

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM417147

<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 Health System		02/24/2015	Non-Profit Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Summa Health		
<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>	Corporation: OHIO		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1698517	SUMMA	
<b>Registration Number:</b>	4324928	SUMMA FLOURISH	
<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,		
<b>Address Line 2:</b>	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: 8</b>			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/25/2015	201505600508	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  
 1062583**

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

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

Document(s)

**AMENDMENT TO ARTICLES**

Document No(s):

**201505600508**

Effective Date: 02/28/2015

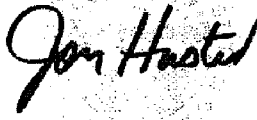


United States of America  
 State of Ohio  
 Office of the Secretary of State

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) 468-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

Mail 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 1380  
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) (12B-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) (12B-AMAN) - The following articles supersede the existing articles and all amendments thereto.

Complete the following information:

Name of Corporation

Charter Number

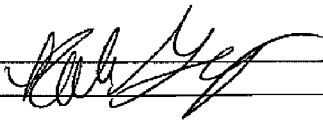
RECEIVED  
MAY 25 2015 10:49

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 HEALTH SYSTEM**

The undersigned authorized officer of Summa Health System (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:

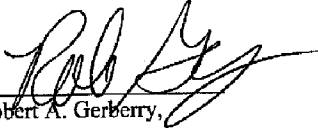
**"ARTICLE I**

The name of the Corporation shall be Summa Health."

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

SUMMA HEALTH SYSTEM

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

  
Robert A. Gerberry,  
Secretary

**SUMMA HEALTH SYSTEM  
BOARD OF DIRECTORS**

February 19, 2015

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

WHEREAS, management recommends that the new name of the Corporation be Summa Health;

WHEREAS, management recommends that the new name of SACSTH be Summa Health System; and

WHEREAS, it is anticipated that the Board of Directors of SACSTH will approve, at its meeting on February 24, 2015, changing the name of SACSTH to Summa Health System and will approve amending the Code of Regulations and Articles of Incorporation of SACSTH to reflect the new name of Summa Health System.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of Summa Health System:

**Section 1. Corporation Name Change.** This Board approves, subject to ratification of such approval by Summa Health System Community, changing the name of Summa Health System to Summa Health and approves amending the Code of Regulations and Articles of Incorporation of the Corporation to reflect the new name of Summa Health with an effective date of the close of business on February 28, 2015 or such other date in 2015 as the Authorized Officers determine ("Name Change Effective Date").

**Section 2. SACSTH Name Change.** This Board approves changing the name of SACSTH to Summa Health System and approves amending the Code of Regulations and Articles of Incorporation of SACSTH to reflect the new name of Summa Health System with an effective date of Name Change Effective Date.

**Section 3. Authorized Officers.** This Board authorizes and directs the Authorized Officers to sign and deliver any and all agreements, instruments, documents, certifications, and representations and to take any other action on behalf of the Corporation, determined by that Authorized Officer, with the advice of counsel to the Corporation, to be necessary or appropriate to carry out the name changes and to perform the obligations of the Corporation under any documents entered into in connection with the name changes. Any documents authorized by this Resolution may be signed in the name of the Corporation by any one of the Authorized Officers.

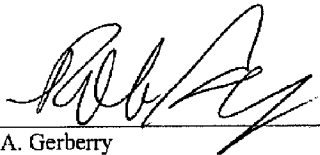
**Section 5. *Supplemental Authority.*** This Board authorizes and directs any Authorized Officer to sign and deliver any and all other documents, certifications, and representations, and take any other action on behalf of the Corporation, determined by that Authorized Officer with the advice of counsel to the Corporation, to be necessary to carry out the name changes described in this Resolution and perform the obligations of the Corporation in any of the documents entered into in connection with those name changes.

**Section 6. *Ratification.*** This Board ratifies and approves the acts of any officers and employees of the Corporation in taking any preliminary action in connection with the name changes described in this Resolution.

**Section 7. *Definitions.*** In addition to the terms otherwise defined in this Resolution, the following defined terms are used in this Resolution:

“Authorized Officers” means the Chairperson of the Board, the Vice Chairperson of the Board, the President & Chief Operating Officer, the Secretary, the Treasurer, and the Assistant Treasurer, and any other officers of the Corporation, as required or authorized by the Code of Regulations of the Corporation.

DATE: February 19, 2015



Robert A. Gerberry  
Secretary, Board of Directors

SIS.SHS & SACSTH Name Chgr.021915



**SUMMA HEALTH SYSTEM COMMUNITY  
BOARD OF DIRECTORS**

**February 19, 2015**

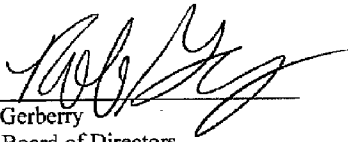
WHEREAS, the Board of Directors of Summa Health System ("Summa") determined it is in the best interests of Summa to change the names of the Summa and Summa Akron City and St. Thomas Hospitals ("SACSTH");

WHEREAS, 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; and

WHEREAS, the Board of Directors of Summa approved changing the name of SACSTH to Summa Health System.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of Summa Health System Community, acting as a Member of Summa Health System, hereby ratifies and approves changing the name of Summa to Summa Health.

DATE: February 19, 2015

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

SHS Comm.SHS Name Chgr:021915



Form 590 Prescribed by:  
**JON HUSTED**  
 Ohio Secretary of State  
 Central Ohio: (614) 468-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
 www.OhioSecretaryofState.gov  
 Bussserv@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

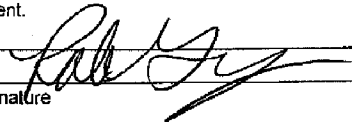
Charter/Registration/License Number of Entity giving Consent

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

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)

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