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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDLINK GEORGIA, INC. 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MEDLINK GEORGIA, INC.

11 CHARLIE MORRIS RD
P O BOX 459
COLBERT, GA 30628

2b Employer Identification Number (EIN)
58-1394645

2c Plan Sponsor's telephone number
706-788-3234

2d Business code (see instructions)
624100

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.	10/13/2026	DAVE WARD
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	581
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)**	455
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	473
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	153
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	626
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	626
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	559
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	612
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	67
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 Characteristic Codes in the instructions:

2G 2K 2L 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDLINK GEORGIA, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDLINK GEORGIA, INC.

D Employer Identification Number (EIN)
58-1394645

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	517741-01	32	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	451959
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	449723
c	Additions: (1) Contributions deposited during the year	7c(1)	56951		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13029		
	(4) Transferred from separate account	7c(4)	27339		
	(5) Other (specify below)	7c(5)	18469		
	▶ LOAN REPAYMENTS; FORFEITURES				
	(6)Total additions			7c(6)	115788
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	565511
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	56886		
	(2) Administration charge made by carrier	7e(2)	2521		
	(3) Transferred to separate account	7e(3)	54145		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	113552
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	451959

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDLINK GEORGIA, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDLINK GEORGIA, INC.

D Employer Identification Number (EIN)
58-1394645

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

WEALTH ENHANCEMENT ADVISORY SERV

505 HIGHWAY 169 STE 900
MINNEAPOLIS, MN 55441

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	38515	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INS CO OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD, CO 80111

(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?
64	RECORDKEEPER	37776	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ERISA SERVICES OF GA, LLC

P O BOX 24628
KNOXVILLE, TN 37933

(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?
13	CONTRACT ADMIN	17742	Yes [ ] No [X]	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)

ERISA SERVICE OF GEORGIA

P O BOX 24628
KNOXVILLE, TN 37933

(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?
13	CONTRACT ADMIN	7703	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ADVISORY GROUP

8515 EAST ORCHARD ROAD
GREENWOOD, CO 80111

(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?
28	INVESTMENT MGMT	3125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDLINK GEORGIA, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDLINK GEORGIA, INC.

D Employer Identification Number (EIN)
58-1394645

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	315916	359652
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13674886	17844153
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	13990802	18203805
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13990802	18203805

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)	366170	
(B) Participants	2a(1)(B)	1955566	
(C) Others (including rollovers)	2a(1)(C)	476679	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2798415
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	29012	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		29012
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2607727
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5435154
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1103117	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1103117
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11798
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	25445	
(3) Recordkeeping fees	2i(3)	43276	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	38515	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		107236
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1222151
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4213003
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FORRESTALL CPAS, C **(2)** EIN: 58-2412540

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 sections 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDLINK GEORGIA, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDLINK GEORGIA, INC.

D Employer Identification Number (EIN)
58-1394645

Part I Distributions

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

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

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

EIN(s): 84-0467907

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.

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 01 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number J504503A .

MEDLINK GEORGIA, INC. 403(b) PLAN
Financial Statements and Supplementary Information
December 31, 2025 and 2024

Forrestall CPAs, LLC
Certified Public Accountants

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Forrestall CPAs
EST. 1978

MEMBERS OF AMERICAN INSTITUTE OF CPA'S
GEORGIA SOCIETY OF CPA'S

THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
AND ASPPA

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Medlink Georgia, Inc. 403(b) Plan
Colbert, GA 30628

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Medlink Georgia, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025, and 2024, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Medlink Georgia, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years then ended December 31, 2025, and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Medlink Georgia, Inc. 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Medlink Georgia, Inc. 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Medlink Georgia, Inc. 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Medlink Georgia, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

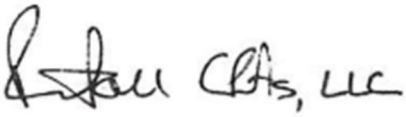
Other Matter -- Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets at year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Forrestall CPAs, LLC
Sugar Hill, GA
October 1, 2026

MEDLINK GEORGIA, INC. 403(b) PLAN
Statements of Net Assets Available for Plan Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
At fair value	$ 17,844,153	$ 13,674,886
Total investments	17,844,153	13,674,886
Receivables:		
Notes receivable from participants	349,896	315,916
Total receivables	349,896	315,916
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 18,194,049	$ 13,990,802

See accompanying Independent Auditors' Report and Notes to Financial Statements

MEDLINK GEORGIA, INC. 403(b) PLAN
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ending December 31, 2025 and 2024

	2025	2024
ADDITIONS:		
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in FMV of investments	$ 1,697,880	$ 1,137,452
Interest and dividends	886,436	479,272
Total investment income	2,584,316	1,616,724
Interest income on notes receivable from participants	28,543	22,767
Contributions:		
Employer	380,152	68,059
Participants	1,955,566	1,773,291
Rollovers	476,679	58,537
Total contributions	2,812,397	1,899,887
TOTAL ADDITIONS	5,425,256	3,539,378
DEDUCTIONS:		
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	1,114,773	1,065,483
Investment and administrative expenses	107,236	65,986
TOTAL DEDUCTIONS	1,222,009	1,131,469
NET INCREASE IN PLAN ASSETS	4,203,247	2,407,909
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of the year	13,990,802	11,582,893
End of the year	$ 18,194,049	$ 13,990,802

See accompanying Independent Auditors' Report and Notes to Financial Statements

NOTE 1—DESCRIPTION OF THE PLAN

The following description of Medlink Georgia, Inc. (the “Company” and “Plan”) provides only general information. Participants should refer to the Plan Document, Adoption Agreement, amendments, and Summary Plan Description for a more complete description of the Plan’s provisions, which are available from the plan administrator.

General

The Plan is a defined contribution plan sponsored by Medlink Georgia, Inc. (the "Company") for the benefit of eligible employees and their beneficiaries. The Plan is intended to meet the requirements of Section 403(b) of the Internal Revenue Code (the "Code") and is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was originally effective April 1, 2001, and was amended and restated effective January 1, 2021.

Subsequent amendments to the Plan permit participant loan refinancing effective January 1, 2021. The employer matching contribution formula was revised to a discretionary amount and percentage of matched employee contributions effective January 1, 2024. Effective September 19, 2025, Roth elective deferrals and related Plan provisions were added to the Plan. The September 19, 2025, amendment also provides that Roth elective deferrals are eligible to be included as matched employee contributions, while automatic enrollment contributions remain designated as pre-tax elective deferrals unless the participant makes another election.

The Company is the Plan Administrator. Empower Trust Company, LLC, serves as trustee and custodian, and Empower provides recordkeeping and participant transaction-processing services. ERISA Services, Inc., provides third-party administration and Plan document services. The Plan offers participant-directed investments through its custodial and annuity arrangements.

Eligibility

Eligible employees may make elective deferrals immediately upon hire, subject to the exclusions specified in the Plan document. Employees become eligible to receive employer matching contributions upon completion of three months of service and enter the matching portion of the Plan immediately upon satisfying that requirement. Employees who previously satisfied the eligibility and entry requirements generally reenter the Plan immediately upon rehire.

Participant Accounts

A separate account is maintained for each participant. Each account is credited with participant contributions, employer matching contributions, rollover contributions, and allocations of Plan earnings, and is charged with withdrawals, distributions, investment losses, and allocations of Plan expenses, as applicable. 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 vested account balance.

Participant Investment Account Options

Participants may direct the investment of their accounts among the investment options offered by the Plan and may change their investment allocations daily, subject to the terms of the investment options. Investment earnings and losses are allocated to participant accounts based on their investment elections and account activity.

NOTE 1—DESCRIPTION OF THE PLAN – (Continued)

Contributions

Participants may elect to defer up to 100% of eligible compensation (or the maximum amount allowed under the Code), subject to applicable Code limitations. Eligible participants may make age-based catch-up contributions and special 403(b) catch-up contributions for qualifying long-service employees, subject to the Plan and Code limits. The Plan also permits eligible rollover contributions. Effective September 19, 2025, Amendment Three added designated Roth elective deferrals.

Participants may therefore elect pre-tax deferrals, Roth deferrals, or a combination of both, subject to the applicable combined deferral limits. The amendment includes Roth elective deferrals among the contributions eligible for an employer match. Age-based and special long-service catch-up contributions are excluded from matched employee contributions under the amendment.

New participants who do not make an affirmative deferral election are automatically enrolled at a pre-tax deferral rate of 4% of compensation. Unless a participant elects otherwise, the automatic rate increases by one percentage point on the first day of each Plan year, up to 8%. Automatic contributions remain pre-tax after the addition of the Roth feature.

The Company's matching contribution was historically equal to 50% of the first 8% of deferral contributions (excluding catch-up contributions), up to $3,600 per Plan year, with participants eligible for matching contributions after completing 90 days of service. Effective January 1, 2024, the Plan was amended to allow a discretionary match. The employer match was temporarily suspended during the amendment review and resumed in October 2024 at a 20% rate, with all participants notified. Employer matching contributions as of December 31, 2025, were at a 20% matching rate.

Vesting

Participants are immediately 100% vested in their elective deferrals, rollover contributions, and related earnings. Employer matching contributions and related earnings vest based on years of vesting service under the following schedule:

YEARS OF SERVICE	PERCENTAGE
Less than 1	0%
1	25%
2	50%
3	100%

Participants also become fully vested in employer matching contributions upon death or disability while employed, upon attainment of normal retirement age while employed, or upon Plan termination, as provided by the Plan. Nonvested amounts are forfeited in accordance with the Plan document.

Forfeitures

Forfeitures consist of nonvested employer contributions that become forfeited under the terms of the Plan. Forfeited amounts held by the Plan are used to reduce future employer matching contributions. At December 31, 2025 and 2024, forfeiture account balances were $0 and $0, respectively. During 2025 and 2024, forfeitures of $13,982 and $37,040, respectively, were applied to reduce employer matching contributions.

NOTE 1—DESCRIPTION OF THE PLAN – (Continued)

Notes Receivable from Participants

The Plan permits participants to obtain loans in accordance with its loan policy and applicable Plan procedures. The minimum loan amount is $1,000, and a participant may have only one outstanding loan at a time. The maximum loan amount is the lesser of $50,000, reduced by the participant's highest outstanding loan balance during the preceding 12-month period, or 50% of the participant's vested account balance.

Loans generally must be repaid within 5 years from the date of the loan. Loans used to purchase a principal residence may have a longer repayment period, not to exceed 15 years. Loan repayments are required at least on a per-payroll basis and are generally made through payroll deductions. Loans bear a commercially reasonable rate of interest in accordance with the Plan's loan procedures.

If a participant fails to make required payments and does not timely cure the failure in accordance with Plan procedures, the outstanding balance may be treated as a deemed distribution for tax purposes. However, the participant's repayment obligation continues. Upon termination of employment, the participant generally must repay the outstanding loan balance, and failure to do so may result in the unpaid balance becoming taxable to the participant.

Effective January 1, 2021, the Plan was amended to permit participants to refinance outstanding loans in accordance with the Plan Administrator's loan procedures.

Payment of Benefits

Upon termination of employment, retirement, death, or disability, a participant or beneficiary may receive the participant's vested account balance in accordance with the Plan's distribution provisions. Benefits may be paid in a lump sum or in installments, subject to applicable Plan provisions.

The Plan permits hardship withdrawals from eligible pre-tax elective deferral accounts for an immediate and heavy financial need in accordance with Plan provisions and applicable requirements. Qualifying needs include certain medical expenses, principal-residence purchase expenses, postsecondary education expenses, eviction or foreclosure prevention expenses, burial or funeral expenses, and principal-residence repair expenses, as well as other needs permitted under applicable requirements. The Plan also permits specified distributions related to qualifying military service.

In-service withdrawals upon attainment of age 59½ are permitted from eligible fully vested accounts in accordance with Plan provisions. Amendment Three does not permit hardship withdrawals or age-based in-service withdrawals from designated Roth elective deferral accounts and does not permit in-plan Roth rollovers.

Required minimum distributions are made in accordance with applicable Code requirements and the Plan's distribution provisions. Designated Roth accounts are not subject to lifetime required minimum distributions; applicable beneficiary distribution requirements continue to apply.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, except for benefit payments, which are recorded when paid, in accordance with accounting principles generally accepted in the United States of America ("GAAP") applicable to defined contribution employee benefit plans.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, or net asset value ("NAV") as a practical expedient where applicable, except for fully benefit-responsive investment contracts, which are reported at contract value, if any. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices, if available, are used to value investments. Shares of mutual funds are valued at the NAV of shares held by the Plan at year-end.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded as earned. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes realized gains and losses on investments sold during the year and unrealized appreciation or depreciation in the fair value of investments held at year-end.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024, because participant loans are secured by the participant's vested account balance and are excluded from the scope of the current expected credit loss guidance under FASB ASC 326-20-15-3. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Participant loan balances are reduced, and benefit payments are recognized when loans are determined to be uncollectible or are offset against vested benefits in accordance with the Plan.

Contributions

Participant contributions are recorded in the period in which the related compensation is earned and the contributions are withheld. Employer contributions are recorded when due under the terms of the Plan and the Company's contribution authorization. Rollover contributions are recorded when received by the Plan.

Benefit Payments

Benefit payments to participants are recorded when paid, except for participant loan distributions recognized in accordance with the Notes Receivable from Participants policy described above.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan at the Company's discretion. Expenses paid from Plan assets are recorded when incurred and may be allocated to participant accounts. Expenses paid directly by the Company are not reflected as deductions in the Plan's financial statements. Investment expenses deducted within an investment option are reflected in that investment's reported return.

NOTE 3—CERTIFICATION OF PLAN TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company have certified the following information for the years ended December 31, 2025, and 2024, included in the accompanying financial statements and supplemental schedule, is complete and accurate:

- Investments and notes receivable from participants as shown in the accompanying statements of net assets available for plan benefits as of December 31, 2025, and 2024.
- Investment income and interest income from notes receivable from participants as shown in the accompanying statements of changes in net assets available for plan benefits for the years ended December 31, 2025, and 2024.
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2025.

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

NOTE 4—FAIR VALUE OF PLAN ASSETS

FASB ASC Topic 820, Fair Value Measurement ("ASC Topic 820"), 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 ASC Topic 820 are described as follows:

- LEVEL 1—Quoted prices in active markets for identical assets.
- LEVEL 2—Observable inputs other than Level 1 quoted prices, including prices for similar assets and other inputs that are observable or corroborated by market data.
- LEVEL 3—Significant unobservable inputs supported by little or no market activity.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025, and 2024.

Mutual Funds (Level 1): Valued at the net asset value (NAV) of shares held by the Plan at year-end, based on quoted prices on nationally recognized securities exchanges. Mutual funds held by the Plan are open-end funds registered with the Securities and Exchange Commission, required to publish their daily NAV and transact at that price. These funds are deemed to be actively traded. Self-directed brokerage accounts primarily consist of mutual funds and common stocks valued on the basis of readily determinable market prices.

Fixed Annuities (Level 2) Valued at contract value, which represents contributions plus credited interest, less participant withdrawals and applicable administrative expenses. Contract value approximates fair value and is based on observable inputs other than quoted market prices, such as interest crediting rates and administrative provisions.

NOTE 4—FAIR VALUE OF PLAN ASSETS – (Continued)

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall as of December 31:

	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2025			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual Funds	$ 17,392,194	$ -	$ -	$ 17,392,194
Fixed Annuities	-	451,959	-	451,959
Total	$ 17,392,194	$ 451,959	$ -	$ 17,844,153

	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual Funds	$ 13,225,163	$ -	$ -	$ 13,225,163
Fixed Annuities	-	449,723	-	449,723
Total	$ 13,225,163	$ 449,723	$ -	$ 13,674,886

In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amount presented in this table is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.

The Plan's investments appreciated in value by $1,697,880 and $1,137,452 during 2025 and 2024, respectively. There were no transfers between levels of the fair value hierarchy during 2025 or 2024, and the Plan had no assets measured at fair value on a nonrecurring basis.

NOTE 5—INVESTMENT CONTRACT WITH EMPOWER ANNUITY INSURANCE

The Plan holds the EI Fixed Account - Series Class II, a group annuity contract issued by Empower Annuity Insurance Company of America. Amounts invested in this option are maintained in the insurer's general account. The account is credited with interest and reduced by participant withdrawals and applicable administrative expenses. The Plan's investment in the contract is reported at contract value of $451,959 and $449,723 at December 31, 2025 and 2024, respectively.

The interest crediting rate may change annually and is subject to the terms of the contract. Empower reported an average crediting yield of 2.85% for both 2025 and 2024.

The contract is intended to be benefit-responsive for eligible participant-initiated transactions, which generally occur at contract value. Plan-initiated transactions are subject to contractual restrictions, including potential market value adjustment or installment payout provisions, that may affect the timing or amount of payment at the Plan level. The investment is subject to the claims-paying ability and creditworthiness of Empower Annuity Insurance Company of America.

NOTE 6—RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company, Plan fiduciaries, participants, and certain entities providing services to the Plan are parties in interest, as defined by ERISA. The Plan utilizes Empower and affiliated entities for recordkeeping, trust or custodial, investment reporting, loan and distribution processing, and other participant account services. Empower Annuity Insurance Company of America provides the Plan's fixed annuity investment. ERISA Services, Inc. and ERISA Services of Georgia, LLC provide third-party administration and related administrative services, and Wealth Enhancement Advisory Services, LLC provides investment advisory and Plan committee support services.

The Plan's investment in the fixed annuity issued by Empower Annuity Insurance Company of America involves a party in interest because Empower and its affiliated entities provide services to the Plan. See Note 5 for additional information on the terms of the investment contract with Empower Annuity Insurance Company. See Note 4 for additional information on the fair value classification of the investment contract.

Participant loans also qualify as transactions with parties-in-interest. Such loans are secured by the participants' vested account balances and are administered under the Plan's loan policy as discussed in Note 1.

Investment and administrative expenses paid from Plan assets were $97,421 and $65,986 during 2025 and 2024, respectively. The Company also provides certain administrative services at no cost to the Plan and may pay expenses on the Plan's behalf. Amounts paid directly by the Company are not reflected as deductions from net assets available for plan benefits.

Forfeitures are maintained and reported separately by the recordkeeper and are used or transferred in accordance with the Plan document, including as applicable for employer contributions or Plan expense purposes. See Note 1 for additional information regarding the Plan's forfeiture provisions.

NOTE 7—RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to interest rate, market, and credit risks. Because of the risks associated with certain investments, it is at least reasonably possible that changes in investment values will occur in the near term and that those changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits. The fixed annuity also exposes the Plan to the credit risk of the issuing insurance company, as discussed in Note 5.

NOTE 8—TAX STATUS

The Plan operates under a pre-approved 403(b) plan document provided through ERISA Services, Inc., consisting of the applicable adoption agreement, basic plan document, appendices, addenda, and subsequent amendments. The Plan was amended and restated effective January 1, 2021, and has subsequently been amended, including amendments affecting participant loans, employer matching contributions, and Roth elective deferrals. The Plan is intended to satisfy the requirements of IRC § 403(b) and must be operated in accordance with the Plan document and applicable provisions of the Code to maintain its tax-favored status.

The Internal Revenue Service has issued an advisory or opinion letter, as applicable, with respect to the form of the pre-approved 403(b) plan document. The Plan Administrator believes the Plan is designed and operated in compliance with the applicable requirements of the Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8—TAX STATUS – (Continued)

The Plan evaluates uncertain tax positions in accordance with accounting principles generally accepted in the United States of America. A tax position is recognized only when it is more likely than not that the position will be sustained upon examination by the applicable taxing authority based on the technical merits of the position.

NOTE 9—PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions and terminate the Plan, subject to ERISA and the Plan document. Upon Plan termination, participants become fully vested in their employer contribution accounts, and benefits are distributed in accordance with the Plan's provisions.

NOTE 10—RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of nets assets available for plan benefits per the financial statements to the Form 5500 at December 31:

	2025	2024
Net assets available for plan benefits per financial statements	$ 18,194,049	$ 13,990,802
Deemed distributed loans	9,756	-
Net assets available for plan benefits per financial statements per Form 5500	$ 18,203,805	$ 13,990,802

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements to the Form 5500 at December 31:

	2025	2024
Net increase per financial statements	$ 4,203,247	$ 2,407,909
Deemed distributed loans	9,756	-
Net increase per Form 5500	$ 4,213,003	$ 2,407,909

NOTE 11—SUBSEQUENT EVENTS

Management evaluated subsequent events through October 1, 2026, the date the financial statements were available to be issued. No subsequent events were identified that required adjustment to or disclosure in the financial statements.

SUPPLEMENTARY INFORMATION

MEDLINK GEORGIA, INC. 403(b) PLAN
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 58-1394645 Plan Number: 001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	EI Fixed Account - Series Class II	Fixed Annuity	$ 451,959
	American Funds 2020 Trgt Date Ret Inc R6	Mutual Fund	227,273
	American Funds 2025 Trgt Date Ret Inc R6	Mutual Fund	788,013
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	549,133
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	1,185,585
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	1,774,360
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	1,260,416
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	2,475,576
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	1,622,645
	American Funds 2060 Trgt Date Retire R6	Mutual Fund	1,065,757
	American Funds 2065 Trgt Date Retire R6	Mutual Fund	246,817
	American Funds 2070 Trgt Date Retire R6	Mutual Fund	77,950
	American Funds American Balanced R6	Mutual Fund	30,904
	American Funds Bond Fund Of Amer R6	Mutual Fund	559,071
	American Funds New Perspective R6	Mutual Fund	841,413
	Avantis Emerging Markets Equity Instl	Mutual Fund	57,040
	Avantis U S Small Cap Value Instl	Mutual Fund	7,449
	DFA International Large Cap Growth	Mutual Fund	37,329
	DFA International Value I	Mutual Fund	29
	Fidelity 500 Index	Mutual Fund	1,217,798
	Fidelity Inflation Protected Bond Index	Mutual Fund	56,977
	Fidelity International Index	Mutual Fund	479,245
	Fidelity Mid Cap Index	Mutual Fund	695,408
	Fidelity Small Cap Index	Mutual Fund	901,715
	Jpmorgan Large Cap Growth R6	Mutual Fund	497,176
	Jpmorgan Mid Cap Growth R6	Mutual Fund	130
	Pimco Income Instl	Mutual Fund	18,287
	Putnam Global Health Care R6	Mutual Fund	30,067
	Putnam Large Cap Value R6	Mutual Fund	681,664
	Putnam Small Cap Growth R6	Mutual Fund	6,967
	Total investments		17,844,153
*	Participant loans	Interest rate range 4.25% - 8.00%, various maturity dates through December 2026	349,896
	Total plan assets		$ 18,194,049

* Represents a party-in-interest.
Note: Column (d) cost information is not applicable because the investments are participant-directed.

MEDLINK GEORGIA, INC. 403(b) PLAN
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 58-1394645 Plan Number: 001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	EI Fixed Account - Series Class II	Fixed Annuity	$ 451,959
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	American Funds 2025 Trgt Date Ret Inc R6	Mutual Fund	788,013
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	549,133
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	1,185,585
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	1,774,360
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	1,260,416
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	2,475,576
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	1,622,645
	American Funds 2060 Trgt Date Retire R6	Mutual Fund	1,065,757
	American Funds 2065 Trgt Date Retire R6	Mutual Fund	246,817
	American Funds 2070 Trgt Date Retire R6	Mutual Fund	77,950
	American Funds American Balanced R6	Mutual Fund	30,904
	American Funds Bond Fund Of Amer R6	Mutual Fund	559,071
	American Funds New Perspective R6	Mutual Fund	841,413
	Avantis Emerging Markets Equity Instl	Mutual Fund	57,040
	Avantis U S Small Cap Value Instl	Mutual Fund	7,449
	DFA International Large Cap Growth	Mutual Fund	37,329
	DFA International Value I	Mutual Fund	29
	Fidelity 500 Index	Mutual Fund	1,217,798
	Fidelity Inflation Protected Bond Index	Mutual Fund	56,977
	Fidelity International Index	Mutual Fund	479,245
	Fidelity Mid Cap Index	Mutual Fund	695,408
	Fidelity Small Cap Index	Mutual Fund	901,715
	Jpmorgan Large Cap Growth R6	Mutual Fund	497,176
	Jpmorgan Mid Cap Growth R6	Mutual Fund	130
	Pimco Income Instl	Mutual Fund	18,287
	Putnam Global Health Care R6	Mutual Fund	30,067
	Putnam Large Cap Value R6	Mutual Fund	681,664
	Putnam Small Cap Growth R6	Mutual Fund	6,967
	Total investments		17,844,153
*	Participant loans	Interest rate range 4.25% - 8.00%, various maturity dates through December 2026	349,896
	Total plan assets		$ 18,194,049

* Represents a party-in-interest.
Note: Column (d) cost information is not applicable because the investments are participant-directed.