TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT	
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Assignee's name that contains a typographical error previously recorded on Reel 005177 Frame 0315. Assignor (s) hereby confirms the Assignee's name was inadvertently stated as "Elilte Physicians, Ltd", instead of "Elite Physicians, Ltd".	

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Network Medical Review Company, Ltd.		03/22/2002	CORPORATION: ILLINOIS

RECEIVING PARTY DATA

Name:	Elite Physicians, Ltd.
Street Address:	4960 E. State Street
City:	Rockford
State/Country:	ILLINOIS
Postal Code:	61108
Entity Type:	CORPORATION: ILLINOIS

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2143592	HEALTH SCOPE

CORRESPONDENCE DATA

Fax Number: 6784209301

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

via US Mail.

Phone: 678.420.9300

 ${\bf Email:} {\bf tmdocketing@ballardspahr.com, odonnellm@ballardspahr.com}$

Correspondent Name: Mary Anthony Merchant, Ph.D.

Address Line 1: 999 Peachtree Street

Address Line 2: Suite 1000

Address Line 4: Atlanta, GEORGIA 30309-3915

ATTORNEY DOCKET NUMBER:	36357.1105US	
NAME OF SUBMITTER:	Mary Anthony Merchant, Ph.D.	TDADEMADK

900277536 REEL: 005194 FRAME: 0549

OD \$40 00 2443592

Signature:	/MaryAnthonyMerchant/
Date:	01/16/2014
Total Attachments: 2 source=DOC117#page1.tif source=DOC117#page2.tif	

TRADEMARK REEL: 005194 FRAME: 0550

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date	
Network Medical Review Company,		CORPORATION: ILLINOIS
Ltd.		

RECEIVING PARTY DATA

Name:	Elilte Physicians, Ltd.
Street Address:	4960 E. State Street
City:	Rockford
State/Country:	ILLINOIS
Postal Code:	61108
Entity Type:	CORPORATION: ILLINOIS

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	:	HEALTH SCOPE

CORRESPONDENCE DATA

Fax Number: 6784209301

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

via US Mail.

Phone: 678.420.9300

Email: tmdocketing@ballardspahr.com, odonnellm@ballardspahr.com

Correspondent Name: Mary Anthony Merchant, Ph.D.

Address Line 1: 999 Peachtree Street

Address Line 2: Suite 1000

Address Line 4: Atlanta, GEORGIA 30309-3915

ATTORNEY DOCKET NUMBER:	36357.1105US
NAME OF SUBMITTER:	Mary Anthony Merchant, Ph.D.
Signature:	/MaryAnthonyMerchant/

TRADEMARK REEL: 005194 FRAME: 0551)P SZ(0,000 2/R/858

RECORDED: 01/16/2014