

FORM PTO-1584 (Modified)  
(Rev. 6-99)  
OMB No. 0651-0011 (exp. 4/94)  
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TM05/REV03

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Docket No.:

023140.4153

Tab settings → → → ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
**Horizon Health Systems, Inc.**

Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation-State **Tennessee**  
 Other \_\_\_\_\_

Additional names(s) of conveying party(ies)       Yes  No

2. Name and address of receiving party(ies):

Name: **Hemophilia Health Services, Inc.**

Internal Address: \_\_\_\_\_

Street Address: **6820 Charlotte Pike**

City: **Nashville**                      State: **TN**      ZIP: **37209**

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State **Tennessee**  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic designation is                       Yes  N  
(Designations must be a separate document from  
Additional name(s) & address(es)                       Yes  N

3. Nature of conveyance:

Assignment                       Merger  
 Security Agreement               Change of Name  
 Other \_\_\_\_\_

Execution Date: **March 18, 1999**

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)

Additional numbers                       Yes  No

B. Trademark Registration No.(s)

**2378733**  
**2316353**  
**2337097**

Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Grady M. Garrison**

Internal Address: \_\_\_\_\_

**Butler, Snow, O'Mara, Stevens & Cannada PLLC**

Street Address: **P.O. Box 171443**

City: **Memphis**                      State: **TN**      ZIP: **38187**

6. Total number of applications and registrations involved:..... **3**

7. Total fee (37 CFR 3.41):.....\$ **\$90.00**

Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:

**50-0858**  
✓

DO NOT USE THIS SPACE

9. Statement and signature.  
*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

**Grady M. Garrison**                      *Grady M. Garrison*                      **8/9/02**  
Name of Person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments, and

**TRADE MARK**

Secretary of State  
Corporations Section

BOOK 11491 PG. 551

2000 K. Polk Building, Suite 1800  
Memphis, Tennessee 37243-0306

DATE: 04/19/99  
REQUEST NUMBER: 3671-1892  
TELEPHONE CONTACT: (615) 741-2286  
FILE DATE/TIME: 04/16/99 0923  
EFFECTIVE DATE/TIME: 04/16/99 0923  
CONTROL NUMBER: 0231527

MEZON HEALTH SYSTEMS  
100 CENTURY CTRE PK  
SUITE 101  
MEMPHIS, TN 38134

MEZON PHILIA HEALTH SERVICES, INC.  
ARTICLES OF AMENDMENT TO THE CHARTER

WE WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN  
EFFECTIVE DATE AS INDICATED ABOVE.

IN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR  
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE  
OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS  
PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

0590629  
IDENTIFY & REFERENCE  
99 MAY 24 PM 3:12  
BILL GARRETT REGISTER  
DAVIDSON COUNTY, TN.

ARTICLES OF AMENDMENT TO THE CHARTER

ON DATE: 03/23/99

1. HOLDINGS INC  
100 CENTURY CENTER  
SUITE 109  
MEMPHIS, TN 38134-0000

RECEIVED: FEES \$20.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002461508  
ACCOUNT NUMBER: 00295828

99 MAR 05/24 01:09 RECEIVED 7.00



*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE  
TRADEMARK

REEL: 002524 FRAME: 0459

BOOK 11491 PG. 552

ARTICLES OF AMENDMENT TO THE CHARTER OF HORIZON HEALTH SYSTEMS, INC.

RECEIVED  
FILED  
99 MAR 23 AM 8:18  
STATE

Pursuant to the provisions of Section 48-20-106 of the Tennessee Business Corporation Act, the undersigned Corporation adopts the following Articles of Amendment to its Charter:

- 1. The name of the Corporation is Horizon Health Systems, Inc.
- 2. The Amendment is to change the name of the Corporation to Hemophilia Health Services, Inc. The text of the Amendment adopted is:

Paragraph numbered 1 of the Charter is hereby deleted in its entirety and the following shall be inserted in lieu thereof:

- 1. The name of the Corporation is Hemophilia Health Services, Inc.
- 3. The Corporation is a for-profit corporation.
- 4. The Amendment was duly adopted on March 10, 1999 by the Board of Directors and the Shareholder.
- 5. The Amendment is to be effective upon filing with the Office of the Secretary of State.

March 18, 1999.

HORIZON HEALTH SYSTEMS, INC.

By: [Signature]  
Title: Sec. Vice President/Secretary