

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM342475

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
PMSI Settlement Solutions, INC.		10/22/2013	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	PMSI Settlement Solutions, LLC		
Street Address:	175 Kelsey Ln.		
City:	Tampa		
State/Country:	FLORIDA		
Postal Code:	33619		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 9			
Property Type	Number	Word Mark	
Registration Number:	3788957	DRUG VALUE REVIEW	
Registration Number:	3833188	DRUG VALUE TOOL	
Registration Number:	3840498	DVR	
Registration Number:	3833187	DRUG VALUE REVIEW	
Registration Number:	3824492	DVR	
Registration Number:	3865145	MEDICARECONNECT	
Registration Number:	3843592	PMSI SETTLEMENT SOLUTIONS	
Registration Number:	3825955	LPPA	
Registration Number:	3895658	LIABILITY PRIMARY PAYER ALLOCATION	
CORRESPONDENCE DATA			
Fax Number:	8132294133		
<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:	813-223-7000		
Email:	trademarks@cfjblaw.com		
Correspondent Name:	William G. Giltinan		
Address Line 1:	PO BOX 3239		
Address Line 4:	Tampa, FLORIDA 33601-3239		
ATTORNEY DOCKET NUMBER:	50857/28677		

CH \$240.00 3788957

NAME OF SUBMITTER:	William G. Giltinan
SIGNATURE:	/William G. Giltinan/
DATE SIGNED:	05/27/2015
Total Attachments: 7 source=PMSI SS#page1.tif source=PMSI SS#page2.tif source=PMSI SS#page3.tif source=PMSI SS#page4.tif source=PMSI SS#page5.tif source=PMSI SS#page6.tif source=PMSI SS#page7.tif	

L13000149255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

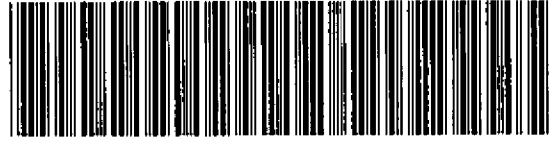
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800252102308

RECEIVED
13 OCT 22 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2013 OCT 22 PM 4: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2013
T. HAMPTON

TRADEMARK
REEL: 005523 FRAME: 0753



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 855128 4312639

AUTHORIZATION :

COST LIMIT : \$180.00

[Handwritten signature]

ORDER DATE : October 22, 2013

ORDER TIME : 2:42 PM

ORDER NO. : 855128-010

CUSTOMER NO: 4312639

DOMESTIC FILING

NAME: PMSI SETTLEMENT SOLUTIONS,
LLC

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMSI Settlement Solutions, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

John Bencivenga
(Contact Person)
PMSI Settlement Solutions, LLC
(Firm/Company)
175 Kelsey Lane
(Address)
Tampa, Florida, 33619
(City, State and Zip Code)
john.bencivenga@pmsionline.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

John Bencivenga at (813) 626-7788
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

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:

PMSI Settlement Solutions, Inc.

P93000005581

(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 12/01/2003

1/19/93

(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:

PMSI Settlement Solutions, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____

(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.)

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.

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 22 PM 4:37

FILED

Signed this 22nd day of October, 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.817.153, F.S.

Signature of Member or Authorized Representative: *Julia A. Jensen*
Printed Name: Julia A. Jensen Title: Authorized Representative

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.817.153, F.S. [See below for required signature(s).]

Signature: *Julia A. Jensen*
Printed Name: Julia A. Jensen Title: 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)
Page 2 of 2

FILED
2013 OCT 22 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PMSI Settlement Solutions, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

PMSI Settlement Solutions, LLC

175 Kelsey Lane

Tampa, Florida, 33619

Mailing Address:

PMSI Settlement Solutions, LLC

175 Kelsey Lane

Tampa, Florida, 33619

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee,

FL

32301

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

Sue G. Knight

Assistant Vice President

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 22 PM 4: 37

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

PMSI Holdings, LLC

2711 Centerville Rd, Ste 400

Wilmington, Delaware, 19808

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(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 Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Julia A. Jensen

Typed or printed name of signer

FILED
2013 OCT 22 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA