

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
Mulrenan Physical Therapy, LLC		09/11/2009	LIMITED LIABILITY COMPANY: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	ProEx Physical Therapy, LLC.		
Street Address:	One Arrow Drive		
City:	Woburn		
State/Country:	MASSACHUSETTS		
Postal Code:	01801		
Entity Type:	LIMITED LIABILITY COMPANY: MASSACHUSETTS		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Serial Number:	77459452	PROEX PHYSICAL THERAPY	
Serial Number:	77460389	PROEX	
Serial Number:	77545606	PEOPLE FOCUSED PHYSICAL THERAPY	
Serial Number:	77545608	X PEOPLE FOCUSED	
CORRESPONDENCE DATA			
Fax Number:	(202)434-7400		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(202)585-3510		
Email:	snweller@mintz.com		
Correspondent Name:	Susan Neuberger Weller		
Address Line 1:	701 Pennsylvania Avenue, N.W.		
Address Line 2:	Suite 900		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20004		
ATTORNEY DOCKET NUMBER:	37944-400		

OP \$115.00 77459452

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**TRADEMARK
 REEL: 004082 FRAME: 0848**

NAME OF SUBMITTER:	Susan Neuberger Weller
Signature:	/Susan Neuberger Weller/
Date:	10/22/2009
Total Attachments: 2 source=Change of Name - Proex#page1.tif source=Change of Name - Proex#page2.tif	

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P20125657

August 27, 2009

Secretary of the Commonwealth

One Ashburton Place, 17th Floor

Boston, MA 02108

FILED


SEP 17 2009

SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISIONS

Commonwealth of Massachusetts,

A certificate of organization may be amended at any other time and for any other purpose. The certificate of amendment shall set forth in the order provided herein:

1. the federal employer identification number; 92-0185658
2. the name of the limited liability company; MULRENAN PHYSICAL THERAPY, LLC
3. the date of filing of the original certificate; January 26, 2004
4. the name and business address, if different from its office location, of each manager; Michael J Mulrenan
5. the name and business address, if different from the office location, of each person authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers; Michael J. Mulrenan and David A MacDonald.
6. the name and business address, if different from the office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property whether to be filed with the registry of deeds or a district office of the land court, if any; and : Michael J. Mulrenan
7. the amendment to the certificate. The name of Mulrenan Physical Therapy, LLC shall be changed to ProEx Physical Therapy, LLC.

 9/11/09

Michael J Mulrenan, Managing Member Date

The certificate of amendment must be signed by a manager, person authorized to sign documents to be filed with the Corporations Division, or receiver, trustee or other court appointed fiduciary. The fee for filing a certificate of amendment is one hundred dollars (\$100.00). It shall be effective when filed unless a later effective date is provided in the certificate.

Check/Voucher # 8302

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

1094797

Filed this 17 day Sept

William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth

Name _____

Phone _____
