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January 12, 2011

**Certified Mail – R R R****Top Hat Plan Exemption****Employee Benefits Security Administration****Room N-1513****U.S. Department of Labor****200 Constitution Avenue, N.W.****Washington, DC 20210**

**Re: Core Physical Therapy & Sports Medicine, P.C.**  
**EIN: 06-1336792**

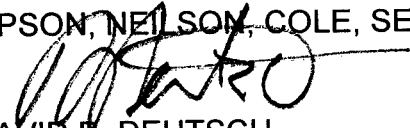
To Whom It May Concern:

Enclosed for filing is the Alternative Compliance Statement relative to the above-referenced corporation. Please file in your usual fashion and return a filed copy to our office in the envelope provided.

Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

LIPSON, NEILSON, COLE, SELTZER &amp; GARIN, P.C.

  
 DAVID B. DEUTSCH

DBD/dla  
 Enclosures

EBSA/PUBLIC DISCLOSURE  
 2011 JAN 19 AM 11:30

## ALTERNATIVE COMPLIANCE STATEMENT

### CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Dear Sir or Madam:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in the Department of Labor Regulations, 29 CFR 2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: **Core Physical Therapy & Sports Medicine, P.C.**

Suite #303 3180 MAIN ST.  
Bridgeport, CT 06606

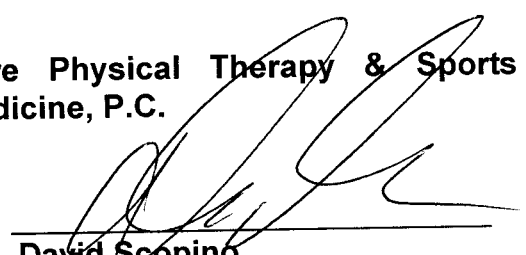
Employer Identification Number: 06-1336792

**Core Physical Therapy & Sports Medicine, P.C.** maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The Employer will provide plan documents to the Secretary upon request.

Dated: 16, 2010

**Core Physical Therapy & Sports Medicine, P.C.**

By: 

**David Scopino**

Its: President

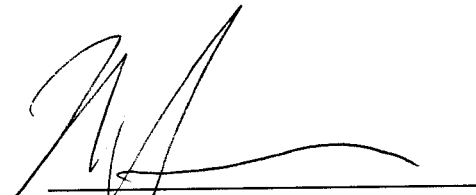
**PARTICIPANT'S DESIGNATION OF PRIMARY AND SUCCESSOR  
BENEFICIARIES FOR PROCEEDS FROM  
DEFERRED COMPENSATION AGREEMENT**

Dated: 12/16, 2010

NOTICE: The benefits under the Supplemental Retirement Benefit Plan between **Core Physical Therapy & Sports Medicine, P.C.** and **David Scopino** (the "Participant") dated as of 12/16, 2010, shall be paid upon the death of the Participant as follows.

**DESIGNATION OF BENEFICIARY**

The Participant designates as primary beneficiary of any benefits payable to him under the Deferred Compensation Agreement:

  
\_\_\_\_\_  
**Marc D. Amboyan**

**Lipson Neilson**

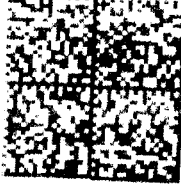
COLE, SELTZER, GARIN, P.C.  
*Attorneys and Counselors at Law*

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**CERTIFIED MAIL<sup>TM</sup>**



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TOP HAT PLAN EXEMPTION

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

ROOM N-1513

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WASHINGTON DC 20210

