

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

| | | | |
|----------------------------------|--|-------------------------------|--------------------|
| SUBMISSION TYPE: | | NEW ASSIGNMENT | |
| NATURE OF CONVEYANCE: | | Conversion of business entity | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Infusion Partners, Inc. | | 12/31/2008 | CORPORATION: OHIO |
| RECEIVING PARTY DATA | | | |
| Name: | Infusion Partners, LLC | | |
| Street Address: | 100 Clearbrook Road | | |
| Internal Address: | 3rd Floor | | |
| City: | Elmsford | | |
| State/Country: | NEW YORK | | |
| Postal Code: | 10523 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: OHIO | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2435590 | INFUSION PARTNERS | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (303)223-8048 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 303.223.1248 | | |
| Email: | akrause@bhfs.com | | |
| Correspondent Name: | Ashley Krause | | |
| Address Line 1: | 410 Seventeenth Street | | |
| Address Line 2: | Suite 2200 | | |
| Address Line 4: | Denver, COLORADO 80202 | | |
| ATTORNEY DOCKET NUMBER: | 10807.2 3/8/11 DRS | | |
| NAME OF SUBMITTER: | Ashley Krause | | |
| Signature: | /ashleykrause/ | | |

OP \$40.00 2435590

900185841

**TRADEMARK
 REEL: 004492 FRAME: 0776**

Date:

03/08/2011

Total Attachments: 6

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| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|-------------------------------------|--------|--------|---------|------|------|
| 12/29/2008 | 200836101944 | CONVERSION WITHIN SOS RECORDS (CVS) | 125.00 | 100.00 | .00 | .00 | .00 |

Receipt

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

CT CORPORATION SYSTEM
 4400 EASTON COMMONS WAY, SUITE 125
 JADE HINES
 COLUMBUS, OH 43219

**STATE OF OHIO
 CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

870412

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

INFUSION PARTNERS, LLC

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

Document(s)

CONVERSION WITHIN SOS RECORDS
 (CHANGE BUSINESS TYPE DOM, PROFIT LIM. LIAB. CO.)

Document No(s):

200836101944



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 31st day of December,
 A.D. 2008.

Ohio Secretary of State



Presented by: The Ohio Secretary of State
Central Office: (614) 469-3819
Toll Free: 1-877-624-FLS (1-877-787-3433)

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www.sos.state.oh.us
sos@state.oh.us

CERTIFICATE OF CONVERSION
FOR ENTITIES CONVERTING INTO OR FROM THE RECORDS OF THE OHIO SECRETARY OF STATE
Filing Fee \$125.00

Provided for 1701.011, 1708.381, 1775.05, and 1782.010 of the Revised Code for the State of Ohio (as applicable), the undersigned converting business entity does hereby declare these Affidavits of Conversion for the purpose of converting to a different business entity.

CHECK ONE (1) ONLY

(1) Converting into the Records of the Ohio Secretary of State
(2) Converting out of the Records of the Ohio Secretary of State

The name of the converting business entity is: Infusion Partners, Inc.
existing under the laws of the state or country of: Ohio Charter Number: 870412
The converting business entity is:
(Check One)
 Domestic Corporation
 Domestic Partnership
 Foreign Corporation
 Foreign Nonprofit Limited Liability Company
 Foreign For-Profit Limited Liability Company
 Foreign Limited Liability Partnership
 Domestic Nonprofit Limited Liability Company
 Domestic For-Profit Limited Liability Company
 Domestic Limited Partnership
 Domestic Limited Liability Partnership
 Foreign Limited Partnership
 Business Trust
The converting entity hereby states they have complied with all laws under the state in which it exists. Partners, and all fees payable for said conversion.
The name of the converted business entity is: Infusion Partners, LLC
existing under the laws of state or country of: Ohio
The converted business entity is:
(Check One)
 Domestic Corporation
 Domestic Partnership
 Foreign Corporation
 Foreign Nonprofit Limited Liability Company
 Foreign For-Profit Limited Liability Company
 Foreign Limited Liability Partnership
 Domestic Nonprofit Limited Liability Company
 Domestic For-Profit Limited Liability Company
 Domestic Limited Partnership
 Domestic Limited Liability Partnership
 Foreign Limited Partnership
 Business Trust
The effective date of conversion will be upon filing, unless a date is specified: 12/31/08
Date
(If a date is specified, the date must be a date on or after the date of filing. The effective date of the conversion cannot be earlier than the date of filing. If no date is specified, the date of filing will be the effective date of the conversion.)
The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request:
Critical Homecare Solutions, Inc., Two Tower Bridge, One Fayette St. Ste. 150
Home & Office Address / P.O. Box Address
Columbus OH 43228
City State Zip Code

Required information that must accompany conversion certificate if filed in this state.

If the converting entity is a domestic or foreign entity that will not be licensed in this state, provide the name and address of the secretary upon whom any process, notice or demand may be served:

Name of Secretary Agent _____

Mailing Address _____

City _____ State _____ Zip Code _____

If the agent is an individual and using a P.O. Box, check this box to verify the agent is a resident of the state of Ohio.

If the converting entity is a domestic or foreign corporation licensed to conduct business in Ohio and converting off the records, the certificate of conversion must be accompanied by the affidavits herein attached. (See Instructions)

See instructions for additional filing requirements if:

- a. the conversion creates a new domestic entity,
- b. the converting entity is a foreign entity that wishes to proceed to conduct business in this state, or
- c. if a foreign or domestic corporation licensed to conduct business in this state is the converting entity.

BE WITNESSED WHEREOF, the declaration of conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Must be authenticated (signed) by an authorized representative.

Mary Jane Adams 12/24/08
Signature Date

Mary Jane Adams, CFO, Plant Secretary
Print Name

Title

Signature Date

Print Name

Title

Signature Date

Print Name

Title



Form 533A Prescribed by the:
 Ohio Secretary of State

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

www.sos.state.oh.us
 Susserv@sos.state.oh.us

Expedite this form: (select one)
 Mail form to one of the following:

Expedite PO Box 1390
 Columbus, OH 43216
 *** Requires an additional fee of \$100 ***

Non Expedite PO Box 870
 Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
 LIMITED LIABILITY COMPANY**

Filing Fee: \$125.00

(CHECK ONLY ONE (1) BOX)

| | |
|---|---|
| <input checked="" type="checkbox"/> (1) Articles of Organization for Domestic For-Profit Limited Liability Company (116-LCA) ORC 1705 | <input type="checkbox"/> (2) Articles of Organization for Domestic Nonprofit Limited Liability Company (116-LCA) ORC 1705 |
|---|---|

Name of limited liability company
 Infusion Partners, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd."

Effective Date 12/31/08 (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)
 (Optional) mm/dd/yyyy

This limited liability company shall exist for _____
 (Optional) Period of Existence

Purpose
 (Optional)

Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Infusion Partners, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

C T Corporation System

Name of Agent

1300 East 9th Street

Mailing Address

Cleveland

City

Ohio

State

44114

Zip Code

If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Infusion Partners, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

[Handwritten Signature]
Agent's Signature *Assistant Secretary*
CT Corporation System

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authenticated (signed) by a member, manager or other representative.

Morgan Davis Signature 12/24/08 Date

Marcus Wade Gannon, CEO, VP and Secretary Print Name

Signature Date

Print Name

Signature Date

Print Name

(See Instructions Below)