

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
	Name	Formerly	Execution Date
	Summa Health System Hospitals		12/23/2009
			Entity Type
			non profit corporation: OHIO
RECEIVING PARTY DATA			
Name:	Summa Akron City and St. Thomas Hospitals		
Street Address:	525 E. Market Street		
City:	Akron		
State/Country:	OHIO		
Postal Code:	44309		
Entity Type:	non profit corporation: OHIO		
PROPERTY NUMBERS Total: 2			
	Property Type	Number	Word Mark
	Registration Number:	2662682	SUMMA HEALTH SYSTEM
	Registration Number:	2707739	
CORRESPONDENCE DATA			
Fax Number:	3309968830		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	330-996-0306		
Email:	bayerc@summahealth.org		
Correspondent Name:	Cynthia P. Bayer		
Address Line 1:	525 E. Market Street		
Address Line 4:	Akron, OHIO 44309		
NAME OF SUBMITTER:	Cynthia Bayer		
Signature:	/cynthia bayer/		
Date:	10/31/2012		
Total Attachments: 3 source=Amended Articles#page1.tif source=Amended Articles#page2.tif source=Amended Articles#page3.tif			

OP \$65.00 2662682



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/31/2009	200936400368	DOMESTIC/AMENDED RESTATED ARTICLES (AMA)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

BRENDA HOLLAND
 SUMMA CENTER- LEGAL SERVICES
 168 EAST MARKET STREET
 AKRON, OH 44308

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

121908

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS
 and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/AMENDED RESTATED ARTICLES

Document No(s):
200936400368



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 23rd day of December,
 A.D. 2009.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

- Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- No PO Box 1329
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members**
(Domestic)
Filing Fee \$50.00

2009 DEC 23 PM 2:05

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit	<input checked="" type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS	<input type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Nonprofit	<input checked="" type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation Summa Health System Hospitals

Charter Number 121908

Name of Officer William A. Powel, III

Title Assistant Secretary

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (*nonprofit only*)

members was duly called and held on 11/19/2009
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise 100 % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*nonprofit amended articles only*)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Summa Akron City and St. Thomas Hospitals

SECOND: The place in the State of Ohio where its principal office is located is in the City of:
Akron Summit
(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:
Exclusively for educational, charitable and scientific purposes, within the meaning of §501(c) (3) of the Internal Revenue Code, as now in effect or as may hereafter be amended (and to the corresponding provisions of any laws subsequently enacted and all regulations issued under those Sections and provisions) (the "Code"), including without limitation the following purposes in connection with the health care and treatment of the sick, disabled and injured: 1) establish and maintain a general hospital for medical, dental, surgical and other health care services; and 2) conduct educational activities, promote and carry on medical, scientific and clinical research.

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)


Authorized Representative

12/7/09
Date

William A. Powel, III, Assistant Secretary
(Print Name)

Authorized Representative

Date

(Print Name)