Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
AXIS HEALTHCARE COMMUNICATIONS, LLC

800 TOWNSHIP LINE ROAD
SUITE 250
YARDLEY, PA 19067

2b Employer Identification Number (EIN)
23-3013141

2c Sponsor's telephone number
215-497-8800

2d Business code (see instructions)
541800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	NICOLE LAIRD
	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 (if same as plan sponsor, enter "Same")

AXIS HEALTHCARE COMMUNICATIONS, LLC

800 TOWNSHIP LINE ROAD
SUITE 250
YARDLEY, PA 19067

3b Administrator's EIN: 23-3013141

3c Administrator's telephone number: 215-497-8800

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	265
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	133
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	252
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	252
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	242
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3B 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXIS HEALTHCARE COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
23-3013141

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING INSTITUTIONAL PLAN SERVICES,LLC

02-0488491

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

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

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

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

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

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

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

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

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

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

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

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

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

ING INSTITUTIONAL PLAN SERVICES,LLC

02-0488491

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 63 60	RECORDKEEPER	700	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AXIS HEALTHCARE COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
23-3013141

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RET & INSTIT SVCS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	85743

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXIS HEALTHCARE COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
23-3013141

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)	17916	21226
(2) Participant contributions	1b(2)	26546	31466
(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)		
(8) Participant loans	1c(8)	33988	90296
(9) Value of interest in common/collective trusts	1c(9)	41166	85743
(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)	5765494	8368710
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5885110	8597441
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5885110	8597441

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)	553220	
	(B) Participants	2a(1)(B)	930142	
	(C) Others (including rollovers)	2a(1)(C)	78897	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1562259
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)	3562	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3562
	(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)	112759	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		112759
	(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1972
(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)		1612622
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3293174
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	580143	
(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)		580143
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	700	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		700
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		580843
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2712331
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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP (2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
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		7000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXIS HEALTHCARE COMMUNICATIONS, LLC

D Employer Identification Number (EIN)
23-3013141

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): 04-3581074

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 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 items (a) through (c)

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

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

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

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

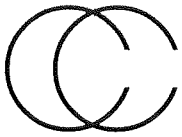
FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION

YEAR ENDED DECEMBER 31, 2009

AXIS HEALTHCARE COMMUNICATIONS, LLC
AND AFFILIATES RETIREMENT PLAN
FOR THE YEAR ENDED DECEMBER 31, 2009

Contents

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to financial statements	4 - 11
Additional Information	
Schedule H, line 4i - assets (held at end of year)	12



Citrin Cooperman & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
AXIS Healthcare Communications, LLC and Affiliates Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of AXIS Healthcare Communications, LLC and Affiliates Retirement Plan (the "Plan") as of December 31, 2009, the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule H, line 4i - assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2008 was audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by ING Institutional Plan Services LLC (the "Trustee"). Their report, dated September 16, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the statement of net assets available for benefits taken as a whole and (b) the form and content of the information included in the statement of net assets available for benefits, other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the Trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Citrin Cooperman & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS

October 1, 2010

1800 JFK BOULEVARD, PHILADELPHIA, PA 19103 • (215) 545-4800 • FAX (215) 545-4810

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Assets:		
Investments, at fair value:	$ 8,454,453	$ 5,806,660
Participant loans	90,296	33,988
Total investments, at fair value	8,544,749	5,840,648
Contributions receivable:		
Employer	21,226	17,916
Participant	31,466	26,546
Total contributions receivable	52,692	44,462
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,597,441	$ 5,885,110

See accompanying notes to financial statements.

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,614,594
Dividend income	112,759
Interest income	3,562
Total investment income	1,730,915
Contributions:	
Participant	930,142
Employer	553,220
Rollovers	78,897
Total contributions	1,562,259
Total additions	3,293,174
Deductions from net assets attributed to:	
Benefits paid to participants	580,143
Administrative expenses	700
Total deductions	580,843
Net increase in net assets available for benefits	2,712,331
Net assets available for benefits - beginning	5,885,110
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 8,597,441

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of AXIS Healthcare Communications, LLC and Affiliates Retirement Plan (the "Plan") provides only general information. For a more complete description of the Plan's provisions, refer to the agreement governing the Plan (the "Plan Agreement").

General

The Plan is a defined contribution plan covering substantially all full-time employees of AXIS Healthcare Communications, LLC and its affiliates (the "Company") who have three months of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute up to 92% of their annual compensation on a pre-tax basis, as defined in the Plan Agreement, provided that in no event shall a participant elect to contribute more than the maximum allowed by law. Participants may elect to contribute some or all of their elective deferrals on a post-tax basis. Participant contributions are made by authorizing the Company to withhold from the participant's compensation an amount equal to the contributions to be made on their behalf. Participants may also contribute amounts (rollovers) representing distributions from other qualified defined benefit or contribution plans.

The Company makes matching contributions to the Plan equal to 100% of each participant's contribution up to 5% of the participant's eligible compensation. All employer contributions are invested directly in the fund options selected by the participant.

Participant accounts

Each participant account is credited with the participant's contributions, employer contributions and an allocation of earnings thereon. Allocations are based on each participant's relative interest in the fair value of assets held in each fund on a daily basis. Additionally, participant accounts are charged with a pro-rata allocation of investment expenses.

Vesting and forfeitures

Participants are immediately vested in their contributions, rollovers, and actual earnings thereon. Vesting of employer matching contributions is 33% after one year of service, 66% after two years of service, and 100% after three years of service. Participants become fully vested in employer contributions upon death or total and permanent disability.

Nonvested accounts are forfeited upon a participant's withdrawal or termination. Forfeited accounts are used to reduce employer contributions. As of December 31, 2009 and 2008, forfeited nonvested accounts totaled $26,963 and $89,417, respectively. For the year ended December 31, 2009, employer contributions were reduced by $67,830 from forfeited nonvested accounts.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Distributions

Upon termination, death, disability, or retirement, a participant may receive either a lump-sum amount or alternate method of payment depending upon the participant's election as prescribed by the Plan. For termination of service due to other reasons, a participant will receive the value of the vested account balance in the form of a lump-sum amount. A participant may receive a hardship withdrawal to satisfy certain immediate and heavy financial needs. If a participant is still an employee and has achieved the age of 59½, they may request an in-service distribution from their vested account, which will reduce the value of the benefits received at retirement. Participants may not receive hardship or in-service distributions of post-tax elective deferrals.

Participant loans

Participants may borrow from their fund accounts amounts from $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balances. Loan transactions are treated as a transfer to (from) the investment funds from (to) the participant loan receivable. Generally, the term of the loan may not exceed five years. The loans are secured by the balance in the participant's account and bear interest at the prime rate as of the issuance of the loan plus 2%. Interest rates vary from 5.25% to 10.25%. Principal and interest are paid ratably through payroll deductions. A participant may only have two loans outstanding at any time.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Recently adopted accounting pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") issued authoritative guidance that established the FASB Accounting Standards Codification ("Codification" or "ASC") as the source of authoritative generally accepted accounting principles ("GAAP") recognized by the FASB to be applied to all nongovernmental entities. The Codification supersedes all of the existing accounting and reporting standards applicable to privately held companies upon its effective date and, subsequently, the FASB will not issue new standards in the form of FASB Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. The guidance is not intended to change or alter existing GAAP. The guidance became effective for the Plan for the fiscal year ended December 31, 2009. The guidance did not have an impact on the Plan's net assets available for benefits or changes in net assets available for benefits. All references to previous numbering of FASB Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts have been removed from the financial statements and accompanying notes.

In May 2009, the FASB issued guidance related to subsequent events, which was primarily codified into FASB ASC 855, *Subsequent Events*. This guidance establishes general standards of accounting for and disclosure of events that occur after the date of the statement of net assets available for benefit but before financial statements are issued. In particular, the guidance sets forth: (1) the period after the date of the statement of net assets available for benefit during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; (2) the circumstances under which an entity should recognize events or transactions occurring after the date of the statement of net

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recently adopted accounting pronouncements (continued)
assets available for benefit in its financial statements; and (3) the disclosures that an entity should make about events or transactions that occurred after the date of the statements of net assets available for benefit.

FASB ASC 855 is effective for interim or annual periods ending after June 15, 2009, and is to be applied prospectively. The Plan adopted FASB ASC 855 as of December 31, 2009. The Plan has evaluated all events or transactions that occurred after December 31, 2009, up through the date that the financial statements were available to be issued on October 1, 2010.

On January 1, 2009, the Plan adopted new guidance that permits entities to use a net asset value ("NAV") to estimate fair value, provided that the NAV is computed as of the date of the financial statements. The investment must be in an entity with all the attributes of an investment company, and it cannot have a readily determinable market value. The adoption of this new guidance did not have a material effect on the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Basis of accounting
The accompanying financial statements were prepared on the accrual basis of accounting in accordance with GAAP.

Use of estimates
The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Administrative expenses
Administrative expenses are generally paid by the Company, while investment-related expenses are paid by the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair value measurements

In September 2006, the FASB issued authoritative guidance for fair value measurements, which has been codified in FASB ASC 820, *Fair Value Measurements and Disclosures*. The new guidance enhances existing guidance for measuring assets and liabilities at fair value. The guidance defines fair value, establishes a framework for measuring fair value, and expands disclosure about fair value measurements. The Plan adopted the standard as amended by subsequent FASB standards beginning January 1, 2008, on a prospective basis, with respect to fair value measurements of assets and liabilities that are measured at fair value on a recurring basis (at least annually) in periods subsequent to initial recognition.

FASB ASC 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). Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Under the new standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Fully benefit-responsive investment contract

FASB ASC 946, *Financial Services - Investment Companies*, states that investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were able to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 946, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. At December 31, 2009 and 2008, contract value approximated fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fully benefit-responsive investment contract (continued)

The interest credited to the participants is reset at least quarterly, and in some cases may be reset more frequently. Inputs used to determine the crediting interest rate include each contract's portfolio market value, current yield to maturity, duration, and market value relative to contract value. At December 31, 2009, the average yield earned by the trust was 12.31%. The average yield earned with an adjustment to reflect the actual interest rate credited to participants was 3.25% at December 31, 2009.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Future adoption of accounting standards

In January 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity will be required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances, and settlements in the reconciliation of fair value measurements classified as Level 3. In addition, ASU 2010-06 will amend the fair value disclosure requirement for pension and postretirement benefit plan assets to require this disclosure at the investment class level. ASU 2010-06 will be effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances, and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The disclosures as required by ASU 2010-06 will be included in the notes to the Plan's financial statements effective January 1, 2010, except for the disclosures related to Level 3 fair value measurements, which will be included in the notes to the Plan's financial statements effective January 1, 2011. The Plan is currently evaluating the impact that this guidance will have on its financial statements.

NOTE 3. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan's administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by ING Institutional Plan Services LLC (the "Trustee"), except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule.

At December 31, 2009 and 2008, information certified by the Trustee as complete and accurate is as follows:

	2009		2008	
Registered investment companies:				
AIM Real Estate Fund A	$ 141,914		$ 89,310	
Alger Small Cap Growth Institutional Fund I	533,523	*	369,243	*
Alliance Bernstein International Value Fund A	468,258	*	295,956	*
American Funds Growth Fund of America R3	1,193,941	*	775,768	*
Fidelity Advisor Freedom Fund 2020 T	13,028		4,366	
Fidelity Advisor Freedom Fund 2030 T	116,486		128,931	
Fidelity Advisor Freedom Fund 2040 T	100,145		46,323	
Legg Mason International Equity Fund Prime	136,141		109,103	
Legg Mason WsCrp Bd	31,786		-	
Legg Mason BtUS SCE	16,184		-	
Legg Mason Investment Grade Income Fund Prime	-		16,420	
Legg Mason Limited Duration Bond Fund Prime	-		58,856	
Legg Mason Partners Aggressive Growth Fund A	381,716		289,933	
Legg Mason Partners Core Bond Fund A	482,118	*	397,060	*
Legg Mason Partners Global High Yield Bond Fund A	195,600		118,592	
Legg Mason Partners Mid Cap Core Fund A	242,486		143,169	
Legg Mason Partners S&P 500 Index Fund A	316,918		224,797	
Legg Mason WsAs Short Term	95,096		-	
Legg Mason Partners Small Cap Core Fund A	-		7,471	
Legg Mason Partners Small Cap Value Fund A	135,509		88,620	
Legg Mason Special Investment Fund Prime	222,988		112,692	
Legg Mason CB App	569,574	*	-	
Legg Mason Value Fund Prime	-		393,822	*
MFS Global Equity Fund A	579,163	*	385,997	*
MFS Value Fund A	554,291	*	400,730	*
Pioneer Emerging Markets Fund A	439,588	*	186,008	
Van Kampen American Value Fund A	311,919		200,353	
Van Kampen Equity and Income Fund A	470,651	*	363,628	*
Western Asset Money Market Fund A	619,687		558,346	
	8,368,710		5,765,494	
Investment contract:				
MetLife Stable Value fund	85,743	*	41,166	*
Participant loans	90,296		33,988	
	$ 8,544,749		$ 5,840,648	

* Represents investments that are 5% or more of the Plan's total assets.

NOTE 3. INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

Interest and dividend income from the Plan's investments and appreciation (including gains and losses on investments bought and sold, as well as held during the year) from mutual funds and the participant loans during 2009 were as follows:

Dividend	$ 112,759
Interest	$ 3,562
Net appreciation	$ 1,614,594

NOTE 4. RISKS AND UNCERTAINTIES

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

NOTE 5. FAIR VALUE MEASUREMENTS

The following tables set forth by level, with the fair value hierarchy, the Plan's assets at fair value, on a recurring basis, as of December 31, 2009 and 2008:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 8,368,710	$ -	$ -	$ 8,368,710
Participant loans	-	-	90,296	90,296
Investment contract	-	85,743	-	85,743
	$ 8,368,710	$ 85,743	$ 90,296	$ 8,544,749

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 5,765,494	$ -	$ -	$ 5,765,494
Participant loans	-	-	33,988	33,988
Investment contract	-	41,166	-	41,166
	$ 5,765,494	$ 41,166	$ 33,988	$ 5,840,648

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2009 and 2008:

	2009	2008
Participant loans:		
Balance - beginning of the year	$ 33,988	$ 39,186
Loan withdrawals, net	52,746	9,676
Principal repaid/transferred	-	(9,069)
Investment results	3,562	(5,805)
Balance - end of year	$ 90,296	$ 33,988

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a description of the valuation methodologies used for instruments measured at fair value, including general classification of such instruments pursuant to the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Investments in mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of the shares held by the Plan at year-end and are classified within Level 1 of the fair value hierarchy.

Investment in investment contacts are public investment vehicles valued using the NAV provided by the Trustee. The NAV is based on the value of the underlying assets owned by the trust, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the fair value hierarchy.

Participant loans are valued at cost plus accrued interest, which approximates fair value and are classified within Level 3 of the fair value hierarchy.

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

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are entitled to the entire balance of their account.

NOTE 7. TAX STATUS

The Plan obtained its latest determination letter dated June 5, 2002, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) of the IRC and is exempt from Federal income taxes under Section 501(a) of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ADDITIONAL INFORMATION

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009
EIN: 23-1352651 PN: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	Shares	(d) Cost **	(e) Current value
Registered Investment Companies:					
	AIM	Real Estate Fund A	7,986		$ 141,914
	Alger	Small Cap Growth Institutional Fund I	24,076		533,523
	Alliance Bernstein	International Value Fund A	34,305		468,258
	American Funds	Growth Fund of America R3	44,335		1,193,941
	Fidelity	Advisor Freedom Fund 2020 T	1,206		13,028
	Fidelity	Advisor Freedom Fund 2030 T	10,776		116,486
	Fidelity	Advisor Freedom Fund 2040 T	9,212		100,145
	Legg Mason	International Equity Fund Prime	11,345		136,141
	Legg Mason	WsCrp Bd	3,013		31,786
	Legg Mason	BtUS SCE	2,132		16,184
	Legg Mason	Partners Aggressive Growth Fund A	4,266		381,716
	Legg Mason	Partners Core Bond Fund A	44,069		482,118
	Legg Mason	Partners Global High Yield Bond Fund A	28,680		195,600
	Legg Mason	Partners Mid Cap Core Fund A	13,896		242,486
	Legg Mason	Partners S&P 500 Index Fund A	28,271		316,918
	Legg Mason	WsAs Short Term	25,702		95,096
	Legg Mason	Partners Small Cap Value Fund A	9,281		135,509
	Legg Mason	Special Investment Fund Prime	8,377		222,988
	Legg Mason	CB App	46,082		569,574
	MFS	Global Equity Fund A	26,727		579,163
	MFS	Value Fund A	26,687		554,291
	Pioneer	Emerging Markets Fund A	16,557		439,588
	Van Kampen	American Value Fund A	13,944		311,919
	Van Kampen	Equity and Income Fund A	60,417		470,651
	Western	Asset Money Market Fund A	619,689		619,687
					8,368,710
Investment Contract:					
	MetLife	Stable Value Fund	5,635		85,743
*	Participant loans	Interest rates from 5.25% - 10.25%, maturing through 2013		$0	90,296
TOTAL ASSETS HELD AT END OF THE YEAR					$ 8,544,749

* A party-in-interest to the Plan as defined by ERISA.
** Cost information has been omitted for participant-directed investments.

See independent auditors' report.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AXIS HEALTHCARE COMMUNICATIONS
EIN # 23-3013141
Plan # 001
AS OF DECEMBER 31, 2009

a	(b) Identity of Issue	(c) Description of Issue	(d) Cost	(e) Current Value
	Reliance Trust Company	AIM Real Estate Fund		141,914
	"	Alger Small Cap Gro		533,523
	"	Alliance Bern Intl V		468,258
	"	Amer Growth Fund R3		1,193,941
	"	Fidelity Adv Free 20		13,028
	"	Fidelity Adv Free 20		100,145
	"	Fidelity Adv Free 20		116,486
	"	Legg Battery Intl Eq		136,141
	"	Legg Battery S&P 500		316,918
	"	Legg BatteryUS SCp E		16,184
	"	Legg CBrdge Agg Grw		381,716
	"	Legg CBrdge Apprecia		569,574
	"	Legg CBrdge Mid Cap		242,486
	"	Legg CBrdge SCap Val		135,509
	"	Legg CapMgt Spc Inv		222,988
	"	Legg West Asset Core		482,118
	"	Legg West Asset Crp		31,786
	"	Legg Wst Asst ShrtTr		95,096
	"	Legg Wstrn Glb HiYld		195,600
	"	MFS Global Equity		579,163
	"	MFS Value Fund		554,291
	"	Pioneer Emerging Mkt		439,588
	"	Van Kampen American		311,919
	"	Van Kampen Equity In		470,651
	"	Western Asst Money M		619,689
	"	Participant Loans		90,296
		MetLife Stable Val F		85,743

*** Represents a party in interest**

Column (d) is not required as the Plan's investments are totally participant directed and participant loans receivable has no cost basis.

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN

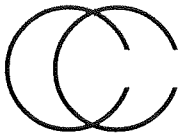
FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION

YEAR ENDED DECEMBER 31, 2009

AXIS HEALTHCARE COMMUNICATIONS, LLC
AND AFFILIATES RETIREMENT PLAN
FOR THE YEAR ENDED DECEMBER 31, 2009

Contents

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to financial statements	4 - 11
Additional Information	
Schedule H, line 4i - assets (held at end of year)	12



Citrin Cooperman & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
AXIS Healthcare Communications, LLC and Affiliates Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of AXIS Healthcare Communications, LLC and Affiliates Retirement Plan (the "Plan") as of December 31, 2009, the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule H, line 4i - assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2008 was audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by ING Institutional Plan Services LLC (the "Trustee"). Their report, dated September 16, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the statement of net assets available for benefits taken as a whole and (b) the form and content of the information included in the statement of net assets available for benefits, other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the Trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Citrin Cooperman & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS

October 1, 2010

1800 JFK BOULEVARD, PHILADELPHIA, PA 19103 • (215) 545-4800 • FAX (215) 545-4810

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Assets:		
Investments, at fair value:	$ 8,454,453	$ 5,806,660
Participant loans	90,296	33,988
Total investments, at fair value	8,544,749	5,840,648
Contributions receivable:		
Employer	21,226	17,916
Participant	31,466	26,546
Total contributions receivable	52,692	44,462
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,597,441	$ 5,885,110

See accompanying notes to financial statements.

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,614,594
Dividend income	112,759
Interest income	3,562
Total investment income	1,730,915
Contributions:	
Participant	930,142
Employer	553,220
Rollovers	78,897
Total contributions	1,562,259
Total additions	3,293,174
Deductions from net assets attributed to:	
Benefits paid to participants	580,143
Administrative expenses	700
Total deductions	580,843
Net increase in net assets available for benefits	2,712,331
Net assets available for benefits - beginning	5,885,110
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 8,597,441

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of AXIS Healthcare Communications, LLC and Affiliates Retirement Plan (the "Plan") provides only general information. For a more complete description of the Plan's provisions, refer to the agreement governing the Plan (the "Plan Agreement").

General

The Plan is a defined contribution plan covering substantially all full-time employees of AXIS Healthcare Communications, LLC and its affiliates (the "Company") who have three months of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute up to 92% of their annual compensation on a pre-tax basis, as defined in the Plan Agreement, provided that in no event shall a participant elect to contribute more than the maximum allowed by law. Participants may elect to contribute some or all of their elective deferrals on a post-tax basis. Participant contributions are made by authorizing the Company to withhold from the participant's compensation an amount equal to the contributions to be made on their behalf. Participants may also contribute amounts (rollovers) representing distributions from other qualified defined benefit or contribution plans.

The Company makes matching contributions to the Plan equal to 100% of each participant's contribution up to 5% of the participant's eligible compensation. All employer contributions are invested directly in the fund options selected by the participant.

Participant accounts

Each participant account is credited with the participant's contributions, employer contributions and an allocation of earnings thereon. Allocations are based on each participant's relative interest in the fair value of assets held in each fund on a daily basis. Additionally, participant accounts are charged with a pro-rata allocation of investment expenses.

Vesting and forfeitures

Participants are immediately vested in their contributions, rollovers, and actual earnings thereon. Vesting of employer matching contributions is 33% after one year of service, 66% after two years of service, and 100% after three years of service. Participants become fully vested in employer contributions upon death or total and permanent disability.

Nonvested accounts are forfeited upon a participant's withdrawal or termination. Forfeited accounts are used to reduce employer contributions. As of December 31, 2009 and 2008, forfeited nonvested accounts totaled $26,963 and $89,417, respectively. For the year ended December 31, 2009, employer contributions were reduced by $67,830 from forfeited nonvested accounts.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Distributions

Upon termination, death, disability, or retirement, a participant may receive either a lump-sum amount or alternate method of payment depending upon the participant's election as prescribed by the Plan. For termination of service due to other reasons, a participant will receive the value of the vested account balance in the form of a lump-sum amount. A participant may receive a hardship withdrawal to satisfy certain immediate and heavy financial needs. If a participant is still an employee and has achieved the age of 59½, they may request an in-service distribution from their vested account, which will reduce the value of the benefits received at retirement. Participants may not receive hardship or in-service distributions of post-tax elective deferrals.

Participant loans

Participants may borrow from their fund accounts amounts from $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balances. Loan transactions are treated as a transfer to (from) the investment funds from (to) the participant loan receivable. Generally, the term of the loan may not exceed five years. The loans are secured by the balance in the participant's account and bear interest at the prime rate as of the issuance of the loan plus 2%. Interest rates vary from 5.25% to 10.25%. Principal and interest are paid ratably through payroll deductions. A participant may only have two loans outstanding at any time.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Recently adopted accounting pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") issued authoritative guidance that established the FASB Accounting Standards Codification ("Codification" or "ASC") as the source of authoritative generally accepted accounting principles ("GAAP") recognized by the FASB to be applied to all nongovernmental entities. The Codification supersedes all of the existing accounting and reporting standards applicable to privately held companies upon its effective date and, subsequently, the FASB will not issue new standards in the form of FASB Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. The guidance is not intended to change or alter existing GAAP. The guidance became effective for the Plan for the fiscal year ended December 31, 2009. The guidance did not have an impact on the Plan's net assets available for benefits or changes in net assets available for benefits. All references to previous numbering of FASB Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts have been removed from the financial statements and accompanying notes.

In May 2009, the FASB issued guidance related to subsequent events, which was primarily codified into FASB ASC 855, *Subsequent Events*. This guidance establishes general standards of accounting for and disclosure of events that occur after the date of the statement of net assets available for benefit but before financial statements are issued. In particular, the guidance sets forth: (1) the period after the date of the statement of net assets available for benefit during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; (2) the circumstances under which an entity should recognize events or transactions occurring after the date of the statement of net

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recently adopted accounting pronouncements (continued)
assets available for benefit in its financial statements; and (3) the disclosures that an entity should make about events or transactions that occurred after the date of the statements of net assets available for benefit.

FASB ASC 855 is effective for interim or annual periods ending after June 15, 2009, and is to be applied prospectively. The Plan adopted FASB ASC 855 as of December 31, 2009. The Plan has evaluated all events or transactions that occurred after December 31, 2009, up through the date that the financial statements were available to be issued on October 1, 2010.

On January 1, 2009, the Plan adopted new guidance that permits entities to use a net asset value ("NAV") to estimate fair value, provided that the NAV is computed as of the date of the financial statements. The investment must be in an entity with all the attributes of an investment company, and it cannot have a readily determinable market value. The adoption of this new guidance did not have a material effect on the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Basis of accounting
The accompanying financial statements were prepared on the accrual basis of accounting in accordance with GAAP.

Use of estimates
The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Administrative expenses
Administrative expenses are generally paid by the Company, while investment-related expenses are paid by the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair value measurements

In September 2006, the FASB issued authoritative guidance for fair value measurements, which has been codified in FASB ASC 820, *Fair Value Measurements and Disclosures*. The new guidance enhances existing guidance for measuring assets and liabilities at fair value. The guidance defines fair value, establishes a framework for measuring fair value, and expands disclosure about fair value measurements. The Plan adopted the standard as amended by subsequent FASB standards beginning January 1, 2008, on a prospective basis, with respect to fair value measurements of assets and liabilities that are measured at fair value on a recurring basis (at least annually) in periods subsequent to initial recognition.

FASB ASC 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). Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Under the new standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Fully benefit-responsive investment contract

FASB ASC 946, *Financial Services - Investment Companies*, states that investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were able to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 946, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. At December 31, 2009 and 2008, contract value approximated fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fully benefit-responsive investment contract (continued)

The interest credited to the participants is reset at least quarterly, and in some cases may be reset more frequently. Inputs used to determine the crediting interest rate include each contract's portfolio market value, current yield to maturity, duration, and market value relative to contract value. At December 31, 2009, the average yield earned by the trust was 12.31%. The average yield earned with an adjustment to reflect the actual interest rate credited to participants was 3.25% at December 31, 2009.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Future adoption of accounting standards

In January 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity will be required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances, and settlements in the reconciliation of fair value measurements classified as Level 3. In addition, ASU 2010-06 will amend the fair value disclosure requirement for pension and postretirement benefit plan assets to require this disclosure at the investment class level. ASU 2010-06 will be effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances, and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The disclosures as required by ASU 2010-06 will be included in the notes to the Plan's financial statements effective January 1, 2010, except for the disclosures related to Level 3 fair value measurements, which will be included in the notes to the Plan's financial statements effective January 1, 2011. The Plan is currently evaluating the impact that this guidance will have on its financial statements.

NOTE 3. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan's administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by ING Institutional Plan Services LLC (the "Trustee"), except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule.

At December 31, 2009 and 2008, information certified by the Trustee as complete and accurate is as follows:

	2009		2008	
Registered investment companies:				
AIM Real Estate Fund A	$ 141,914		$ 89,310	
Alger Small Cap Growth Institutional Fund I	533,523	*	369,243	*
Alliance Bernstein International Value Fund A	468,258	*	295,956	*
American Funds Growth Fund of America R3	1,193,941	*	775,768	*
Fidelity Advisor Freedom Fund 2020 T	13,028		4,366	
Fidelity Advisor Freedom Fund 2030 T	116,486		128,931	
Fidelity Advisor Freedom Fund 2040 T	100,145		46,323	
Legg Mason International Equity Fund Prime	136,141		109,103	
Legg Mason WsCrp Bd	31,786		-	
Legg Mason BtUS SCE	16,184		-	
Legg Mason Investment Grade Income Fund Prime	-		16,420	
Legg Mason Limited Duration Bond Fund Prime	-		58,856	
Legg Mason Partners Aggressive Growth Fund A	381,716		289,933	
Legg Mason Partners Core Bond Fund A	482,118	*	397,060	*
Legg Mason Partners Global High Yield Bond Fund A	195,600		118,592	
Legg Mason Partners Mid Cap Core Fund A	242,486		143,169	
Legg Mason Partners S&P 500 Index Fund A	316,918		224,797	
Legg Mason WsAs Short Term	95,096		-	
Legg Mason Partners Small Cap Core Fund A	-		7,471	
Legg Mason Partners Small Cap Value Fund A	135,509		88,620	
Legg Mason Special Investment Fund Prime	222,988		112,692	
Legg Mason CB App	569,574	*	-	
Legg Mason Value Fund Prime	-		393,822	*
MFS Global Equity Fund A	579,163	*	385,997	*
MFS Value Fund A	554,291	*	400,730	*
Pioneer Emerging Markets Fund A	439,588	*	186,008	
Van Kampen American Value Fund A	311,919		200,353	
Van Kampen Equity and Income Fund A	470,651	*	363,628	*
Western Asset Money Market Fund A	619,687		558,346	
	8,368,710		5,765,494	
Investment contract:				
MetLife Stable Value fund	85,743	*	41,166	*
Participant loans	90,296		33,988	
	$ 8,544,749		$ 5,840,648	

* Represents investments that are 5% or more of the Plan's total assets.

NOTE 3. INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

Interest and dividend income from the Plan's investments and appreciation (including gains and losses on investments bought and sold, as well as held during the year) from mutual funds and the participant loans during 2009 were as follows:

Dividend	$ 112,759
Interest	$ 3,562
Net appreciation	$ 1,614,594

NOTE 4. RISKS AND UNCERTAINTIES

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

NOTE 5. FAIR VALUE MEASUREMENTS

The following tables set forth by level, with the fair value hierarchy, the Plan's assets at fair value, on a recurring basis, as of December 31, 2009 and 2008:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 8,368,710	$ -	$ -	$ 8,368,710
Participant loans	-	-	90,296	90,296
Investment contract	-	85,743	-	85,743
	$ 8,368,710	$ 85,743	$ 90,296	$ 8,544,749

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 5,765,494	$ -	$ -	$ 5,765,494
Participant loans	-	-	33,988	33,988
Investment contract	-	41,166	-	41,166
	$ 5,765,494	$ 41,166	$ 33,988	$ 5,840,648

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2009 and 2008:

	2009	2008
Participant loans:		
Balance - beginning of the year	$ 33,988	$ 39,186
Loan withdrawals, net	52,746	9,676
Principal repaid/transferred	-	(9,069)
Investment results	3,562	(5,805)
Balance - end of year	$ 90,296	$ 33,988

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a description of the valuation methodologies used for instruments measured at fair value, including general classification of such instruments pursuant to the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Investments in mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of the shares held by the Plan at year-end and are classified within Level 1 of the fair value hierarchy.

Investment in investment contacts are public investment vehicles valued using the NAV provided by the Trustee. The NAV is based on the value of the underlying assets owned by the trust, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the fair value hierarchy.

Participant loans are valued at cost plus accrued interest, which approximates fair value and are classified within Level 3 of the fair value hierarchy.

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

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are entitled to the entire balance of their account.

NOTE 7. TAX STATUS

The Plan obtained its latest determination letter dated June 5, 2002, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) of the IRC and is exempt from Federal income taxes under Section 501(a) of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ADDITIONAL INFORMATION

AXIS HEALTHCARE COMMUNICATIONS, LLC AND AFFILIATES RETIREMENT PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009
EIN: 23-1352651 PN: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	Shares	(d) Cost **	(e) Current value
Registered Investment Companies:					
	AIM	Real Estate Fund A	7,986		$ 141,914
	Alger	Small Cap Growth Institutional Fund I	24,076		533,523
	Alliance Bernstein	International Value Fund A	34,305		468,258
	American Funds	Growth Fund of America R3	44,335		1,193,941
	Fidelity	Advisor Freedom Fund 2020 T	1,206		13,028
	Fidelity	Advisor Freedom Fund 2030 T	10,776		116,486
	Fidelity	Advisor Freedom Fund 2040 T	9,212		100,145
	Legg Mason	International Equity Fund Prime	11,345		136,141
	Legg Mason	WsCrp Bd	3,013		31,786
	Legg Mason	BtUS SCE	2,132		16,184
	Legg Mason	Partners Aggressive Growth Fund A	4,266		381,716
	Legg Mason	Partners Core Bond Fund A	44,069		482,118
	Legg Mason	Partners Global High Yield Bond Fund A	28,680		195,600
	Legg Mason	Partners Mid Cap Core Fund A	13,896		242,486
	Legg Mason	Partners S&P 500 Index Fund A	28,271		316,918
	Legg Mason	WsAs Short Term	25,702		95,096
	Legg Mason	Partners Small Cap Value Fund A	9,281		135,509
	Legg Mason	Special Investment Fund Prime	8,377		222,988
	Legg Mason	CB App	46,082		569,574
	MFS	Global Equity Fund A	26,727		579,163
	MFS	Value Fund A	26,687		554,291
	Pioneer	Emerging Markets Fund A	16,557		439,588
	Van Kampen	American Value Fund A	13,944		311,919
	Van Kampen	Equity and Income Fund A	60,417		470,651
	Western	Asset Money Market Fund A	619,689		619,687
					8,368,710
Investment Contract:					
	MetLife	Stable Value Fund	5,635		85,743
*	Participant loans	Interest rates from 5.25% - 10.25%, maturing through 2013		$0	90,296
TOTAL ASSETS HELD AT END OF THE YEAR					$ 8,544,749

* A party-in-interest to the Plan as defined by ERISA.
** Cost information has been omitted for participant-directed investments.

See independent auditors' report.