to make rollover contributions to the Plan. The Company may make a discretionary non-elective profit sharing contribution which is allocated to each eligible participant based on discretionary formula that are determined annually. In 2014, no employer discretionary non-elective profit sharing contributions were made to the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s elective salary deferral contribution, employer contributions, the Plan earnings and forfeitures of terminated participants’ non-vested accounts. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account balance.

Vesting

Participants are immediately vested in their elective salary deferral contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

A participant is 100% vested after four years of credited service for any profit sharing contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 1	0 %
1	20 %
2	40 %
3	60 %
4	80 %
5 or more	100 %

Notes Receivable from Participants

Participants are permitted to obtain loans in amounts not less than one thousand dollars and up to the lesser of (1) fifty thousand dollars, subject to certain limitations as defined by the Plan, or (2) 50% of the participant's vested portion of their account value. Participant may have only one outstanding loan at a time and loans are repayable over a period of up to five years, unless the proceeds are used to purchase a primary residence. The notes receivable will bear a reasonable interest rate computed on the basis of prime rate plus 1%.

Deemed Distributions

Deemed distributions represent the amount of unpaid principal on notes receivable from participants who are actively participating in the Plan and have not continued to make payments on the outstanding notes as required by the Plan document. There were no deemed distributions for the year ended December 31, 2014.

Investment Options

Participants must direct both employee and profit sharing to be invested amongst various investment options as made available and determined by the Plan administrator, which are more fully described in the Plan literature. Participants may change their investment options any time throughout the year with the service provider.

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeitures

Forfeitures may be allocated among the remaining eligible participants of the Plan as of the last day of the Plan year. Forfeitures applied totaled \$787 for the year ended December 31, 2014. Unapplied forfeitures were \$1,652 at December 31, 2014 and \$1,081 at December 31, 2013.

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Notes to Financial Statements
December 31, 2014 and 2013

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Risks and Uncertainties

The Plan provides for participant-directed investment of their voluntary contributions and discretionary non-elective profit sharing contribution in a number of investment funds. Certain underlying investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in these risks could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments are stated at fair market value. All fair market values have been determined by Fidelity Investments, the trustee of the Plan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Accounting fees and certain administrative expenses of the Plan may be paid by the Plan or the Company. Loan origination and certain distribution fees are charged against participant accounts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Management individually reviews all notes receivable balances that exceed 90 days from the date of the most recent payment and, based on the assessment of credit worthiness, estimates the portion, if any, of the balance that will not be collected. Currently, there is no valuation allowance recorded; however, management will record an allowance, if and when potentially uncollectible participant notes receivable becomes material. If a participant defaults on a note receivable and distribution from the participant account has been made during the Plan years because the participant has left the Plan, the defaulted note receivable will be reported as benefits paid to participants on the Statement of Changes in Net Assets Available for Benefits and deducted from the receivable balance.

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Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through October 14, 2015, the date that the financial statements were available to be issued.

The Plan merged to Quest's plan effective February 27, 2015. The Plan assets were completely transferred to Quest's plan trustee on the same date.

There were no additional subsequent events that would require recognition or additional disclosure in the Plan's financial statements.

3. PARTY-IN-INTEREST TRANSACTIONS

Fidelity Investments provides investment trustee services and third-party administrative services to the Plan. These transactions qualify as party-in-interest transactions. The trustee service fees paid to Fidelity Investment were paid by the Plan, which amounted to \$3,172 for the year ended December 31, 2014. Certain third-party administrative service fees were paid by the Company in 2014.

4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Investments, the trustee of the Plan, has certified that the following information in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Total investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

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

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Notes to Financial Statements
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5. INVESTMENTS

Individual investments held that are 5% or more of the Plan's net assets are identified below. The following represents those investments of the Plan's net assets as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fidelity Freedom 2025	\$ 348,665	*
Fidelity Freedom 2020	330,756	*
Fidelity Freedom 2035	294,176	*
Fidelity Freedom 2030	165,545	*
Fidelity Freedom 2045	132,567	*
Fidelity Blue Chip Growth Fund	100,696	*
Fidelity Cash Reserves Fund	-	\$ 284,230
Fidelity Advisor New Insights Fund Class A	-	192,675
Franklin Growth Series Class A	-	104,009
MFS Value Fund Class R3	-	288,793
International Equity Fund	-	141,199
Eaton Vance Short Duration Strategic Income Fund Class A	-	212,904
MFS Total Return Fund Class R3	-	290,344

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$87,737, which was attributable to the Plan's investments in mutual funds.

6. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board has published authoritative guidance on Fair Value Measurements, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the authoritative guidance are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Also included in Level 2 are investments measured using a net asset value (“NAV”) per share, or its equivalent, that may be redeemed at that NAV at the period end date or in the near term, which is generally considered to be 90 days.

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

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

There have been no changes in the methodologies used at December 31, 2014 and 2013. Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds - are valued by obtaining quoted prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The Plan’s mutual funds are considered to be Level 1 securities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value at December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money Market Fund	\$ 2,341	\$ -	\$ -	\$ 2,341
Equity Fund	212,073	-	-	212,073
International Equity Fund	108,209	-	-	108,209
Fixed Income Fund	184,912	-	-	184,912
Balanced Fund	1,420,607	-	-	1,420,607
Total assets, at fair value	<u>\$ 1,928,142</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,928,142</u>

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Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money Market Fund	\$ 284,230	\$ -	\$ -	\$ 284,230
Equity Fund	822,760	-	-	822,760
International Equity Fund	223,448	-	-	223,448
Fixed Income Fund	226,853	-	-	226,853
Balanced Fund	347,771	-	-	347,771
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total assets, at fair value	<u>\$ 1,905,062</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,905,062</u>

7. TAX STATUS

The Plan adopted the Fidelity 401(k) prototype plan. The Internal Revenue Service (“IRS”) has determined and informed the prototype plan sponsor, by letter dated March 31, 2014, that the prototype plan is designed in accordance with applicable sections of the Code. Accordingly, the Plan has been accounted for as a tax-exempt plan. The Plan has been amended since receiving the determination letter and the Plan administrator and the trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, 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 routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

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Notes to Financial Statements
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8. RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

Below is a reconciliation of the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits to the Form 5500:

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
Statement of Net Assets Available for Benefits		
Net assets, per audited financial statements	\$ 1,996,177	\$ 1,971,879
Participant contributions receivable	(7,636)	-
Employer contributions receivable	<u>(1,218)</u>	<u>-</u>
Net assets, per Form 5500	<u>\$ 1,987,323</u>	<u>\$ 1,971,879</u>
 Year Ended		
<u>December 31, 2014</u>		
Statement of Changes in Net Assets Available for Benefits		
Net increase, per audited financial statements	\$ 24,298	
Participant contribution receivable at December 31, 2014	(7,636)	
Employer contribution receivable at December 31, 2014	<u>(1,218)</u>	
Net increase, per Form 5500	<u>\$ 15,444</u>	

SUPPLEMENTAL SCHEDULES

CONVERGE DIAGNOSTIC SERVICES**401(k) PROFIT SHARING PLAN AND TRUST****Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**

Year ended December 31, 2014

Participant Contributions Transferred Late to Plan	Total That Constitute Non Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are included: ☒				
\$32,931	\$32,931	\$ -	\$ -	\$ -

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issuer, 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
*	Fidelity	Fidelity Freedom 2025	**	\$ 348,665
*	Fidelity	Fidelity Freedom 2020	**	330,756
*	Fidelity	Fidelity Freedom 2035	**	294,176
*	Fidelity	Fidelity Freedom 2030	**	165,545
*	Fidelity	Fidelity Freedom 2045	**	132,567
*	Fidelity	Fidelity Blue Chip Growth Fund	**	100,696
*	Fidelity	Fidelity Freedom 2015	**	98,964
*	Fidelity	Fidelity Strategic Income Fund	**	64,580
*	Fidelity	Fidelity International Growth Fund	**	47,764
	Baird	Baird MidCap Investment Fund	**	45,957
	Baird	Baird Core Plus Bond Investment Fund	**	45,519
*	Fidelity	Fidelity Spartan 500 Index Advtg	**	38,370
	PIMCO	PIMCO Emerging Markets Bond Fund Administrative Class	**	37,121
*	Fidelity	Fidelity Freedom 2040	**	30,036
	Eaton Vance	Eaton Vance Income Fund of Boston Class A	**	27,091
*	Fidelity	Spartan Extended Market Index Fund - Fidelity Advantage C	**	26,840
	Oppenheimer	Oppenheimer Developing Markets Fund Class A	**	20,502
	Natixis	Natixis Funds Trust IV AEW Real Estate Fund Class Y	**	19,678
*	Fidelity	Fidelity Freedom 2010	**	15,960
	John Hancock	John Hancock Funds Disciplined Value Mid Cap Fund Class	**	5,758
*	Fidelity	Fidelity Contrafund	**	5,193
	Glenmede	Glenmede Small Cap Equity Portfolio Class Advisor	**	5,102
*	Fidelity	Fidelity Freedom 2055	**	3,668
	Conestoga	Conestoga Small Cap Fund Investors Class	**	2,848
	Artisan	Artisan International Fund Investor Class	**	2,690
*	Fidelity	Fidelity Money Market Trust Retirement Money Market Port	**	2,341
*	Fidelity	Fidelity Select Energy Portfolio	**	2,200
	Delaware Small	Delaware Small Cap Value Fund Class A	**	2,083
*	Fidelity	Spartan Global ex U.S. Index Fund - Fidelity Advantage Cla	**	1,372
	T. Rowe	T. Rowe Price Dividend Growth Fund Advisor Class	**	803
	Wells Fargo	Wells Fargo Advantage Government Securities Fund Admini	**	780
	Invesco	Invesco Diversified Dividend Fund R5 Class	**	697
*	Fidelity	Spartan Total Market Index Fund - Fidelity Advantage Class	**	692
	Scout	Scout Mid Cap Fund	**	437
*	Fidelity	Spartan U.S. Bond Index Fund - Fidelity Advantage Class	**	287
*	Fidelity	Fidelity Balanced Fund	**	137
*	Fidelity	Fidelity Freedom 2050	**	131

CONVERGE DIAGNOSTIC SERVICES
401(k) PROFIT SHARING PLAN AND TRUST
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issuer, 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
	Legg Mason	Legg Mason BW Global Opportunities Bond Fund Class A	**	\$ 130
	AllianzGI NFJ	AllianzGI NFJ International Value Fund A	**	3
				1,928,143
*	Participants	Various participant loans with interest at 4.25%		59,180
				<u>\$ 1,987,323</u>

* Party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.