

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM417144

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Summa Akron City and St. Thomas Hospital		02/24/2015	Non-Profit Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Summa Health System		
<b>Street Address:</b>	1077 Gorge Blvd.		
<b>Internal Address:</b>	Attn: Gen'l Counsel		
<b>City:</b>	Akron		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44310		
<b>Entity Type:</b>	Non-Profit Corporation: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1698517	SUMMA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	scott.harders@fisherbroyles.com		
<b>Correspondent Name:</b>	W. Scott Harders		
<b>Address Line 1:</b>	600 Superior Ave. East, Suite 1300		
<b>Address Line 4:</b>	Cleveland, OHIO 44114		
<b>NAME OF SUBMITTER:</b>	W. Scott Harders		
<b>SIGNATURE:</b>	/wsh/		
<b>DATE SIGNED:</b>	02/23/2017		
<b>Total Attachments: 7</b>			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/25/2015	201505600509	AMENDMENT TO ARTICLES (AMD)	50.00	300.00	0.00	0.00	0.00

**Receipt**

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

BAKER & HOSTETLER LLP  
 SONIA K. LOWE, PARALEGAL  
 65 E. STATE STREET, SUITE 2100  
 COLUMBUS, OH 43215

**STATE OF OHIO**  
**CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 121908

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**SUMMA HEALTH SYSTEM**

and, that said business records show the filing and recording of:

Document(s)

**AMENDMENT TO ARTICLES**

Document No(s):

**201505600509**

**Effective Date: 02/28/2015**



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  
 25th day of February, A.D. 2015.

*Jon Husted*  
 Ohio Secretary of State



Form 541 Prescribed by:  
**JON HUSTED**  
 Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
 www.OhioSecretaryofState.gov  
 Busserv@OhioSecretaryofState.gov

**Mall this form to one of the following:**

Regular Filing (non expedite)  
 P.O. Box 1329  
 Columbus, OH 43216

Expedite Filing (Two-business day processing  
 time requires an additional \$100.00).  
 P.O. Box 1390  
 Columbus, OH 43216

**Certificate of Amendment**  
**(Nonprofit, Domestic Corporation)**  
**Filing Fee: \$50**

**Check the appropriate box:**

- Amendment to existing Articles of Incorporation by Members pursuant to Ohio Revised Code section 1702.38(C) (128-AMD)
- Amended and Restated Articles by Members pursuant to Ohio Revised Code section 1702.38(D) or by Directors pursuant to Ohio Revised Code section 1702.38(E) (128-AMAN) - The following articles supersede the existing articles and all amendments thereto.

**Complete the following information:**

Name of Corporation

Charter Number

RECEIVED  
 DEPT. OF STATE  
 2015 FEB 23 AM 10:49

**A copy of the resolution of amendment must be attached to this document.**

Note: If amended and restated articles were adopted, amended articles must set forth all provisions required in original articles other than with respect to the initial directors pursuant to Ohio Revised Code section 1702.38(A). In the case of adoption of the resolution by the directors, a statement of the basis for such adoption shall be provided.

**Required**

Must be signed by an authorized officer of the Corporation pursuant to the Ohio Revised Code section 1702.38(G).

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Robert A. Gerberry, Secretary

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

**CERTIFICATE OF AMENDMENT TO  
ARTICLES OF INCORPORATION OF  
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS**

The undersigned authorized officer of Summa Akron City and St. Thomas Hospitals (the "Corporation"), does hereby certify that Board of Directors of the Corporation approved a resolution to amend, effective as of the close of business on February 28, 2015, the Articles of Incorporation of the Corporation as follows:

**"ARTICLE I**

The name of the Corporation shall be Summa Health System."

IN WITNESS WHEREOF, the undersigned has hereunto set his name this 24th day of February, 2015.

SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

By: \_\_\_\_\_

Robert A. Gerberry,  
Secretary



**SUMMA AKRON CITY AND ST. THOMAS HOSPITALS  
BOARD OF DIRECTORS**

**February 24, 2015**

WHEREAS, the Board of Directors of Summa Health System ("Summa") determined it is in the best interest of Summa to change the names of Summa and Summa Akron City and St. Thomas Hospitals ("SACSTH");

WHEREAS, at its February 19, 2015 meeting, and in accordance with management's recommendations, the Board of Directors of Summa approved, subject to ratification by the Board of Directors of Summa Health System Community, changing the name of Summa to Summa Health;

WHEREAS, at the same meeting, the Board of Directors of Summa approved, subject to ratification by the Board of Directors of SACSTH, changing the name of SACSTH to Summa Health System; and

WHEREAS, at its February 19, 2015 meeting, the Board of Directors of Summa Health System Community ratified and approved changing the name of Summa to Summa Health.

NOW, THEREFORE, BE IT RESOLVED, the Board of Directors of SACSTH hereby ratifies and approves changing the name of SACSTH to Summa Health System.

DATE: February 24, 2015

  
\_\_\_\_\_  
Robert A. Gerberry  
Secretary, Board of Directors

SACSTH.Name Chg.022415



Form 590 Prescribed by:  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

**Consent for Use of Similar Name**

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**REQUIRED**  
Consent form must be signed by an authorized representative of the consenting entity.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.





Form 590 Prescribed by:  
**JON HUSTED**  
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Signature

By (if applicable)

Print Name