

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM807745

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>SEQUENCE:</b>	2		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Good Physical Therapy, Inc.		10/20/2021	Corporation: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	H2 Rehabilitation Services of Pennsylvania, LLC		
<b>Street Address:</b>	600 High Blvd.		
<b>Internal Address:</b>	PO Box 676		
<b>City:</b>	Kenhorst		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	19607		
<b>Entity Type:</b>	Limited Liability Company: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6304244	GOOD PHYSICAL THERAPY HELPING YOU REACH	
<b>Registration Number:</b>	6312044	GOOD CENTER OF BALANCE HELPING YOU REACH	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5616596313		
<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>	561-653-5000		
<b>Email:</b>	ip@akerman.com		
<b>Correspondent Name:</b>	Peter A. Chiabotti, Akerman LLP		
<b>Address Line 1:</b>	777 S. Flagler Drive		
<b>Address Line 2:</b>	Suite 1100, West Tower		
<b>Address Line 4:</b>	West Palm Beach, FLORIDA 33401		
<b>NAME OF SUBMITTER:</b>	Peter A. Chiabotti		
<b>SIGNATURE:</b>	/Peter A. Chiabotti/		
<b>DATE SIGNED:</b>	05/03/2023		
<b>Total Attachments: 5</b>			
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PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:

**PENNCORP**  
**SERVICEGROUP**

Name \_\_\_\_\_

**COUNTER PICK UP**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code **14703**

Return document by email to: \_\_\_\_\_

Statement of Conversion  
DSCB:15-355  
(7/1/2015)



TCO211020DP0829

Read all instructions prior

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

**A. For the converting association:**

1. The name of the converting association is: GOOD PHYSICAL THERAPY, INC.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

08/02/1991  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988  
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

2021 OCT 20 AM 5:43

PA DEPT OF STATE

TRADEMARK  
REEL: 008058 FRAME: 0540

Certificate Verification No.: 014092827 Date: 04/26/2023



4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p><b>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</b></p> <p>(a) _____          Number and street City State Zip County</p> <p>(b) c/o: <u>Cogency Global Inc.</u> _____          Name of Commercial Registered Office Provider Dauphin County</p>
<input type="checkbox"/>	<p><b>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p><b>If the converted association is a nonregistered foreign association, complete both (1) and (2).</b></p> <p>(1) 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 address:</p> <p>_____</p> <p>Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> <p>Name of Registered Agent</p> <p>_____</p> <p>Number and street City State Zip</p>

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

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
 Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

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

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 19th day of October, 2021.


GOOD PHYSICAL THERAPY, INC.  
Name of Converting Association

✓ Timothy Hughes  
Signature

\_\_\_\_\_  
Authorized Representative  
Title

Certificate Verification No.: 014092827 Date: 04/26/2023

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>	Certificate of Organization Domestic Limited Liability Company DSCB: 15-8821 (rev. 2/2017)   8821
<input type="checkbox"/> Return document by email to: _____	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125       I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: H2 REHABILITATION SERVICES OF PENNSYLVANIA, LLC  
*(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)*

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:  
*(post office box alone is not acceptable)*

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: COGENCY GLOBAL INC. Dauphin

Name of Commercial Registered Office Provider	County
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3. The name of each organizer is *(all organizers must sign on page 2)*:

Timothy Hughes

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.

The Certificate of Organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

Certificate Verification No.: 014092827 Date: 04/26/2023

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

This limited liability company shall have the purpose of creating general public benefit.

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

19 day of October, 20 21.

✓ *Timothy Hughes*

Signature

Signature

Signature

**TRADEMARK**

**REEL: 008058 FRAME: 0544**

**RECORDED: 05/03/2023**

Certificate Verification No.: 014092827 Date: 04/26/2023