

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
MHS Diabetes Direct LLC		05/09/2006	LIMITED LIABILITY COMPANY: TENNESSEE
RECEIVING PARTY DATA			
Name:	AmMed Direct, LLC		
Street Address:	1657 Murfreesboro Rd.		
Internal Address:	Suite A		
City:	Nashville		
State/Country:	TENNESSEE		
Postal Code:	37217		
Entity Type:	LIMITED LIABILITY COMPANY: TENNESSEE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	78622334	AMMED DIRECT	
Registration Number:	3216631	DIABETES DIRECT	
Registration Number:	3185737	BETTER CARE PROGRAM	
CORRESPONDENCE DATA			
Fax Number:	(312)258-5600		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	312-258-5631		
Email:	trademarks@schiffhardin.com		
Correspondent Name:	Adam S. Weiss, Schiff Hardin LLP		
Address Line 1:	P.O. Box 06079		
Address Line 4:	Chicago, ILLINOIS 60606-0079		
ATTORNEY DOCKET NUMBER:	30088-0006		
NAME OF SUBMITTER:	Adam S. Weiss		

OP \$90.00 78622334

Signature:

/Adam S. Weiss/

Date:

06/17/2008

Total Attachments: 2

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source=AmMed Direct, LLC (Change of Name Doc)#page2.tif

State of Tennessee



Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ARTICLES OF AMENDMENT
TO ARTICLES OF ORGANIZATION
(LLC)

RECEIVED
STATE OF TENNESSEE
Office Use Only

2006 MAY 8 AM 9:56
RILEY BARNELL
SECRETARY OF STATE

LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) 041087
PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:

PLEASE MARK THE BLOCK THAT APPLIES:
 AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.
 AMENDMENT IS TO BE EFFECTIVE _____, _____ (DATE) _____ (TIME).
(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: MHS Diabetes Direct, LLC
IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:
AmMed Direct, LLC

2. PLEASE INSERT ANY CHANGES THAT APPLY:
A. PRINCIPAL ADDRESS: _____ STREET ADDRESS
CITY STATE/COUNTY ZIP CODE
B. REGISTERED AGENT: _____
C. REGISTERED ADDRESS: _____ STREET TN
CITY STATE ZIP CODE COUNTY
D. OTHER CHANGES:

3. THE AMENDMENT WAS DULY ADOPTED ON May 9 2006
MONTH DAY YEAR

(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE
 BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED
 MEMBERS

SECRETARY SIGNER'S CAPACITY
 SIGNATURE

Sole Member
American Health Fulfillment, Inc
NAME OF SIGNER (TYPED OR PRINTED)
By: JEFFERY D. PARRISH
SECRETARY

5793.0728

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 05/23/06
REQUEST NUMBER: 5793-0728
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 05/18/06 0956
EFFECTIVE DATE/TIME: 05/18/06 1630
CONTROL NUMBER: 0415087

TO:
AM MED DIRECT, LLC
1657 MURFREESBORO RD
SUITE A
NASHVILLE, TN 37217

RE:
AM MED DIRECT, LLC
ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY

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

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY ON DATE: 05/19/06

FROM:
MHS DIABETES DIRECT, LLC
2528 N. MT. JULIET RD
MT. JULIET, TN 37122-0000

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

RECEIPT NUMBER: 00003961433
ACCOUNT NUMBER: 00384672



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

RECORDED: 06/17/2008

TRADEMARK
REEL: 003797 FRAME: 0698