

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM517363

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Careport Health, Inc.		12/22/2016	Corporation: NORTH CAROLINA
RECEIVING PARTY DATA			
Name:	Careport Health, LLC		
Street Address:	160 Mine Lake Ct, Ste 200		
City:	Raleigh		
State/Country:	NORTH CAROLINA		
Postal Code:	27615		
Entity Type:	Limited Liability Company: NORTH CAROLINA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4429960	CAREPORT	
CORRESPONDENCE DATA			
Fax Number:	3129774405		
<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:	3129774400		
Email:	lhargreaves@nixonpeabody.com		
Correspondent Name:	Elizabeth Baio		
Address Line 1:	70 W. Madison Street, 35th Floor		
Address Line 4:	Chicago, ILLINOIS 60602		
NAME OF SUBMITTER:	Elizabeth Baio		
SIGNATURE:	/Elizabeth W. Baio/		
DATE SIGNED:	04/04/2019		
Total Attachments: 5			
source=Careport Health LLC - NC SOS record#page1.tif			
source=Careport Health LLC - NC SOS record#page2.tif			
source=Careport Health LLC - NC SOS record#page3.tif			
source=Careport Health LLC - NC SOS record#page4.tif			
source=Careport Health LLC - NC SOS record#page5.tif			

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• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online • Add Entity to My Email Notification List • View Filings • Print a Pre-Populated Annual Report form • Print an Amended a Annual Report form

Limited Liability Company

Legal Name

Careport Health, LLC

Information

SosId: 1562586

Status: Current-Active

Annual Report Status: Current

Citizenship: Domestic

Date Formed: 12/22/2016

Registered Agent: National Registered Agents, Inc.

Addresses

Reg Office

160 Mine Lake Ct Ste 200
Raleigh, NC 27615

Reg Mailing

160 Mine Lake Ct Ste 200
Raleigh, NC 27615

Mailing

222 W. Merchandise Mart #2024
Chicago, IL 60654

Principal Office

222 W. Merchandise Mart #2024
Chicago, IL 60654

Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

Vice President

Dennis Olis
305 Church at North Hills St
Raleigh NC 27615

President

Richard Poulton
305 Church at North Hills St
Raleigh NC 27615

State of North Carolina
Department of the Secretary of State

ARTICLES OF ORGANIZATION
INCLUDING ARTICLES OF CONVERSION

Pursuant to §§ 57D-2-21, 57D-9-20 and 57D-9-22 of the General Statutes of North Carolina, the undersigned converting business entity does hereby submit these Articles of Organization Including Articles of Conversion for the purpose of forming a limited liability company pursuant to the conversion of another eligible entity.

1. The name of the limited liability company is: Careport Health, LLC
The limited liability company is being formed pursuant to a conversion of another business entity.
(See Item 1 of the Instructions for appropriate entity designation)
2. The name of the converting business entity is: Careport Health, Inc.
and the organization and internal affairs of the converting business entity are governed by the laws of the state or country of Delaware

A plan of conversion has been approved by the converting business entity as required by law.

3. The converting business entity is a (*check one*): domestic corporation; foreign corporation;
 foreign limited liability company; domestic limited partnership;
 foreign limited partnership; domestic registered limited liability partnership;
 foreign limited liability partnership; professional corporation; or other partnership as defined in G.S. 59-36, whether or not formed under the laws of North Carolina.

4. The mailing address of the converting entity prior to the conversion is:

Number and Street: 222 W. Merchandise Mart, #2024
City: Chicago State: IL Zip Code: 60654 County: Cook

If different, the mailing address of the resulting business entity is:

Number and Street: _____
City: _____ State: _____ Zip Code: _____ County: _____

5. The name and address of each person executing these articles of organization is as follows: (*State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed.*)

Allscripts Healthcare, LLC, 222 W. Merchandise Mart, #2024, Chicago, IL 60654, its Member and Organizer

6. The name of the initial registered agent is: C T Corporation System

7. The street address and county of the initial registered office of the limited liability company is:

Number and Street: 160 Mine Lake Ct., Ste. 200

City: Raleigh State: NC Zip Code: 27615-6417 County: Wake

8. The North Carolina mailing address, *if different from the street address*, of the initial registered office is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

9. Principal Office Information: *Select either a or b.*

a. The limited liability company has a principal office.

The principal office telephone number: 312.447.2495

The street address and county of the principal office of the limited liability company is:

Number and Street: 222 W. Merchandise Mart, #2024

City: Chicago State: IL Zip Code: 60654 County: Cook

The mailing address, *if different from the street address*, of the principal office of the limited liability company is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. The limited liability company does not have a principal office.

10. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.
Please see attached.

11. (Optional): Please provide a business e-mail address: _____
The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

12. These articles will be effective upon filing, unless a future date is specified: _____.

This is the 21st day of December, 2016.

Careport Health, LLC
(Optional: Business Entity Name)

Melinda D. Whittington

Signature

Allscripts Healthcare, LLC, its Member,
Type or Print Name and Title

By: Melinda D. Whittington, Manager

The below space to be used if more than one organizer or member is listed in Item #5 above.

(Optional: Business Entity Name)

Signature

Type or Print Name and Title

(Optional: Business Entity Name)

Signature

Type or Print Name and Title

(Optional: Business Entity Name)

Signature

Type or Print Name and Title

(Optional: Business Entity Name)

Signature

Type or Print Name and Title

NOTES:
1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION
(Revised January 2014)

P.O. BOX 29622
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RALEIGH, NC 27626-0622
(Form L-01A)

**CAREPORT HEALTH, LLC
ATTACHMENT TO
ARTICLES OF ORGANIZATION INCLUDING
ARTICLES OF CONVERSION**

10. Careport Health, LLC will not render any professional services under NCGS 55B. (Medical/Nursing)