TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM517883

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
QSI MANAGEMENT, LLC		03/13/2019	Limited Liability Company: CALIFORNIA

RECEIVING PARTY DATA

Name:	NXGN MANAGEMENT, LLC
Street Address:	18111 VON KARMAN AVE, SUITE 800
City:	IRVINE
State/Country:	CALIFORNIA
Postal Code:	92612
Entity Type:	Limited Liability Company: CALIFORNIA

PROPERTY NUMBERS Total: 32

Property Type	Number	Word Mark
Serial Number:	87613420	BELIEVE IN BETTER
Serial Number:	87772735	NEXTGEN
Registration Number:	4876979	BETTER RESULTS PERIOD.
Registration Number:	4598721	C.A.C.H.E.
Registration Number:	3908498	CHANCELLOR
Registration Number:	3066909	ELECTRONIC EOB
Registration Number:	3889539	ENTRADA
Registration Number:	2663616	HEALTHFUSION
Registration Number:	3706627	HEALTHFUSION
Registration Number:	2563711	INTRANEXUS
Registration Number:	3782450	MEDITOUCH
Registration Number:	3821412	MEDITOUCH EHR
Registration Number:	3647229	MIRTH
Registration Number:	4876939	MIRTH
Registration Number:	4567634	MIRTH
Registration Number:	5014354	MIRTH OPENPD
Registration Number:	4212719	NEXTGEN
Registration Number:	3089524	NEXTGEN
Registration Number:	4928360	NEXTGEN CARE
	•	TRADEMARK

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Property Type	Number	Word Mark
Registration Number:	5023449	NEXTGEN GO
Registration Number:	2491438	NEXTMD
Registration Number:	4657562	NEXTPEN
Registration Number:	4370762	QSI
Registration Number:	4330846	QSIDENTAL
Registration Number:	4443174	QSIDENTAL WEB
Registration Number:	3698768	VIATRACK
Registration Number:	3987406	YOURHEALTHFILE
Serial Number:	88094738	NEXTGEN
Serial Number:	86699627	NEXTGEN
Serial Number:	87380185	NEXTGEN
Serial Number:	85737392	NEXTGEN HEALTHCARE
Serial Number:	87743315	NEXTGEN HEALTHCARE

CORRESPONDENCE DATA

Fax Number: 6098961469

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: 609-896-3600

Email: IPDocket@foxrothschild.com
Correspondent Name: FOX ROTHSCHILD LLP

Address Line 1: 997 Lenox Drive

Address Line 4: Lawrenceville, NEW JERSEY 08648-2311

ATTORNEY DOCKET NUMBER:	114380.00001
NAME OF SUBMITTER:	Michael J. Leonard
SIGNATURE:	/MJL/
DATE SIGNED:	04/08/2019

Total Attachments: 2

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Secretary of State Amendment to Articles of Organization of a Limited Liability Company (LLC)

LLC-2

IMPORTANT - Read instructions before completing this form. Filing Fee - \$30.00

FILED PS1

Copy Fees — First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00	Secretary of State State of California
Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at	MAR 1 3 2019 CK
bizfile, sos.¢a.gov.	Above Space For Office Use Only
1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)	
QSI Management, LLC	
2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number is:	sued by the California Secretary of State.)
2 0 1 1 2 8 4 1 0 2 7 9	
 New LLC Name (if Amending) (See Instructions – List the proposed LLC name exa Secretary of State. The name must contain an LLC included.) 	city as it is to appear on the records of the California identifier such as LLC or L.L.C. "LLC" will be added, if not
NXGN Management, LLC	
4. Management (If Amending) (Select only one box)	· · · · · ·
The LLC will be managed by:	
One Manager More than One Manager	☐ All LLC Member(s)
5. Purpose Statement (Do not alter Purpose Statement.)	
The purpose of the limited liability company is to engage in any lawful act of may be organized under the California Revised Uniform Limited Liability Comp	
6. Additional Amendment(s) set forth on attached pages, if any, are incorpo Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as	
Signature	
By signing, I certify that the information is true and correct and that I am autho	rized by California law to sign,
**************************************	Arnold, Jr.,-Chief Financial Officer of Healthcare, Inc., its Manager
	r name here

LLC-2 (REV 12/2018)

2018 California Secretary of State bizfile,sos.ca.gov

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I hereby certify that the foregoing transcript of page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office,

MAR 1 3 2019 CA

Date:

Ole ZOOL
ALEX PADILLA, Secretary of State

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RECORDED: 04/08/2019