

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM328001

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

PAGE 1

*The First State*

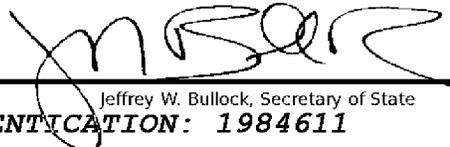
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION" TO A DELAWARE LIMITED LIABILITY COMPANY, 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

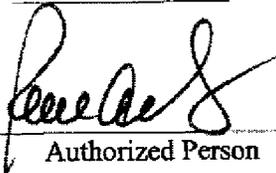
You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

PAGE 2

*The First State*

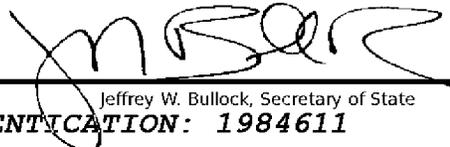
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "CHSPSC, LLC" FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2014, AT 11:56 O'CLOCK A.M.

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  
AUTHENTICATION: 1984611

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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

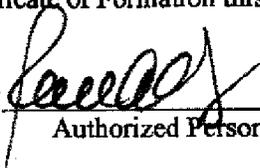
**Second:** The address of its registered office in the State of Delaware is \_\_\_\_\_  
2711 Centerville Road, Suite 400 in the City of Wilmington  
Zip code 19808. The name of its Registered agent at such address is  
Corporation Service Company

**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