

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM311324

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
HCFS HEALTH CARE FINANCIAL SERVICES, INC.		12/31/2013	CORPORATION: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	HCFS HEALTH CARE FINANCIAL SERVICES, LLC		
<b>Street Address:</b>	265 Brookview Centre Way		
<b>Internal Address:</b>	Suite 400		
<b>City:</b>	Knoxville		
<b>State/Country:</b>	TENNESSEE		
<b>Postal Code:</b>	37919		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1863986	MEDICAL MANAGEMENT RESOURCES	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2054886267		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	205-521-8267		
<b>Email:</b>	devans@babco.com		
<b>Correspondent Name:</b>	DONITA EVANS		
<b>Address Line 1:</b>	1819 FIFTH AVENUE NORTH		
<b>Address Line 2:</b>	BRADLEY ARANT BOULT CUMMINGS LLP		
<b>Address Line 4:</b>	BIRMINGHAM, ALABAMA 35203		
<b>ATTORNEY DOCKET NUMBER:</b>	T0203740US16LF		
<b>NAME OF SUBMITTER:</b>	DONITA EVANS		
<b>SIGNATURE:</b>	/donita evans/		
<b>DATE SIGNED:</b>	07/21/2014		
<b>Total Attachments: 5</b>			
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EFFECTIVE DATE  
12-31-2013

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company

FILED  
13 DEC 30 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
HCFS HEALTH CARE FINANCIAL SERVICES, INC. #P95000091667  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/30/1995  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

HCFS HEALTH CARE FINANCIAL SERVICES, LLC  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: By: 11:59 pm EST on 12/31/13 pursuant to\*  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

\*Fla. Stat. Section 608.439(3)(d)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 27 day of December 2013

**Signature of Member or Authorized Representative of Limited Liability Company:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]  
Printed Name: John R. Stair Title: Assistant Secretary

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]  
Printed Name: John R. Stair Title: Assistant Secretary

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

EFFECTIVE DATE  
12-31-2013

ARTICLES OF ORGANIZATION  
OF  
HCFS HEALTH CARE FINANCIAL SERVICES, LLC

FILED  
13 DEC 30 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I — Name:

The name of the Limited Liability Company is HCFS Health Care Financial Services, LLC (the "Company").

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is 265 Brookview Centre Way, Suite 400, Knoxville, Tennessee 37919.

ARTICLE III — Duration:

The period of duration for the Company shall be perpetual.

ARTICLE IV — Registered Agent:

The street address of the initial registered office of the Company shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the Company at that address is Corporation Service Company.

ARTICLE V — EFFECTIVE DATE:

The filing of these Articles of Organization shall be effective as of 11:59 p.m. on December 31, 2013 pursuant to Fla. Stat. 608.409(2).

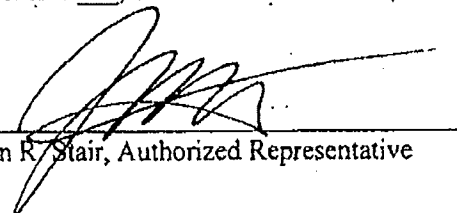
ARTICLE VI — Indemnification

The Company shall indemnify and hold harmless its members and directors against any and all claims and demands whatsoever.

ARTICLE VII — Amendment

These Articles of Organization may be altered, amended or repealed in accordance with the Limited Liability Company Agreement of the Company in accordance with the Florida Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned, pursuant to laws of the State of Florida, has executed these Articles of Organization as of December 27, 2013.



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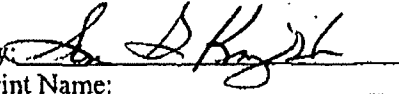
John R. Stair, Authorized Representative

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**HCFS HEALTH CARE FINANCIAL SERVICES, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

Corporation Service Company

By: 

Print Name: \_\_\_\_\_

Print Title: Sue G. Knight

Assistant Vice President

Dated: December 27, 2013