

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM698105

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>RESUBMIT DOCUMENT ID:</b>	900653444		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Elite Physical Therapy, Inc.		09/24/2021	Corporation: RHODE ISLAND
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Elite Physical Therapy, LLC		
<b>Street Address:</b>	535 Centerville Road		
<b>City:</b>	Warwick		
<b>State/Country:</b>	RHODE ISLAND		
<b>Postal Code:</b>	02886		
<b>Entity Type:</b>	Limited Liability Company: RHODE ISLAND		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5778317	ELITE PHYSICAL THERAPY	
<b>Registration Number:</b>	5254070	YOUR HEALTH. YOUR CHOICE.	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9175223128		
<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>	212.735.8728		
<b>Email:</b>	msegui@morrisoncohen.com		
<b>Correspondent Name:</b>	Tess Bonoli		
<b>Address Line 1:</b>	909 Third Avenue, 27th Floor		
<b>Address Line 2:</b>	c/o Morrison Cohen LLP		
<b>Address Line 4:</b>	New York, NEW YORK 10022		
<b>ATTORNEY DOCKET NUMBER:</b>	025582.0179(TBONOLI)		
<b>NAME OF SUBMITTER:</b>	Tess Bonoli		
<b>SIGNATURE:</b>	/Tess Bonoli/		
<b>DATE SIGNED:</b>	12/28/2021		
<b>Total Attachments: 2</b>			
source=File Stamped Certificate of Conversion#page1.tif			
source=File Stamped Certificate of Conversion#page2.tif			

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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State of Rhode Island  
Department of State - Business Services Division

**Application for Certificate of Conversion**

DOMESTIC Business Corporation, Non-Profit Corporation,  
Limited Partnership, Limited Liability Partnership or Limited  
Liability Company

→ No Filing Fee

Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-6-48.1, 7-13-8.1 and 7-16-5.1, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number: 000124669	2. The full name of the converting entity is: Elite Physical Therapy, Inc.
3. It is formed under the jurisdiction of: Rhode Island	4. The date of formation is: 05/10/2002
5. The jurisdiction to which the entity is converting: <b>RHODE ISLAND</b>	
6. The structure of the converting entity is: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other Entity
<input type="checkbox"/> Partnership (General, Limited, or Limited Liability Partnership)	<input type="checkbox"/> Sole Proprietorship
7. The structure of the entity following conversion will be: CHECK ONE BOX ONLY	
<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Limited Liability Partnership
<input checked="" type="checkbox"/> Limited Liability Company	
8. The name of the entity following the conversion is: Elite Physical Therapy, LLC	
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48.1</u> , <u>7-13-8.1</u> and <u>7-16-5.1</u> .	

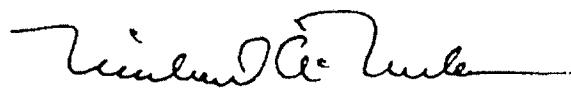
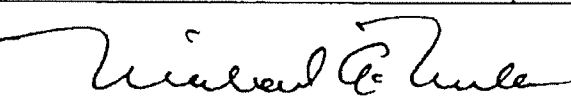
MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

SEP 24 2021

BY *[Signature]* 72WVB

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10. This certificate of conversion is filed as an accompanying certificate to: CHECK ONE BOX ONLY	
<input type="checkbox"/> Business Corporation Articles of Incorporation <input type="checkbox"/> Non-Profit Corporation Articles of Incorporation <input checked="" type="checkbox"/> Limited Liability Company Articles of Organization <input type="checkbox"/> Registration for Limited Liability Partnership <input type="checkbox"/> Certificate of Limited Partnership	
11. Date when this Certificate of Conversion will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date _____	
Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Converting Entity Elite Physical Therapy, Inc.	
Type or Print Name of Person Signing Michael A. Nula	Title of Person Signing President
Signature 	Date 9/23/21
Type or Print Name of Person Signing Michael A. Nula	Title of Person of Signing AUTHORIZED REPRESENTATIVE
Signature 	Date 9/23/21

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 5-1- Revised 07/2021