

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM625106

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	MERGER AND CHANGE OF NAME		
<b>EFFECTIVE DATE:</b>	12/31/2020		
<b>RESUBMIT DOCUMENT ID:</b>	900589450		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Optima Healthcare Solutions, LLC		12/31/2020	Limited Liability Company: FLORIDA
<b>NEWLY MERGED ENTITY DATA</b>			
<b>Name</b>	<b>Execution Date</b>	<b>Entity Type</b>	
Net Health Systems, Inc.	12/31/2020	Corporation: PENNSYLVANIA	
<b>MERGED ENTITY'S NEW NAME (RECEIVING PARTY)</b>			
<b>Name:</b>	Net Health Systems, Inc.		
<b>Street Address:</b>	40 24th Street		
<b>City:</b>	Pittsburgh		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	15222		
<b>Entity Type:</b>	Corporation: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 11</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5360435	OPTIMAEDU	
<b>Registration Number:</b>	5052870	OPTIMACEU	
<b>Registration Number:</b>	5193852	REHABOPTIMA5	
<b>Registration Number:</b>	5193821	REHAB OPTIMA 5	
<b>Registration Number:</b>	4927285	OPTIMACEU	
<b>Registration Number:</b>	5360401	OPTIMAEDU	
<b>Registration Number:</b>	5193816	REHABOPTIMA	
<b>Registration Number:</b>	5193814	REHAB OPTIMA	
<b>Registration Number:</b>	2914548	REHAB OPTIMA	
<b>Registration Number:</b>	4630210	PT PUB NIGHT	
<b>Registration Number:</b>	2899685	GIFTRAP HEALTH CARE SOLUTIONS	
<b>CORRESPONDENCE DATA</b>			
<b>TRADEMARK</b>			

**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:** 2136207848  
**Email:** iprecordations@whitecase.com  
**Correspondent Name:** Justine Lu/White & Case LLP  
**Address Line 1:** 555 South Flower Street, 2700  
**Address Line 4:** Los Angeles, CALIFORNIA 90071

<b>ATTORNEY DOCKET NUMBER:</b>	1182886-0045-S216
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<b>NAME OF SUBMITTER:</b>	Justine Lu
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<b>SIGNATURE:</b>	/Justine Lu/
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<b>DATE SIGNED:</b>	02/08/2021
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**Total Attachments: 12**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2020

CT CORP

Re: Document Number F12000002011

The Articles of Merger for NET HEALTH SYSTEMS, INC., the surviving Pennsylvania entity were filed on December 18, 2020, effective December 31, 2020.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please feel free to telephone (850) 245-6050, the Amendment Section.

Yasemin Y Sulker  
Regulatory Specialist III  
Division of Corporations

Letter Number: 020A00026108

Account number: I20160000072

Amount charged: 68.85

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Merger, filed on December 18, 2020, effective December 31, 2020, for NET HEALTH SYSTEMS, INC., the surviving Pennsylvania entity, as shown by the records of this office.

The document number of this corporation is F12000002011.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-eighth day of December, 2020



CR2E022 (01-11)

*Laurel M. Lee*

Laurel M. Lee

Secretary of State

TRADEMARK

REEL: 007180 FRAME: 0751

## ARTICLES OF MERGER

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

**FIRST:** The name and jurisdiction of the surviving entity:

<u>Name</u>	<u>Jurisdiction</u>	<u>Entity Type</u>	<u>Document Number</u> (If known/ applicable)
Net Health Systems, Inc.	Pennsylvania	Corp.	F12000002011

**SECOND:** The name and jurisdiction of each merging eligible entity:

<u>Name</u>	<u>Jurisdiction</u>	<u>Entity Type</u>	<u>Document Number</u> (If known/ applicable)
Optima Healthcare Solutions, LLC	Florida	LLC	L15000105383

**THIRD:** The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

**FOURTH:** Please check one of the boxes that apply to surviving entity:

- ☐ This entity exists before the merger and is a domestic filing entity.
- ☐ This entity exists before the merger and is not authorized to transact business in Florida.
- ☐ This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
- ☐ This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
- ☐ This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
- ☐ This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
- ☐ This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.

**FIFTH:** Please check one of the boxes that apply to domestic corporations:

- ☐ The plan of merger was approved by the shareholders and each separate voting group as required.
- ☒ The plan of merger did not require approval by the shareholders.

**SIXTH:** Please check box below if applicable to foreign corporations

- ☒ The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.

**SEVENTH:** Please check box below if applicable to domestic or foreign non corporation(s).

- ☒ Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

FILED  
2000 DEC 16 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EIGHTH:** If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

December 31, 2020

**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.

**NINTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Net Health Systems, Inc.	<i>Patrick Rooney</i>	Patrick Rooney
Optima Healthcare Solutions, LLC	<i>Patrick Rooney</i>	Patrick Rooney

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O.BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.PA.GOV

CT Corporation System  
COUNTER

NET HEALTH SYSTEMS, INC.


The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at [www.dos.pa.gov/BusinessCharities](http://www.dos.pa.gov/BusinessCharities) Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at [www.corporations.pa.gov/Search/CorpSearch](http://www.corporations.pa.gov/Search/CorpSearch) .

Entity number : 2448869



PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: <b>CT - COUNTER</b> 13400816503 Address: <b>nicole.grimme@wolterskluwer.com</b> City: _____ State: _____ Zip Code: _____ <input checked="" type="checkbox"/> Return document by email to: _____		Statement of Merger DSCB:15 335 12/11/2015  TCO201221MC0580
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Read all instructions pri

Fee: \$70 plus \$40 for *each* association that is a party to the merger  
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Net Health Systems, Inc.
2. The jurisdiction of formation of the surviving association: Pennsylvania
3. The type of association of the surviving association is (check only one):

- ☒ Business Corporation
- ☐ Nonprofit Corporation
- ☐ Limited Liability Company
- ☐ Limited Partnership
- ☐ Limited Liability (General) Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Business Trust
- ☐ Professional Association
- ☐ Other

PA DEPT OF STATE

DEC 21 2020

## 4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- ☒ Domestic (Pennsylvania) filing entity already in existence on Department of State records  
*If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.*
- ☐ NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)  
*Attach to this Statement the public organic record of the new entity.*
- ☐ Foreign filing association or foreign limited liability partnership already registered with the Department.  
*If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.*
- ☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State  
*Attach to this Statement a completed form DSCB:15 412 (Foreign Registration Statement) with applicable fee and attachments.*

Its current registered office address. Complete part (a) OR (b) not both:

(a) \_\_\_\_\_  
Number and street City State Zip County

(b) c/o: COGENCY GLOBAL INC. Dauphin  
Name of Commercial Registered Office Provider County

- ☐ NEW domestic (Pennsylvania) limited liability partnership or electing partnership  
*Attach completed DSCB:15 8201 (Statement of Registration) or DSCB:15 8701A (Statement of Election)*
- ☐ Domestic association that is not a domestic filing association  
*Attach to this Statement tax clearance certificates.*

The address, including street and number, if any, of its principal office:

\_\_\_\_\_  
Number and street City State Zip County

- ☐ Foreign association that is not, and will not, be registered with the Department of State  
*Attach to this Statement tax clearance certificates.*

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

\_\_\_\_\_  
Number and street City State Zip



**C. Effective date of statement of merger (check, and if appropriate complete, one of the following):**

☐ This Statement of Merger shall be effective upon filing in the Department of State.

☒ This Statement of Merger shall be effective on: December 31, 2020 at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

**D. Approval of merger by merging associations (check all applicable statement(s)):**

☒ For domestic entities The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).

☒ For foreign associations The merger was approved in accordance with the laws of the jurisdiction of formation.

☐ For domestic associations that are not domestic entities The merger was approved by the interest holders of the merging association in the manner required by its organic law.

**E. Attachments (see Instructions for required and optional attachments).**

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 16th day of December, 20 20 20

Optima Healthcare Solutions, LLC

Name of Merging Association

Patrick Rooney

Signature

Chief Financial Officer/Treasurer

Title

Net Health Systems, Inc.

Name of Merging Association

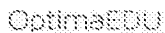
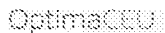


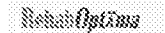
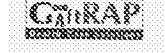
Patrick Rooney

Signature

Chief Financial Officer/Treasurer

Title

## TRADEMARKS

Registration or Application Number	Jurisdiction	Title	Registration Date/ Filing Date	Current Applicants / Registered Owners
5360435	USPTO		Registration: 12/19/2017  Filing: 10/01/2015	Optima Healthcare Solutions, LLC
5052870	USPTO		Registration: 10/04/2016  Filing: 10/01/2015	Optima Healthcare Solutions, LLC
5193852	USPTO		Registration: 05/02/2017  Filing: 10/01/2015	Optima Healthcare Solutions, LLC
5193821	USPTO	REHAB OPTIMA 5	Registration: 05/02/2017  Filing: 08/20/2015	Optima Healthcare Solutions, LLC
4927285	USPTO	OPTIMACEU	Registration: 03/29/2016  Filing: 08/20/2015	Optima Healthcare Solutions, LLC
5360401	USPTO	OPTIMAEDU	Registration: 12/19/2017  Filing: 08/20/2015	Optima Healthcare Solutions, LLC
5193816	USPTO		Registration: 05/02/2017  Filing: 08/18/2015	Optima Healthcare Solutions, LLC
5193814	USPTO	REHAB OPTIMA	Registration: 05/02/2017  Filing: 08/17/2015	Optima Healthcare Solutions, LLC
2914548	USPTO		Registration: 12/28/2004  Filing: 08/11/2003	Optima Healthcare Solutions, LLC
2899685	USPTO		Registration: 11/02/2004  Filing: 07/03/2003	Optima Healthcare Solutions, LLC
4630210	USPTO	PT Pub Night	Registration: 10/28/2014	Optima Healthcare Solutions, LLC

Registration or Application Number	Jurisdiction	Title	Registration Date/ Filing Date	Current Applicants / Registered Owners
			Filing: 05/19/2014	