

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM402328

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	05/31/2015		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
SUMMA BARBERTON CITIZENS HOSPITAL		05/31/2015	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	SUMMA HEALTH SYSTEM		
Street Address:	525 E. Market St		
Internal Address:	Attn: Genl Counsel		
City:	Akron		
State/Country:	OHIO		
Postal Code:	44304		
Entity Type:	Corporation: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	78675717	LABCARE PLUS	
Serial Number:	78675592	LABCARE PLUS	
CORRESPONDENCE DATA			
Fax Number:			
	<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:	2163679010		
Email:	scott.harders@fisherbroyles.com		
Correspondent Name:	W. Scott Harders		
Address Line 1:	600 Superior Ave. East		
Address Line 4:	Cleveland, OHIO 44114		
NAME OF SUBMITTER:	W. Scott Harders		
SIGNATURE:	/wsh/		
DATE SIGNED:	10/18/2016		
Total Attachments: 8			
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201514600385

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/26/2015	201514600385	MERGER/DOMESTIC (MER)	125.00	300.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

BAKER & HOSTETLER LLP
SONIA K. LOWE, PARALEGAL
65 E. STATE STREET, SUITE 2100
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

121908

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SUMMA HEALTH SYSTEM

and, that said business records show the filing and recording of:

Document(s):

MERGER/DOMESTIC

Document No(s):

201514600385

Effective Date: **05/31/2015**



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
26th day of May, A.D. 2015.

Jon Husted

Ohio Secretary of State

**TRADEMARK
REEL: 005903 FRAME: 0936**

DATE	DOCUMENT ID	DESCRIPTION	FLING	EXPED	PENALTY	CERT	COPY
05/28/2015	201514600385	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

BAKER & HOSTETLER LLP
SONIA K. LOWE, PARALEGAL
65 E. STATE STREET, SUITE 2100
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

1738188

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SUMMA BARBERTON CITIZENS HOSPITAL

and, that said business records show the filing and recording of:

Document(s):

MERGED OUT OF EXISTENCE

Document No(s):

201514600385

Effective Date: 05/31/2015

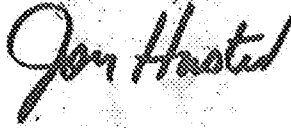


United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
26th day of May, A.D. 2015.

Handwritten signature of Jon Husted in cursive.

Ohio Secretary of State



Form 551 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) 805-FILE (877-267-3453)
Central Ohio: (614) 466-3518

www.OhioSecretaryofState.gov
business@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non-expedited)
P.O. Box 1328
Columbus, OH 43218

Expedite Filing (Two business day processing time.
Requires an additional \$189.00)

P.O. Box 1330
Columbus, OH 43218

Certificate of Merger

Filing Fee: \$125
(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

I. (Surviving) Entity

A. Name of Entity Surviving the Merger

Summa Health System

B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

1. Domestic (Ohio entity) Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number

121908

(If licensed in Ohio as domestic or foreign)

3. For-Profit Corporation

Nonprofit Corporation

For-Profit Limited Liability Company

Nonprofit Limited Liability Company

Partnership

Limited Partnership

Limited Liability Partnership

RECEIVED
SECRETARY OF STATE
2015 MAY 26 AM 8:42
CLIENT SERVICE CENTER

II. CONSTITUENT ENTITY

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

Entity Name	Ohio Charter/License/ Registration Number	Jurisdiction of Formation	Type of Entity
Summa Barberton Citizens Hospital	1738188	Ohio	Non-Profit

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Robert A. Garberry

Name

525 E. Market Street

Mailing Address

Akron

City

Ohio

State

44304

Zip Code

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on 05/31/2015 (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

VI. STATEMENT OF MERGER

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio. If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

Name

Mailing Address

City

Ohio

State

Zip Code

VIII. AMENDMENTS

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached

No Amendments

IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.88 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

Foreign Qualifying Corporation - Form 530A or B and Certificate of Good Standing

Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) - Form 552

Foreign Qualifying Limited Liability Company - Form 533B

Foreign Qualifying Limited Partnership - Form 531B

Foreign Qualifying Limited Liability Partnership - Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

Summa Health System
Name of entity
By: *Robert Kelly*
Signature
Its: Secretary
Title

Summa Barberton Citizens Hospital
Name of entity
By: *Robert Kelly*
Signature
Its: Secretary
Title

Name of entity
By:
Signature
Its:
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Summa Barberton Citizens Hospital

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 *Only required for domestic for-profit corporations	N/A	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	05/15/2015 Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	05/15/2015	The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax.	

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation:

Signature

Robert A. Gerberry

Title

Secretary

Robert A. Gerberry

Name

525 E. Market Street

Mailing Address

Akron

City

Ohio

State

44304

Zip Code

Sworn to and subscribed in my presence on

5/15/2015
Date

Seal

Jane E. Penttila
Notary Public

Commission Expires

No Exp
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Summit

Robert A. Gerberry
Name of Officer

Secretary
Title of Officer

of Summa Barberton Citizens Hospital
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Summit

Signature: *Robert A. Gerberry* Title: Secretary

Sworn to and subscribed in my presence on Date 5/16/2015

Seal

James J. Penttila
Notary Public

Expiration date of Notary Public's Commission Date NO EXP

JAMES J. PENTTILA, Attorney at Law
Notary Public, State of Ohio