

04-16-1999



101012362

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID # _____

Correction of PTO Error
Reel # _____ Frame # _____

Corrective Document
Reel # _____ Frame # _____

Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger

Change of Name

Other _____

Effective Date
Month Day Year
03 19 99

Conveying Party

Mark if additional names of conveying parties attached

Name INTRA-TRADE MEDICAL CORP.

Execution Date
Month Day Year
03 19 99

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization California

Receiving Party

Mark if additional names of receiving parties attached

Name DIAGNOSTIC IMAGING, INC.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 4345 SOUTHPORT BOULEVARD

Address (line 2) _____

Address (line 3) JACKSONVILLE
City

FLORIDA
State/Country

32216
Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other _____

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Citizenship/State of Incorporation/Organization FLORIDA

04/15/1999 JSHADAZZ 00000179 75200749

FOR OFFICE USE ONLY

01 FC:481

40.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 1883 FRAME: 0626

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text" value="75/208749"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Claire M. Kimball

Claire M. Kimball

April 7, 1999

Name of Person Signing

Signature

Date Signed

TRADEMARK ASSIGNMENT

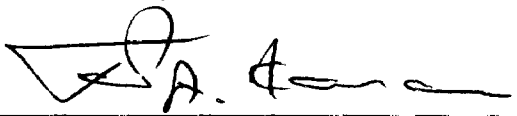
WHEREAS, INTRA-TRADE MEDICAL CORP., a corporation organized under the laws of the State of California (hereinafter referred to as "Assignor"), is the owner of United States Trademark Application Serial No. 75/208,749 filed December 5, 1996 for the mark "INTRA-TRADE," and United States Trademark Application Serial No. 75/208,552 filed December 5, 1996, for the mark "INTRA-TRADE & Design."

WHEREAS, DIAGNOSTIC IMAGING, INC., a Florida corporation, with an address of 4345 Southport Boulevard, Jacksonville, Florida 32216 (hereinafter referred to as "Assignee"), desires to acquire the above-identified trademarks, trademark applications and any registrations issuing therefrom, and the goodwill of the business associated therewith.

NOW, THEREFORE, in consideration of good and valuable consideration paid by the Assignee to the Assignor, the receipt and adequacy of which is hereby acknowledged by the Assignor, the Assignor hereby transfers and assigns to the Assignee, the above-identified trademarks, trademark applications and any registrations issuing therefrom, together with the goodwill of the business associated with those trademark and trademark applications and registrations, and the right to sue for past, present and future infringement of any of the foregoing and the right to collect and own any monetary or other damages as a result thereof.

IN WITNESS WHEREOF, the Assignor has executed this instrument as of this 19 day of March, 1999.

INTRA-TRADE MEDICAL CORP.,
a California corporation

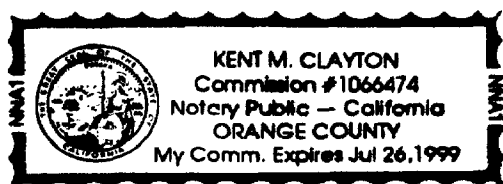
By: 
Fred A. Karam, President

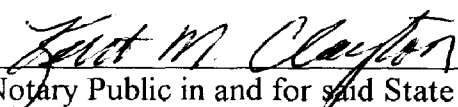
State of CALIFORNIA)
) ss
County of ORANGE)

On March 19, 1999, before me, Kent M. Clayton, notary public, personally appeared FRED A. KARAM, ~~personally known to me~~ OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed in the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)




Notary Public in and for said State