

10-03-2003



Form PTO-1594  
(Rev. 10/02)  
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U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies): 9.11.03  
Provider Resource Network, Inc.  
 Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation-State  
 Other \_\_\_\_\_  
Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies)  
Name: UniHealth Solutions, Inc.  
Internal  
Address: \_\_\_\_\_  
Street Address: 3945 Lawrenceville Highway  
City: Lilburn State: GA Zip: 30047  
 Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State \_\_\_\_\_  
 Other \_\_\_\_\_  
If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)  
Additional name(s) & address(es) attached?  Yes  No

3. Nature of conveyance:  
 Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_  
Execution Date: October 9, 2001

4. Application number(s) or registration number(s):  
A. Trademark Application No.(s) \_\_\_\_\_  
\_\_\_\_\_

B. Trademark Registration No.(s) 2,744,990  
\_\_\_\_\_

Additional number(s) attached  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: John R. Harris  
Internal Address: \_\_\_\_\_  
\_\_\_\_\_

6. Total number of applications and registrations involved: ..... 1

7. Total fee (37 CFR 3.41).....\$ 40  
 Enclosed  
 Authorized to be charged to deposit account

Street Address: 3343 Peachtree Road, N.E.  
1600 Atlanta Financial Center  
City: Atlanta State: GA Zip: 30326-1044

8. Deposit account number: \_\_\_\_\_  
\_\_\_\_\_



DO NOT USE THIS SPACE

9. Signature.  
John R. Harris  
Name of Person Signing

John R. Harris  
Signature

09-11-2003  
U.S. Patent & TMO/TM Mail Rcpt Dt. #58

September 8, 2003  
Date

4

Total number of pages including cover sheet, attachments, and document:

10/02/2003 6TON11 00000024 2744990

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

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**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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CECIL L. CLIFTON JR.  
P.O. BOX 1005  
TOCCOA, GA 30577

**CERTIFICATE OF NAME CHANGE AMENDMENT**

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**PROVIDER RESOURCE NETWORK, INC.**  
**A DOMESTIC PROFIT CORPORATION**

has filed articles of amendment in the Office of the Secretary of State changing its name to

**UNIHEALTH SOLUTIONS, INC.**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Cathy Cox  
Secretary of State