

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM391680

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Qualification		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Diagnostic Centers of America		06/06/2016	Partnership: FLORIDA
RECEIVING PARTY DATA			
Name:	Diagnostic Centers of America LLP		
Street Address:	15340 Jog Road		
Internal Address:	Suite 215		
City:	DELRAY BEACH		
State/Country:	FLORIDA		
Postal Code:	33446		
Entity Type:	Limited Liability Partnership: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3809707	DCA	
CORRESPONDENCE DATA			
Fax Number:	5616508350		
<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:	561-650-8523		
Email:	ptomail@shutts.com		
Correspondent Name:	JOSEPH W. BAIN		
Address Line 1:	SHUTTS & BOWEN LLP		
Address Line 2:	Suite 1100		
Address Line 4:	West Palm Beach, FLORIDA 33401		
NAME OF SUBMITTER:	Joseph w. bain		
SIGNATURE:	/JOSEPH W. BAIN/		
DATE SIGNED:	07/18/2016		
Total Attachments: 2			
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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number: (850) 617-6383

From: Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : 120030000037
Phone : (561) 635-8500
Fax Number : (561) 650-8530

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LLP REGISTRATION

DIAGNOSTIC CENTERS OF AMERICA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN LIMITED LIABILITY PARTNERSHIP

1. The name of the partnership as identified in the records of the Florida Department of State: DIAGNOSTIC CENTERS OF AMERICA

Insert partnership's Florida registration number: GP 0800004195

or Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLP ("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: 15340 Jog Road, Suite 215 (if different from current recorded address): Delray Beach, FL 33446

4. The street address of principal office in Florida: (if different from above)

5. The name and Florida street address of the partnership's agent for service of process: Steven J. Shullman 15340 Jog Road, Suite 215 Delray Beach, Florida 33446

6. This partnership hereby elects to be a limited liability partnership.

7. Effective date, if other than the date of filing: (Effective date cannot be prior to the date of filing nor more than 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.

The execution of this statement 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

Signed this 6th day of June, 2016.

Signature of a partner or authorized person: [Handwritten Signature]

Typed or printed name of person signing above: Rikki Lober Bogardell

Table with 2 columns: Fee Type and Amount. Filing Fee: \$25.00; Certified Copy (Optional): \$52.50; Certificate of Status (Optional): \$ 8.75

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