

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM646623

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>RESUBMIT DOCUMENT ID:</b>	900612517		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Diversified Clinical Services, Inc.		12/26/2019	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Diversified Clinical Services, LLC		
<b>Street Address:</b>	5220 Belford Road		
<b>Internal Address:</b>	Suite 130		
<b>City:</b>	Jacksonville		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32256		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4057019	WOUND CARE MATTERS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2123108007		
<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>			
<b>Phone:</b>	2123108000		
<b>Email:</b>	juan.arias@weil.com		
<b>Correspondent Name:</b>	Kaitlin Bond		
<b>Address Line 1:</b>	Weil, Gotshal & Manges LLP		
<b>Address Line 2:</b>	767 Fifth Avenue		
<b>Address Line 4:</b>	New York, NEW YORK 10153		
<b>NAME OF SUBMITTER:</b>	Kaitlin Bond		
<b>SIGNATURE:</b>	/Kaitlin Bond/		
<b>DATE SIGNED:</b>	05/13/2021		
<b>Total Attachments: 4</b>			
source=Healogics - Certificate of Conversion (Diversified Clinical Services LLC)#page1.tif			
source=Healogics - Certificate of Conversion (Diversified Clinical Services LLC)#page2.tif			

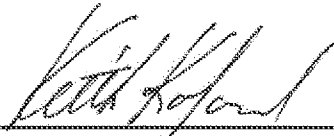
source=Healogics - Certificate of Conversion (Diversified Clinical Services LLC)#page3.tif  
source=Healogics - Certificate of Conversion (Diversified Clinical Services LLC)#page4.tif

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

1. The jurisdiction where the Corporation first formed is Delaware .
2. The jurisdiction immediately prior to filing this Certificate is Delaware.
3. The date the corporation first formed is February 6, 1995.
4. The name of the Corporation immediately prior to filing this Certificate is Diversified Clinical Services, Inc.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is Diversified Clinical Services, LLC
6. The conversion of Diversified Clinical Services, Inc., a Delaware corporation, into Diversified Clinical Services, LLC, a Delaware limited liability company, shall be effective at 11:57 p.m. on the 31<sup>st</sup> day of December, 2019.

**[SIGNATURE PAGE FOLLOWS]**

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 26th  
day of December, A.D. 2019.

By:   
Name: Keith Koford  
Title: General Counsel and Corporate  
Secretary

**STATE of DELAWARE**  
**LIMITED LIABILITY COMPANY**  
**CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is Diversified Clinical Services, LLC
- **Second:** The address of its registered office in the State of Delaware is 251 Little Falls Drive in the City of Wilmington.  
Zip Code 19808.

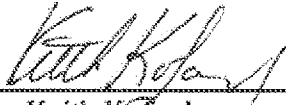
The name of its Registered agent at such address is Corporation Service Company.

- **Third:** (Insert any other matters the members determine to include herein.)

The conversion of Diversified Clinical Services, Inc., a Delaware corporation, into Diversified Clinical Services, LLC, a Delaware limited liability company, shall be effective at 11:57 p.m. on the 31st day of December, 2019.

**[SIGNATURE PAGE FOLLOWS]**

In Witness Whereof, the undersigned have executed this Certificate of Formation  
this 26th day of December, 20 19.

By:   
Name: Keith Koford  
Title: General Counsel and Corporate  
Secretary