

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM345373

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Optima Healthcare Solutions, Inc.	FORMERLY Giftrap Corporation	06/16/2015	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Optima Healthcare Solutions, LLC		
Street Address:	4229 SW High Meadows Ave		
City:	Palm City		
State/Country:	FLORIDA		
Postal Code:	34990		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Serial Number:	86501009	PROVIDER CONNECT	
Serial Number:	78285711	REHAB OPTIMA	
Registration Number:	3037510	QI PROACTIVE	
Registration Number:	2899685	GIFTRAP HEALTH CARE SOLUTIONS	
CORRESPONDENCE DATA			
Fax Number:	7724088086		
<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:	561-627-8100		
Email:	ladams@haileshaw.com		
Correspondent Name:	Leslie C. Adams, Esq.		
Address Line 1:	660 US. Highway One, Third Floor		
Address Line 4:	North Palm Beach, FLORIDA 33408		
NAME OF SUBMITTER:	Leslie C. Adams		
SIGNATURE:	/LCA/		
DATE SIGNED:	06/22/2015		
Total Attachments: 13			
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V59034

(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



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FILED
11 AUG 29 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRADEMARK

REEL: 005558 FRAME: 0675

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIFTRAP CORPORATION

DOCUMENT NUMBER: V59034

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis E. Lozeau, Jr.
Name of Contact Person

Wright, Ponsoldt + Lozeau, Trial Attorneys, LLP
Firm/ Company

1002 SE Monterey Commons Blvd, Suite 100
Address

Stuart, FL 34996
City/ State and Zip Code

llozeau@wpltrialattorneys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis E. Lozeau, Jr. at (772) 286-5566
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GIFTRAP CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

V59034

(Document Number of Corporation (if known))

FILED
11 AUG 29 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

OPTIMA HEALTHCARE SOLUTIONS, INC The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8-26-11

(date of adoption is required)

Effective date if applicable: 8-26-11

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

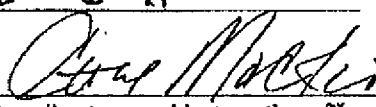
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8-26-11

Signature 

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

STEVE MACKIE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)

Detail by Entity Name

Florida Limited Liability Company

OPTIMA HEALTHCARE SOLUTIONS, LLC

Filing Information

Document Number	L15000105383
FEI/EIN Number	NONE
Date Filed	06/17/2015
Effective Date	08/20/1992
State	FL
Status	ACTIVE
Last Event	CONVERSION
Event Date Filed	06/17/2015
Event Effective Date	NONE

Principal Address

4229 SW HIGH MEADOWS AVE
PALM CITY, FL 34990-3726

Mailing Address

4229 SW HIGH MEADOWS AVE
PALM CITY, FL 34990-3726

Registered Agent Name & Address

LOZEAU, LOUIS, JR
1002 SE MONTEREY COMMONS BLVD STE 100
STUART, FL 34996

Authorized Person(s) Detail

Name & Address

Title MGR

MACKIE, STEPHAN C
4229 SW HIGH MEADOWS AVE
PALM CITY, FL 34990-3726

Title MGR

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State of Florida, Department of State

TRADEMARK

REEL: 005558 FRAME: 0680 10:13 AM

PALM CITY, FL 34990-3726

Title MGR

KATRI, MICHAEL
4229 SW HIGH MEADOWS AVE
PALM CITY, FL 34990-3726

Title MGR

KATRI, RYAN
4229 SW HIGH MEADOWS AVE
PALM CITY, FL 34990-3726

Annual Reports

No Annual Reports Filed

Document Images

No images are available for this filing.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optima Healthcare Solutions, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Louis E. Lozeau, Jr.
(Contact Person)

Wright, Ponsoldt & Lozeau, Trial Attorneys, LLP
(Firm/Company)

1002 SE Monterey Commons Blvd, Suite 100
(Address)

Stuart, FL 34996
(City, State and Zip Code)

llozeau@wpltrialattorneys.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Louis Lozeau at (772) 296-5564
(Name of Contact Person) (Area Code) (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

INHS11 (02/15)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Optima Healthcare Solutions, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4229 SW High Meadows Avenue
Palm City, FL 34990

4229 SW High Meadows Avenue
Palm City, FL 34990

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:

Louis E. Loreau, Jr.
Name

1002 SE Monterey Commons Blvd; Suite 100
Florida street address (P.O. Box **NOT** acceptable)

Stuart FL 34996
City 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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

MGR

MGR

Name and Address:

Stephen C. Mackie
4229 SW High Meadows Avenue
Palm City, FL 34990

Ronald C. Wallin
4229 SW High Meadows Avenue
Palm City, FL 34990

Michael Kohn
4229 SW High Meadows Avenue
Palm City, FL 34990

Ryan L. Lott
4229 SW High Meadows Avenue
Palm City, FL 34990

(Use attachment if necessary)

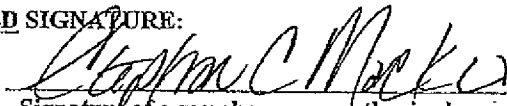
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0205 (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.)

Stephen C. Mackie

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Optima Healthcare Solutions, Inc.
(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 8/20/1992
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Optima Healthcare Solutions, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 16th day of June 2015

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Louis E. Litzman, Jr. Title: Organizer

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: Stephen C. Madala Title: President

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:

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