

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
HEALTHY ADVICE NETWORKS, LLC		01/11/2013	LIMITED LIABILITY COMPANY: OHIO

RECEIVING PARTY DATA

Name:	PATIENTPOINT NETWORK SOLUTIONS, LLC
Street Address:	8230 Montgomery Road
Internal Address:	Suite 300
City:	Cincinnati
State/Country:	OHIO
Postal Code:	45236
Entity Type:	LIMITED LIABILITY COMPANY: OHIO

PROPERTY NUMBERS Total: 10

Property Type	Number	Word Mark
Registration Number:	3799364	HEALTHY ADVICE
Registration Number:	3799382	HEALTHY ADVICE
Registration Number:	3291028	HEALTHY ADVICE
Registration Number:	3302585	HEALTHY ADVICE
Registration Number:	3906197	PATIENTPOINT
Registration Number:	3906659	PATIENT POINT
Registration Number:	3799546	PRACTICEWIRE
Registration Number:	3893056	SMART CHOICES. SIMPLE STEPS.
Registration Number:	3893057	SMART CHOICES. SIMPLE STEPS.
Registration Number:	3291029	TURN WAITING TIME INTO LEARNING TIME

CORRESPONDENCE DATA

Fax Number: 6144641737

OP \$265.00 3799364

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.

Phone: 614.559.7282
Email: squimby@fbtlaw.com
Correspondent Name: Samantha M. Quimby, Esq.
Address Line 1: FROST BROWN TODD LLC
Address Line 2: 10 West Broad Street - Suite 2300
Address Line 4: Columbus, OHIO 43215

NAME OF SUBMITTER:	Samantha M. Quimby
Signature:	/samantha m quimby/
Date:	01/15/2013
Total Attachments: 4 source=Healthy Advice to PatientPoint Network Solutions LLC#page1.tif source=Healthy Advice to PatientPoint Network Solutions LLC#page2.tif source=Healthy Advice to PatientPoint Network Solutions LLC#page3.tif source=Healthy Advice to PatientPoint Network Solutions LLC#page4.tif	



DATE: 01/14/2013	DOCUMENT ID 201301400095	DESCRIPTION LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	FILING 50.00	EXPED 200.00	PENALTY	CERT .00	COPY 5.00
---------------------	-----------------------------	---	-----------------	-----------------	---------	-------------	--------------

Receipt

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

FROST BROWN & TODD
KAI BITTER
3300 GAT, 301 E. FOURTH STREET
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

1328741

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PATIENTPOINT NETWORK SOLUTIONS, LLC
and, that said business records show the filing and recording of:

Document(s):
LIMITED LIABILITY COMPANY - AMENDMENT

Document No(s):
201301400095



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 11th day of January, A.D.
2013.

Ohio Secretary of State



Form 543A Prescribed by:
 Ohio Secretary of State
JON HUSTED
 Ohio Secretary of State

Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
 www.OhioSecretaryofState.gov
 Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
 P.O. Box 1329
 Columbus, OH 43216

Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

Registration Number

2013 JAN 11 PM 4:35
 CLERK OF COURT
 OHIO SECRETARY OF STATE

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

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

This limited liability company shall exist for a period of:

Period of Existence

Purpose

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.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Thomas McGuinness
Signature

By (if applicable)

Thomas McGuinness, President

Print Name

Signature

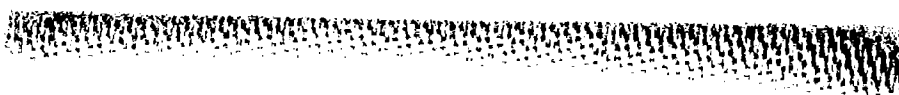
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Reg. # 1328741 UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 3 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at Columbus, Ohio, this 14th day of January A.D. 2013

Jon Husted

JON HUSTED
Secretary Of State

By *Danette J. Hamps*

NOTICE: This is an official certification only when reproduced in red ink

