

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM520950

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER AND CHANGE OF NAME
EFFECTIVE DATE:	12/31/2018

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
e-MDs, Inc.		12/12/2018	Corporation: TEXAS

NEWLY MERGED ENTITY DATA

Name	Execution Date	Entity Type
eMDs, Inc.	12/12/2018	Corporation: TEXAS

MERGED ENTITY'S NEW NAME (RECEIVING PARTY)

Name:	eMDS, Inc.
Street Address:	211 E. 7th Street, Suite 620
City:	Austin
State/Country:	TEXAS
Postal Code:	78701
Entity Type:	Corporation: TEXAS

PROPERTY NUMBERS Total: 9

Property Type	Number	Word Mark
Registration Number:	3650970	E-MDS DOCMAN
Registration Number:	3443188	SOLUTION SERIES
Registration Number:	3625703	E-MDS ROUNDS
Registration Number:	3668174	E-MDS
Registration Number:	3684865	E-MDS
Registration Number:	3552634	CHARTING THE FUTURE OF HEALTHCARE
Registration Number:	3487308	TASKMAN
Registration Number:	3715725	MEDICAPAEDIA
Registration Number:	2569571	E-MDS

CORRESPONDENCE DATA

Fax Number: 3105527031

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: 310-551-8755

CH \$240.00 3650970

Email: pto-cc@gibsondunn.com
Correspondent Name: Mandy Robertson-Bora
Address Line 1: 2029 Century Park East, 40th Floor
Address Line 2: Gibson, Dunn & Crutcher LLP
Address Line 4: Los Angeles, CALIFORNIA 90067-3026

ATTORNEY DOCKET NUMBER: 64686-00034

NAME OF SUBMITTER: Mandy Robertson-Bora

SIGNATURE: /mandy robertson-bora/

DATE SIGNED: 04/26/2019

Total Attachments: 4
source=Merger#page1.tif
source=Merger#page2.tif
source=Merger#page3.tif
source=Merger#page4.tif

Form 622
(Revised 12/15)
Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: see instructions



This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
DEC 20 2018
Corporations Section

**Certificate of Merger
Combination Merger
Business Organizations Code**

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation or organization, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

Party 1

e-MDs, Inc.

Name of Organization

The organization is a for-profit corporation It is organized under the laws of
Specify organizational form (e.g., for-profit corporation)

TX USA The file number, if any, is 0141933800
State Country Texas Secretary of State file number

Its principal place of business is 211 E. 7th Street, Suite 620 Austin TX
Address City State

The organization will survive the merger. The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

eMDs, Inc.

Name as Amended

Party 2

MDeverywhere, Inc.

Name of Organization

The organization is a for-profit corporation It is organized under the laws of
Specify organizational form (e.g., for-profit corporation)

DE USA The file number, if any, is _____
State Country Texas Secretary of State file number

Its principal place of business is 211 E. 7th Street, Suite 620 Austin TX
Address City State

The organization will survive the merger. The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Party 3

Name of Organization

The organization is a _____ It is organized under the laws of _____
Specify organizational form (e.g., for-profit corporation)

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DEC 20 2018
Secretary of State

The file number, if any, is _____

State _____ Country _____

Texas Secretary of State file number _____

Its principal place of business is _____

Address _____

City _____

State _____

The organization will survive the merger. The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Plan of Merger

The plan of merger is attached.

If the plan of merger is not attached, the following statements must be completed.

Alternative Statements

Instead of providing the plan of merger, each domestic filing entity certifies that:

1. A plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization that is named in this form as a party to the merger or an organization created by the merger.

2. On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger and, if the certificate of merger identifies multiple surviving domestic entities or non-code organizations, to any creditor or obligee of the parties to the merger at the time of the merger if a liability or obligation is then outstanding.

Item 3A is the default selection. If the merger effected an amendment to, a restatement of, or an amendment and restatement of the certificate of formation of a surviving filing entity, you must select and complete one of the options shown below. Options 3B and 3C require the submission of the described attachment.

3A. No amendments to the certificate of formation of any surviving filing entity that is a party to the merger are effected by the merger.

3B. No amendments to the certificate of formation of any filing entity are being effected by the merger or by the restated certificate of formation of the surviving filing entity named in the attached restated certificate of formation.

3C. The plan of merger effected an amendment and restatement of the certificate of formation of a surviving filing entity. The amendments being made and the name of the surviving entity restating its certificate of formation are set forth in the attached restated certificate of formation containing amendments.

3D. The plan of merger effected amendments or changes to the following surviving filing entity's certificate of formation.

Name of filing entity effecting amendments

The changes or amendments to the filing entity's certificate of formation, other than the name change noted previously, are stated below.

Text Area

[Empty rectangular box for text entry]

Tax Certificate

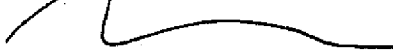
- Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.
- Instead of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument.

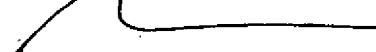
Date: 12/12/2018

e-MDS, Inc.
Merging Entity Name


Signature of authorized person (see instructions)

Nick Lukens
Printed or typed name of authorized person

MDeverywhere, Inc.
Merging Entity Name


Signature of authorized person (see instructions)

Nick Lukens
Printed or typed name of authorized person

Merging Entity Name

Signature of authorized person (see instructions)

Printed or typed name of authorized person