

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM490392

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Associated Pathologists, LLC		07/28/2016	Limited Liability Company: TENNESSEE

RECEIVING PARTY DATA

Name:	Associated Pathologists, LLC
Street Address:	5301 Virginia Way, Suite 300
City:	Brentwood
State/Country:	TENNESSEE
Postal Code:	37027
Entity Type:	Limited Liability Company: DELAWARE

PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Registration Number:	3887463	IPATH
Registration Number:	3035153	MYRESULTS
Registration Number:	2344697	PATHGROUP THE PATHOLOGIST COMPANY
Registration Number:	2855274	PATHGROUP LABS
Registration Number:	2817294	PATHGROUP
Registration Number:	4401232	PATHGROUP MOBILE
Registration Number:	4598283	PATHGROUP SMARTGENOMICS. ADVANCED ONCOGE
Registration Number:	4676055	ONCOLOGY SERVICES. CLINICAL TO GENOMIC.
Registration Number:	4601188	PATHGROUP
Registration Number:	4782496	SMARTGENOMICS
Registration Number:	2387025	THE PATHOLOGIST COMPANY PATH GROUP
Registration Number:	4219578	PATHGROUP PHYSICIAN CENTERED. PATIENT FO

CORRESPONDENCE DATA

Fax Number:

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.

Phone: 901-579-3128

Email: wrobertson@bakerdonelson.com

Correspondent Name: Wendy Robertson

TRADEMARK

Address Line 1: 6060 Poplar Avenue
Address Line 2: Suite 440
Address Line 4: Memphis, TENNESSEE 38119

ATTORNEY DOCKET NUMBER:	2137771-25
NAME OF SUBMITTER:	Wendy Robertson
SIGNATURE:	/wrobertson/
DATE SIGNED:	09/18/2018

Total Attachments: 3
source=Associated Pathologist, LLC DE Convert#page1.tif
source=Associated Pathologist, LLC DE Convert#page2.tif
source=Associated Pathologist, LLC DE Convert#page3.tif

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A TENNESSEE LIMITED LIABILITY COMPANY UNDER THE NAME OF "ASSOCIATED PATHOLOGISTS, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2016, AT 6:02 O'CLOCK P.M.



6109834 8100F
SR# 20165130729

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202741424
Date: 07-28-16

TRADEMARK
REEL: 006460 FRAME: 0827

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

• First: The name of the limited liability company is Associated
Pathologists, LLC

• Second: The address of its registered office in the State of Delaware is 160
Greentree Dr., Ste. 101 in the City of Dover
Zip Code 19904

The name of its Registered agent at such address is _____
National Registered Agents, Inc.

• Third: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
28th day of July, 2016

By: Ben W. Davis
Authorized Person(s)

Name: Ben W. Davis, MD
Typed or Printed

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Tennessee.
- 2.) The jurisdiction immediately prior to filing this Certificate is Tennessee.
- 3.) The date the Non-Delaware Limited Liability Company first formed is 06/17/1997.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Associated Pathologists, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Associated Pathologists, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
28th day of July, A.D. 2016

By: 
Authorized Person

Name: Ben W. Davis, M.D.
Print or Type