

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Change of General Partner of Provider Meds, L.P., from Provider Meds Management, LLC, to Provider Technologies, Inc. Filed is copy of Certificate of filing issued by the Texas Secretary of State, and Certificate of Amendment filed		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Provider Meds, L.P.		12/21/2009	LIMITED PARTNERSHIP: TEXAS
RECEIVING PARTY DATA			
Name:	Provider Meds, L.P.		
Composed Of:	COMPOSED OF its general partner, Provider Technologies, Inc., A Texas corporation		
Street Address:	P.O. Box 190		
City:	Forney		
State/Country:	TEXAS		
Postal Code:	75126		
Entity Type:	LIMITED PARTNERSHIP: TEXAS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3726808	ONSITERX	
CORRESPONDENCE DATA			
Fax Number:	(817)878-0501		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	817.878.0500		
Email:	tgwynne@whitakerchalk.com		
Correspondent Name:	Clark R. Cowley		
Address Line 1:	301 Commerce Street		
Address Line 2:	Suite 3500		
Address Line 4:	Fort Worth, TEXAS 76102		
ATTORNEY DOCKET NUMBER:	2385.01		
NAME OF SUBMITTER:	Clark R. Cowley		

OP \$40.00 3726808

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TRADEMARK
REEL: 004121 FRAME: 0181

Signature:	/clarkrcowley2385.01/
Date:	12/28/2009
Total Attachments: 5 source=_1228141408_001#page1.tif source=_1228141346_001#page1.tif source=_1228141346_001#page2.tif source=_1228141346_001#page3.tif source=_1228141346_001#page4.tif	

COVER SHEET PURSUANT TO
37 C.F.R. 3.31

1. Name of party conveying interest:

Provider Meds, L.P., a Texas limited partnership

2. Name and address of party receiving interest:

**Provider Meds, L.P., a limited partnership
having Provider Technologies, Inc., as its General Partner
P.O. Box 190
Forney, Texas 75126**

3. Description of the interest conveyed or transaction to be recorded:

Change of General Partner of Provider Meds, L.P., from Provider Meds Management, LLC, to Provider Technologies, Inc. Filed is copy of Certificate of filing issued by the Texas Secretary of State, and Certificate of Amendment filed with the Texas Secretary of State.

4. Each application number and registration number against which the document is to be recorded:

<u>Trademark Registration/Application No.</u>	<u>Mark</u>
U.S. Reg'n No. 3,726,808	ONSITERX

5. Name and address of the party to whom correspondence concerning the request to record the document should be mailed:

**Clark R. Cowley, Esq.
301 Commerce Street, Suite 3500
Fort Worth, Texas 76102**

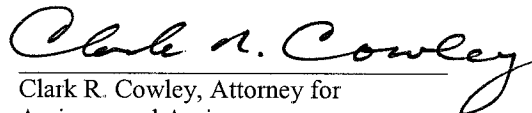
6. Number of applications or registrations identified in the cover sheet and the total fee:

1 - \$40.00 Charge Deposit Account 50-2555

7. Date the document was executed: **December 21, 2009**

8. No assignee is domiciled outside of the United States.

9. The undersigned party submitting the attached document(s) hereby states that to the best of his knowledge and belief, the information contained on the cover sheet is true and correct and any copy submitted is a true copy of the original document.


Clark R. Cowley, Attorney for
Assignor and Assignee

@PFDesktop\::ODMA/PCDOCS/DMS/7713/1

**TRADEMARK
REEL: 004121 FRAME: 0183**



Office of the Secretary of State

CERTIFICATE OF FILING OF

Provider Meds, LP
800808887

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 12/22/2009

Effective: 12/22/2009



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

**Form 424
(Revised 01/06)**

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



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
DEC 22 2009
Corporations Section

Entity Information

The name of the filing entity is:

Provider Meds LP

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|--|---|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 800808887

The date of formation of the entity is: 04/30/2007

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

Reef	R	Gillum	
<small>First Name</small>	<small>M.I.</small>	<small>Last Name</small>	<small>Suffix</small>

C. The business address of the registered agent and the registered office address is:

330 Kings Court	Forney	TX	75126
<small>Street Address (No P.O. Box)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

The name and address of the sole General Partner is:
Provider Technologies, Inc.
P O Box 190
Forney, TX 75126

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

Delete each of the provisions identified below from the certificate of formation.

The name and address of the sole General Partner is:
Provider Meds Management, LLC
605 Highway 80 E, Suite D
Sunnyvale, TX 75182

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.


Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 12/21/09



Signature and title of authorized person(s) (see instructions)