

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005823

FILED
Apr 14, 2009
Secretary of State

Entity Name: CUMBERLAND THERAPY SERVICES, LLC

Current Principal Place of Business:

4130 QUAKERBRIDGE ROAD
LAWRENCEVILLE, NJ 08648

New Principal Place of Business:

400 REGENCY FOREST DRIVE
SUITE 310
CARY, NC 27518

Current Mailing Address:

400 REGENCY FOREST DR
310
CARY, NC 27518

New Mailing Address:

FEI Number: 26-0852181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ORION ICS, LLC
Address: 400 REGENCY FOREST DRIVE
City-St-Zip: CARY, NC 27518

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVE BJERKE

CFO

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date