

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM360391

<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>
Avisena, Inc.		08/06/2015	CORPORATION: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Medusind of Miami, Inc.		
<b>Street Address:</b>	6100 Blue Lagoon Drive, Suite 450		
<b>City:</b>	Miami		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33126		
<b>Entity Type:</b>	CORPORATION: FLORIDA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3501571	COLLECT MORE, SPEND LESS, AND LIVE BETTE	
<b>Registration Number:</b>	4837432	MEDCLARITY	
<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>	305-441-0200		
<b>Email:</b>	dmrogero@dmrpa.com		
<b>Correspondent Name:</b>	David M. Rogero		
<b>Address Line 1:</b>	2625 Ponce de Leon Boulevard, Suite 280		
<b>Address Line 4:</b>	Coral Gables, FLORIDA 33134		
<b>ATTORNEY DOCKET NUMBER:</b>	3281.001		
<b>NAME OF SUBMITTER:</b>	David M. Rogero		
<b>SIGNATURE:</b>	/s/David M. Rogero/		
<b>DATE SIGNED:</b>	10/29/2015		
<b>Total Attachments: 8</b>			
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POKPOODS 3320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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FILED  
15 SEP 25 PM 2:31  
TALLAHASSEE, FLORIDA

SEP 28 2015

R. WHITE

TRADEMARK  
REEL: 005655 FRAME: 0693



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2015

JESUS BARRAQUE  
6100 BLUE LAGOON DR #450  
MIAMI, FL 33126

SUBJECT: AVISENA, INC.  
Ref. Number: P01000053320

RECEIVED SEP 23 2015

We have received your document for AVISENA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please sign the document on the signature line on page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 015A00018832

RECEIVED  
15 SEP 25 PM 4: 08

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRADEMARK  
REEL: 005655 FRAME: 0694

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AVISENA, INC.

DOCUMENT NUMBER: PO100053320

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

Please return all correspondence concerning this matter to the following:

JESUS BARRAQUE  
Name of Contact Person

AVISENA, INC.  
Firm/ Company

6100 BLUE LAGOON DRIVE # 450  
Address

MIAMI FLORIDA  
City/ State and Zip Code

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

For further information concerning this matter, please call:

JESUS BARRAQUE at ( 786 ) 6213822  
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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

AVISENA, INC.

FILED

15 SEP 25 PM 2:31

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

PO1000053320

(Document Number of Corporation (if known))

NEW YORK, N.Y.  
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:

MEDUSIND OF MIAMI, 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**)

NA

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

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

NA

(Florida street address)

New Registered Office Address:

Florida

(City)

(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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change      PT      John Doe  
 Remove      V      Mike Jones  
 Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PCEO</u>	<u>RADIGAN, JOSEPH</u>	<u>6100 BLUE LAGOON</u> <u>DR. #450 MIAMI</u> <u>FL - 33126</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CFO</u>	<u>GNISCI, FRANK J</u>	<u>6100 BLUE LAGOON</u> <u>DR. #450 MIAMI</u> <u>FL - 33126</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>DOYLE, WILLIAM</u>	<u>6100 BLUE LAGOON</u> <u>DR. #450 MIAMI</u> <u>FL - 33126</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>LANGLOSS, TIM</u>	<u>6100 BLUE LAGOON</u> <u>DR. #450 MIAMI</u> <u>FL - 33126</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>TOMAS, MIGUEL</u>	<u>6100 BLUE LAGOON</u> <u>DR. #450 MIAMI</u> <u>FL - 33126</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>ASHLEY, KEITH</u>	<u>6100 BLUE LAGOON</u> <u>DR. #450 MIAMI</u> <u>FL - 33126</u>

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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Example:

Change      PT      John Doe  
 Remove      V      Mike Jones  
 Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CDPCEI</u>	<u>BANSAL, VIPUL</u>	<u>6100 BLUE LAGOON</u> <u>DR. # 450, MIAMI</u> <u>FL - 33126</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BECK, ROBERT</u>	<u>6100 BLUE LAGOON</u> <u>DR. # 450, MIAMI</u> <u>FL - 33126</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SCFO</u>	<u>KAPADIA, DHIREN</u>	<u>6100 BLUE LAGOON</u> <u>DR. # 450, MIAMI</u> <u>FL - 33126</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>FONSECA, DESIREE</u>	<u>6100 BLUE LAGOON</u> <u>DR. # 450, MIAMI</u> <u>FL - 33126</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>LONIDIER, SUZANNE</u>	<u>6100 BLUE LAGOON</u> <u>DR. # 450, MIAMI</u> <u>FL - 33126</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>





The date of each amendment(s) adoption: 6TH AUGUST, 2015, if other than the date this document was signed.

Effective date if applicable: 6TH AUGUST, 2015  
(no more than 90 days after amendment file date)

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.

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):

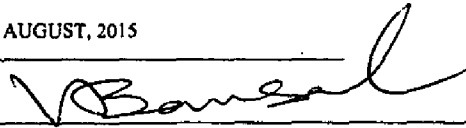
"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

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 6TH AUGUST, 2015

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)

VIPUL BANSAL

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)