

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM328001

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION		12/31/2014	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	CHSPSC, LLC		
Street Address:	4000 Meridian Blvd.		
City:	Franklin		
State/Country:	TENNESSEE		
Postal Code:	37067		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 13			
Property Type	Number	Word Mark	
Registration Number:	4438344	ALABAMA ROBOTICS INSTITUTE	
Registration Number:	4242072	COMMONWEALTH HEALTH	
Registration Number:	2463771	COMMUNITY CARES	
Registration Number:	2499955	COMMUNITY CARES	
Registration Number:	4101620	COMMUNITY CARES BETTER HEALTHCARE STARTS	
Registration Number:	4236729	COMMUNITY CARES BETTER HEALTHCARE STARTS	
Registration Number:	4361958	S DIGESTIVE SOLUTIONS SOUTHSIDE REGIONAL	
Registration Number:	3852138	HEALTHY WOMAN	
Registration Number:	4416896	MEDSTAT	
Serial Number:	85617511	MISSISSIPPI ROBOTICS INSTITUTE	
Registration Number:	4367572	SC SENIOR CIRCLE	
Registration Number:	4107963	TINY TOES A TIP - TOP OB CLUB	
Registration Number:	4111299	SUPPORTIVE TRANSITIONS HOME HEALTH HOME	
CORRESPONDENCE DATA			
Fax Number:	6152526358		
<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>			
Phone:	615.252.2358		

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TRADEMARK

Email: kosborne@babco.com
Correspondent Name: Keaton H. Osborne
Address Line 1: 1600 Division Street
Address Line 2: Suite 700
Address Line 4: Nashville, TENNESSEE 37203

ATTORNEY DOCKET NUMBER: 020304-000340

NAME OF SUBMITTER: Keaton Osborne

SIGNATURE: /keaton osborne/

DATE SIGNED: 01/05/2015

Total Attachments: 4

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Delaware

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The First State

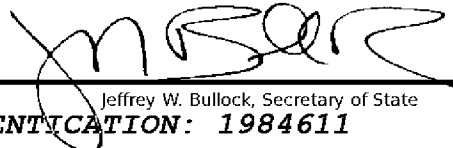
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION" TO "CHSPSC, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2014, AT 11:56 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014, AT 11:59 O'CLOCK P.M.

2273362 8100V

141571247




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1984611

DATE: 12-23-14

You may verify this certificate online
at corp.delaware.gov/authver.shtml

TRADEMARK
REEL: 005434 FRAME: 0745

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is September 12, 1991.
- 4.) The name of the Corporation immediately prior to filing this Certificate is Community Health Systems Professional Services Corporation.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is CHSPSC, LLC.
- 6.) This Certificate of Conversion shall be effective at 11:59 p.m. on December 31, 2014.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
19 day of December, A.D. 2014

By: 

Authorized Person

Name: Rachel A. Scifert

Print or Type

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "CHSPSC, LLC" FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2014, AT 11:56 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014, AT 11:59 O'CLOCK P.M.

2273362 8100V

141571247




Jeffrey W. Bullock, Secretary of State
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TRADEMARK
REEL: 005434 FRAME: 0747

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is CHSPSC, LLC

Second: The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 in the City of Wilmington
Zip code 19808. The name of its Registered agent at such address is
Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

This Certificate of Formation shall become effective at 11:59 p.m. on December 31, 2014.

In Witness Whereof, the undersigned have executed this Certificate of Formation this
19 day of December, 2014.

By: 
Authorized Person (s)

Name: Rachel A. Seifert