

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM583491

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Leon Medical Centers, Inc.		02/03/2020	Corporation: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Leon Medical Centers, LLC		
<b>Street Address:</b>	8600 NW 41st Street		
<b>City:</b>	Doral		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33166		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 31</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	76613623	LEON CARES	
<b>Serial Number:</b>	77706068	LEON MEDICAL CENTERS HEALTH PLANS	
<b>Serial Number:</b>	77706072	LEON MEDICAL CENTERS	
<b>Serial Number:</b>	77705616		
<b>Serial Number:</b>	77705670	LEON MEDICAL CENTERS	
<b>Serial Number:</b>	77705678	ATENCION PERSONAL EN TODO MOMENTO	
<b>Serial Number:</b>	77734726	SOMOS SALUD Y SERVICIO PARA NUESTROS PAC	
<b>Serial Number:</b>	77734722	DE NUESTRA FAMILIA PARA LA SUYA	
<b>Serial Number:</b>	85662538	LEON HEALTHY LIVING CENTERS "CALIDAD DE	
<b>Serial Number:</b>	85761910	LEON MEDICAL NETWORK	
<b>Serial Number:</b>	87094517	LEON HEALTH	
<b>Serial Number:</b>	87094523	LEON HEALTH GROUP	
<b>Serial Number:</b>	87580304	LEON HOME MEDICAL	
<b>Serial Number:</b>	87580321	LEON HOME MEDICAL	
<b>Serial Number:</b>	87580291	LEON HOME HEALTH	
<b>Serial Number:</b>	87580333	LEON @ HOME	
<b>Serial Number:</b>	87580343	LEON @ HOME	
<b>Serial Number:</b>	88680127	LEON HEALTHY LIVING CENTERS	
<b>Serial Number:</b>	88680162	LEON HEALTHY LIVING CENTERS	

OP \$790.00 76613623

Property Type	Number	Word Mark
Serial Number:	88680165	LEON HEALTH PLANS
Serial Number:	88680175	LEON HEALTH PLANS
Serial Number:	88680184	LEON HEALTH PLANS
Serial Number:	88680190	LEON HEALTH CENTERS
Serial Number:	88680195	LEON HEALTH CENTERS
Serial Number:	88680205	LEON HEALTH CENTERS
Serial Number:	88680216	LEON NEIGHBORHOOD HEALTH CENTERS
Serial Number:	88680233	LEON NEIGHBORHOOD HEALTH CENTERS
Serial Number:	88680251	LEON NEIGHBORHOOD HEALTH CENTERS
Serial Number:	88680270	LEON HEALTH SYSTEMS
Serial Number:	88680281	LEON HEALTH SYSTEMS
Serial Number:	88680288	LEON HEALTH SYSTEMS

**CORRESPONDENCE DATA**

**Fax Number:** 3054466191

*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:** 3054487089

**Email:** teas@lottfischer.com

**Correspondent Name:** Noah H. Rashkind

**Address Line 1:** P.O. Box 141098

**Address Line 4:** Coral Gables, FLORIDA 33114-1098

**ATTORNEY DOCKET NUMBER:** 12095.8000

**NAME OF SUBMITTER:** Noah H. Rashkind

**SIGNATURE:** /Noah H. Rashkind/

**DATE SIGNED:** 06/29/2020

**Total Attachments: 7**

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

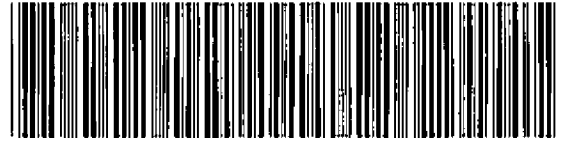
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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N CULLIGAN

FEB 4 2020

TRADEMARK

REEL: 006981 FRAME: 0465

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 2/3/2020

Acc#I20160000072

*eric DW*

Name:	LEON MEDICAL CENTERS
Document #:	
Order #:	12639059 - 56

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 180.00

Thank you!

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Leon Medical Centers, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Briana O'Neill  
(Contact Person)

Polsinelli PC  
(Firm/Company)

2950 N. Harwood St., Suite 2100  
(Address)

Dallas, TX 75201  
(City, State and Zip Code)

Carlos.Junco@leonmedicalcenters.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Briana O'Neill at ( 214 ) 661-5573  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

\$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

155.00 Filing Fees  
And Certificate of  
Status

\$180.00 Filing Fees  
And Certified Copy

\$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Leon Medical Centers, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on July 23, 1986  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Leon Medical Centers, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: February 4, 2020

**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 2nd day of February 2020.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Carlos F. Junco Title: Authorized Representative

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: Carlos F. Junco Title: Secretary

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Leon Medical Centers, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

8600 NW 41st Street

Doral, FL 33166

### Mailing Address:

8600 NW 41st Street

Doral, FL 33166

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carlos F. Junco

Name

8600 NW 41st Street

Florida street address (P.O. Box NOT acceptable)

Doral

FL

33166

City

Zip

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TALLAHASSEE, FL

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Benjamin Leon Jr.

8600 NW 41st Street

Doral, FL 33166

MGR

Benjamin Leon, III

8600 NW 41st Street

Doral, FL 33166

MGR

Albert R Maury

8600 NW 41st Street

Doral, FL 33166

(Use attachment if necessary)

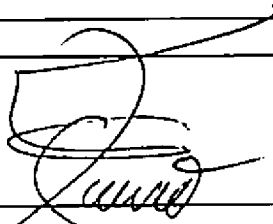
**ARTICLE V:** Other provisions, if any.

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TALLAHASSEE, FL

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**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carlos F. Junco

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)      \$ 5.00 Certificate of Status (Optional)**