

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM316743

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
MedX, LLC		09/18/2007	LIMITED LIABILITY COMPANY: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	ONYX HEALTHCARE, LLC		
<b>Street Address:</b>	1660 Pearl Street		
<b>City:</b>	Denver		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80203		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3651756	ONYX M.D. ELITE PHYSICIAN STAFFING SOLUT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	303-583-8244		
<b>Email:</b>	kesullivan@polsinelli.com, uspt@polsinelli.com, jwillard@polsinelli.com		
<b>Correspondent Name:</b>	Karin E. Sullivan		
<b>Address Line 1:</b>	1515 Wynkoop Suite 600		
<b>Address Line 4:</b>	Denver, COLORADO 80202		
<b>ATTORNEY DOCKET NUMBER:</b>	075753-481644		
<b>NAME OF SUBMITTER:</b>	Karin E. Sullivan		
<b>SIGNATURE:</b>	/Karin E. Sullivan/		
<b>DATE SIGNED:</b>	09/10/2014		
<b>Total Attachments: 2</b>			
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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MEDX, LLC", CHANGING ITS NAME FROM "MEDX, LLC" TO "ONYX HEALTHCARE, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2007, AT 2:05 O'CLOCK P.M.

3993535 8100

071030932



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6014884

DATE: 09-20-07

TRADEMARK  
REEL: 005361 FRAME: 0261

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: MEDX, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the company is being  
changed to: ONYX HEALTHCARE, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 18<sup>th</sup> day of September, A.D. 2007

By: [Signature]  
Authorized Person(s)

Name: JAMES L. CHANDLER  
Print or Type