

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<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>
S.G. Madison & Associates, LLC		06/22/2004	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Cadent Medical Communications, LLC		
<b>Street Address:</b>	1707 Market Place Blvd.		
<b>Internal Address:</b>	Suite 350		
<b>City:</b>	Irving		
<b>State/Country:</b>	TEXAS		
<b>Postal Code:</b>	75063		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2354760	THE CENTER FOR BIOMEDICAL CONTINUING EDUCATION	
Registration Number:	2431316	CBCE THE CENTER FOR BIOMEDICAL CONTINUING EDUCATION	
Registration Number:	2864367	WEB CME UNIVERSITY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(614)464-2634		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	(614) 462-5400		
<b>Email:</b>	trademarks@keglerbrown.com		
<b>Correspondent Name:</b>	Robert G. Schuler		
<b>Address Line 1:</b>	65 East State Street		
<b>Address Line 2:</b>	Suite 1800		
<b>Address Line 4:</b>	Columbus, OHIO 43215		
<b>NAME OF SUBMITTER:</b>	Robert G. Schuler		

CH \$90.00 2354760

Signature:

/RGS/

Date:

05/20/2005

**Total Attachments: 3**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/23/2004	200417501724	AMEND/ARTICLES- ORGANIZATION/DOM.LLC (LAM)	50.00	.00	.00	.00	.00

**Receipt**

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

KEGLER, BROWN, HILL & RITTER  
65 E. STATE ST., SUITE 1800  
COLUMBUS, OH 43215

<b>STATE OF OHIO</b>	
<b>CERTIFICATE</b>	
Ohio Secretary of State, J. Kenneth Blackwell	
1186151	
It is hereby certified that the Secretary of State of Ohio has custody of the business records for	
CADENT MEDICAL COMMUNICATIONS, LLC	
and, that said business records show the filing and recording of:	
Document(s)	Document No(s):
AMEND/ARTICLES-ORGANIZATION/DOM.LLC	200417501724
	Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of June, A.D. 2004.
United States of America State of Ohio Office of the Secretary of State	 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

www.state.oh.us/sos  
e-mail: buserv@sos.state.oh.us

Expedite this Form: (optional)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>** Requires an additional fee of \$100 **</small>
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Limited Liability Company Certificate of  
Amendment / Restatement / Correction**  
(Domestic or Foreign)  
Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

<input checked="" type="checkbox"/> (1) Domestic Limited Liability Company Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) October 6, 2000 (Date of Organization)	<input type="checkbox"/> (2) Foreign Limited Liability Company Correction (135-LFC) _____ (Home State) (Qualifying in Ohio on MM/DD/YY)
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The undersigned authorized representative of S.G. Madison & Associates, LLC 1186161  
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company  Amend  Restate  Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that apply.

FIRST: The name of said limited liability company shall be:  
CADENT MEDICAL COMMUNICATIONS, LLC  
(The name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of \_\_\_\_\_

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

(street address) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization

FOURTH: Purpose (OPTIONAL)  
\_\_\_\_\_  
\_\_\_\_\_

SECRET  
STATE

TRADEMARK  
REEL: 003089 FRAME: 0368

**Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_ *NOTE: P.O. Box Addresses are NOT acceptable.*

(City, village or township) \_\_\_\_\_ **Ohio** (Zip Code) \_\_\_\_\_  
(State)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,  
 B. the limited liability company fails to designate another agent when required to do so, or,  
 C. the limited liability company's registration to do business in Ohio expires or is cancelled.

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

W.F. O'Donnell  
 Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

InChord Communications, Inc., Member  
 (Print Name)  
 By: William F. O'Donnell, Secretary

\_\_\_\_\_  
 Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

(Print Name) \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

(Print Name) \_\_\_\_\_

RECORDED: 05/20/2005

TRADEMARK  
 REEL: 003089 FRAME: 0369