

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT			
NATURE OF CONVEYANCE:	MERGER			
EFFECTIVE DATE:	04/01/2012			
CONVEYING PARTY DATA				
	Name	Formerly	Execution Date	Entity Type
	NextGen Inpatient Solutions, LLC		03/27/2012	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA				
Name:	Opus Healthcare Solutions, LLC			
Street Address:	18111 Von Karman Avenue, Suite 700			
City:	Irvine			
State/Country:	CALIFORNIA			
Postal Code:	92612			
Entity Type:	LIMITED LIABILITY COMPANY: TEXAS			
PROPERTY NUMBERS Total: 5				
	Property Type	Number	Word Mark	
	Registration Number:	3720822	HERE. THERE. ANYWHERE.	
	Registration Number:	2563711	INTRANEXUS	
	Registration Number:	2813573	INTRANEXUS	
	Registration Number:	2843417	SAPPHIRE	
	Registration Number:	3112535	SAPPHIRE	
CORRESPONDENCE DATA				
Fax Number:	2155255311			
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	215-965-1390			
Email:	usptotm@panitchlaw.com			
Correspondent Name:	Michael J. Leonard			
Address Line 1:	2005 Market Street, Suite 2200			
Address Line 4:	Philadelphia, PENNSYLVANIA 19103			

CH \$140.00 3720822

ATTORNEY DOCKET NUMBER:	688290.0028
NAME OF SUBMITTER:	Michael J. Leonard
Signature:	/michael leonard/
Date:	06/04/2012

**Total Attachments: 8**

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## Office of the Secretary of State

### CERTIFICATE OF MERGER

The undersigned, as Secretary of State of Texas, hereby certifies that a filing instrument merging

NextGen Inpatient Solutions, LLC  
Foreign Limited Liability Company (LLC)  
California, USA  
[File Number: 801237923]

Into

Opus Healthcare Solutions, LLC  
Domestic Limited Liability Company (LLC)  
[File Number: 801290376]

has been received in this office and has been found to conform to law.

Accordingly, the undersigned, as Secretary of State, and by the virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the acceptance and filing of the merger on the date shown below.

Dated: 03/30/2012

Effective: 04/01/2012



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

Form 622  
(Revised 05/11)  
Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
Filing Fee: see instructions



Certificate of Merger  
Combination Merger  
Business Organizations Code

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas

MAR 30 2012

Corporations Section

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation or organization, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

Party 1

NEXTGEN INPATIENT SOLUTIONS, LLC

*Name of Organization*

The organization is a limited liability company It is organized under the laws of  
*Specify organizational form (e.g., for-profit corporation)*

CA USA  
*State Country*

The file number, if any, is 0801237923  
*Texas Secretary of State file number*

Its principal place of business is 18111 Von Karman Avenue,  
Suite 700 Irvine Ca  
*Address City State*

The organization will survive the merger.  The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

*Name as Amended*

Party 2

OPUS HEALTHCARE SOLUTIONS, LLC

*Name of Organization*

The organization is a limited liability company It is organized under the laws of  
*Specify organizational form (e.g., for-profit corporation)*

TX USA  
*State Country*

The file number, if any, is 0801290376  
*Texas Secretary of State file number*

Its principal place of business is 18111 Von Karman Avenue,  
Suite 700 Irvine Ca  
*Address City State*

The organization will survive the merger.  The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

*Name as Amended*

Party 3

*Name of Organization*

The organization is a \_\_\_\_\_ It is organized under the laws of \_\_\_\_\_

Specify organizational form (e.g., for-profit corporation)

The file number, if any, is \_\_\_\_\_  
State Country Texas Secretary of State file number

Its principal place of business is \_\_\_\_\_  
Address City State

The organization will survive the merger.  The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Plan of Merger

The plan of merger is attached.

If the plan of merger is not attached, the following statements must be completed.

Alternative Statements

In lieu of providing the plan of merger, each domestic filing entity certifies that:

1. A signed plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization that is named in this form as a party to the merger or an organization created by the merger.

2. On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger and, if the certificate of merger identifies multiple surviving domestic entities or non-code organizations, to any creditor or obligee of the parties to the merger at the time of the merger if a liability or obligation is then outstanding.

Complete item 3B if the merger effected changes to the certificate of formation of a surviving filing entity.

3A. No amendments to the certificate of formation of any surviving filing entity that is a party to the merger are effected by the merger.

3B.  The plan of merger effected changes or amendments to the certificate of formation of:

Name of filing entity effecting amendments

The changes or amendments to the filing entity's certificate of formation, other than the name change noted previously, are stated below.

Amendment Text Area

[Empty rectangular box for amendment text]

4. Organizations Created by Merger

The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the plan of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger.

Name of New Organization 1 \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Entity Type (See instructions) \_\_\_\_\_

Principal Place of Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of New Organization 2 \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Entity Type (See instructions) \_\_\_\_\_

Principal Place of Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of New Organization 3 \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Entity Type (See instructions) \_\_\_\_\_

Principal Place of Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Approval of the Plan of Merger

The plan of merger has been approved as required by the laws of the jurisdiction of formation of each organization that is a party to the merger and by the governing documents of those organizations.

The approval of the owners or members of \_\_\_\_\_  
Name of domestic entity  
was not required by the provisions of the BOC.

### Effectiveness of Filing (Select either A, B, or C.)

A.  This document becomes effective when the document is accepted and filed by the secretary of state.

B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: 04-01-2012

C.  This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

### Tax Certificate

Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.

In lieu of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes.

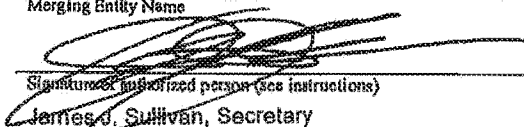
Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument.

Date: March 27, 2012

NEXTGEN INPATIENT SOLUTIONS, LLC

Merging Entity Name

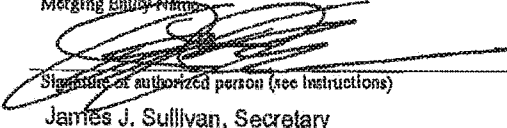
  
Signature of authorized person (see instructions)

James J. Sullivan, Secretary

Printed or typed name of authorized person

OPUS HEALTHCARE SOLUTIONS, LLC

Merging Entity Name

  
Signature of authorized person (see instructions)

James J. Sullivan, Secretary

Printed or typed name of authorized person

Merging Entity Name

Signature of authorized person (see instructions)

Printed or typed name of authorized person



State of California  
Secretary of State

OBE MERG

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**MAR 29 2012**

**EFFECTIVE  
DATE  
APR 01 2012**

**Certificate of Merger**

(California Corporations Code sections  
1113(g), 6019.1, 8019.1, 9640, 12540.1, 15911.14, 16915(b) and 17552)

**IMPORTANT — Read all instructions before completing this form.**

This Space For Filing Use Only

1. NAME OF SURVIVING ENTITY OPUS HEALTHCARE SOLUTIONS, LLC	2. TYPE OF ENTITY LLC	3. CA SECRETARY OF STATE FILE NUMBER 201125710211	4. JURISDICTION Texas
5. NAME OF DISAPPEARING ENTITY NEXTGEN INPATIENT SOLUTIONS, LLC	6. TYPE OF ENTITY LLC	7. CA SECRETARY OF STATE FILE NUMBER 200921010210	8. JURISDICTION California

9. THE PRINCIPAL TERMS OF THE AGREEMENT OF MERGER WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALLED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, SPECIFY THE CLASS AND THE NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE ON THE MERGER AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS. ATTACH ADDITIONAL PAGES, IF NECESSARY.

SURVIVING ENTITY

DISAPPEARING ENTITY

CLASS AND NUMBER AND PERCENTAGE VOTE REQUIRED  
Membership Interests, 100% More than 50%

CLASS AND NUMBER AND PERCENTAGE VOTE REQUIRED  
Membership Interests, 100% More than 50%

10. IF EQUITY SECURITIES OF A PARENT PARTY ARE TO BE ISSUED IN THE MERGER, CHECK THE APPLICABLE STATEMENT.

No vote of the shareholders of the parent party was required.  The required vote of the shareholders of the parent party was obtained.

11. IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR PARTNERSHIP, PROVIDE THE REQUISITE CHANGES (IF ANY) TO THE INFORMATION SET FORTH IN THE SURVIVING ENTITY'S ARTICLES OF ORGANIZATION, CERTIFICATE OF LIMITED PARTNERSHIP OR STATEMENT OF PARTNERSHIP AUTHORITY RESULTING FROM THE MERGER. ATTACH ADDITIONAL PAGES, IF NECESSARY.

12. IF A DISAPPEARING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR PARTNERSHIP, AND THE SURVIVING ENTITY IS NOT A DOMESTIC ENTITY OF THE SAME TYPE, ENTER THE PRINCIPAL ADDRESS OF THE SURVIVING ENTITY.

PRINCIPAL ADDRESS OF SURVIVING ENTITY CITY AND STATE ZIP CODE  
18111 Von Karman Avenue, Suite 700 Irvine, CA 92612

13. OTHER INFORMATION REQUIRED TO BE STATED IN THE CERTIFICATE OF MERGER BY THE LAWS UNDER WHICH EACH CONSTITUENT OTHER BUSINESS ENTITY IS ORGANIZED. ATTACH ADDITIONAL PAGES, IF NECESSARY.

14. STATUTORY OR OTHER BASIS UNDER WHICH A FOREIGN OTHER BUSINESS ENTITY IS AUTHORIZED TO EFFECT THE MERGER.


Section 10.001 of Texas Business Organizations Code

15. FUTURE EFFECTIVE DATE, IF ANY

04 - 01 - 2012  
(Month) (Day) (Year)

16. ADDITIONAL INFORMATION SET FORTH ON ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS CERTIFICATE.

17. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

 3-27-12 James J. Sullivan, Manager  
SIGNATURE OF AUTHORIZED PERSON FOR THE SURVIVING ENTITY DATE TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON FOR THE SURVIVING ENTITY DATE TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

 3-27-12 James J. Sullivan, Manager  
SIGNATURE OF AUTHORIZED PERSON FOR THE DISAPPEARING ENTITY DATE TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON FOR THE DISAPPEARING ENTITY DATE TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

For an entity that is a business trust, real estate investment trust or an unincorporated association, set forth the provision of law or other basis for the authority of the person signing: \_\_\_\_\_



**OPUS HEALTHCARE SOLUTIONS, LLC**

a Texas Limited Liability Company  
18111 Von Karman Avenue, Suite 700  
Irvine CA 92612

March 27, 2012

California Secretary of State  
Limited Liability Company Unit  
P.O. Box 944228  
Sacramento, California 94244-2280

Ladies and Gentlemen:

Please be advised that pursuant to Corporations Code Section 17555(g) the undersigned, Opus Healthcare Solutions, LLC, a Texas limited liability company ("Surviving Foreign Entity"), hereby agrees that:

(1) the Surviving Foreign Entity may be served in this state in a proceeding for the enforcement of an obligation of any constituent entity and in a proceeding to enforce the rights of any holder of a dissenting interest in a constituent domestic limited liability company or domestic other business entity;

(2) the Secretary of State shall be irrevocably appointed as its agent for service of process, which process may be forwarded to the below address:

OPUS HEALTHCARE SOLUTIONS, LLC  
18111 Von Karman Avenue, Suite 700  
Irvine CA 92612

(3) the Surviving Foreign Entity will promptly pay the holder of any dissenting interest in a constituent domestic limited liability company or domestic other business entity the amount to which that person is entitled under California law.

Respectfully Submitted,

OPUS HEALTHCARE SOLUTIONS, LLC, a  
Texas limited liability company

By: 

James J. Sullivan, Manager

CONFIDENTIAL



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

MAR 30 2012

Date: \_\_\_\_\_

*Debra Bowen*  
DEBRA BOWEN, Secretary of State

A handwritten signature in black ink, appearing to be "DB".