

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Dayton Area Health Plan		07/25/2005	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	CARESOURCE		
Street Address:	One Main Street South		
Internal Address:	Suite 440		
City:	Dayton		
State/Country:	OHIO		
Postal Code:	45402		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Serial Number:	76376782	- - - - YOUR HEALTH COMES FIRST	
Registration Number:	2870535	CARESOURCE 24	
Registration Number:	2785521	CARESOURCE	
Registration Number:	2553920	CARESOURCE YOUR HEALTH COMES FIRST.	
CORRESPONDENCE DATA			
Fax Number:	(704)366-9744		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	704-366-6642		
Email:	lcamann@worldpatents.com		
Correspondent Name:	Jason S. Miller		
Address Line 1:	1901 Roxborough Road		
Address Line 2:	Suite 300		
Address Line 4:	Charlotte, NORTH CAROLINA 28211		
ATTORNEY DOCKET NUMBER:	3249 ETC.		

OP \$115.00 76376782

NAME OF SUBMITTER:	Jason S. Miller
Signature:	/Jason S. Miller/
Date:	07/11/2006
Total Attachments: 3 source=Name Change to CareSource#page1.tif source=Name Change to CareSource#page2.tif source=Name Change to CareSource#page3.tif	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/26/2005	200520602242	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

MARK R. CHILSON
130 WEST SECOND STREET
SUITE 2000
DAYTON, OH 45402

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

656665

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CARESOURCE

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200520602242



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 25th day of July, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to Ohio Secretary of State	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

2005 JUL 25 PM 12:55

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> Amended (122-AMAP)	Amended (125-AMDS)	<input type="checkbox"/> Amended (126-AMAN)	<input checked="" type="checkbox"/> Amendment (12B-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation Dayton Area Health Plan

Charter Number 658665

Name of Officer Pamela B. Morris

Title President and Chief Executive Officer

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on July 12, 2005
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise 100 % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: CareSource

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township)

(county)

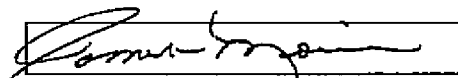
THIRD: The purposes of the corporation are as follows:

[Empty box for purposes of the corporation]

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED

Must be authenticated
(signed) by an authorized
representative
(See Instructions)


Authorized Representative

7-6-05
Date

Pamela B. Morris
(Print Name)
President and Chief Executive Officer

Authorized Representative
(Print Name)

Date