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Expires 06/30/99  
OMB 0651-0027



02-22-2000

U.S. Patent & TMO/TM Mail Ropt Dt. #22

03-15-2000



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### 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  
Effective Date  
Month Day Year

Change of Name

Other

#### Conveying Party

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

#### Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

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.)

03/14/2000 BCDATES 00000115 75459505

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| 01 FC:481 | 40.00 OP  |
| 02 FC:482 | 125.00 OP |

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Mail documents to be recorded with required cover sheet(s) information to:  
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TRADEMARK

REEL: 002033 FRAME: 0826

**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)**

**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

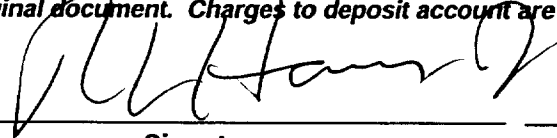
No

**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.

Richard L. Haury, Jr., Esq.

Name of Person Signing



Signature

12/08/99

Date Signed

# Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : K93370558  
CONTROL NUMBER : K743839  
DATE INC/AUTH/FILED: 12/10/1997  
JURISDICTION : GEORGIA  
PRINT DATE : 12/03/1999  
FORM NUMBER : 215

MORRIS, MANNING & MARTIN  
DONNA M. KENDRICK  
3343 PEACHTREE RD NE STE 1600  
ATLANTA, GA 30326

## CERTIFIED COPY

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

### INFOCURE SYSTEMS, INC. A DOMESTIC PROFIT CORPORATION

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the date set forth above its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



A handwritten signature in black ink, appearing to read "Cathy Cox".

Cathy Cox  
Secretary of State

**TRADEMARK**

**REEL: 002033 FRAME: 0828**

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : K93140140  
CONTROL NUMBER: K743839  
EFFECTIVE DATE: 11/09/1999  
REFERENCE : 0091  
PRINT DATE : 11/10/1999  
FORM NUMBER : 411

MORRIS, MANNING & MARTIN  
DONNA M. KENDRICK  
3343 PEACHTREE ROAD, N.E.  
SUITE 1600  
ATLANTA, GA 30326

**CERTIFICATE OF MERGER**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby issue this certificate pursuant to Title 14 of the Official Code of Georgia annotated certifying that articles or a certificate of merger and fees have been filed regarding the merger of the below entities, effective as of the date shown above. Attached is a true and correct copy of the said filing.

Surviving Entity:  
INFOCURE SYSTEMS, INC., A GEORGIA CORPORATION

Nonsurviving Entity/Entities:  
DATAMEDIC HOLDING CORP., A DELAWARE CORPORATION



Cathy Cox  
Secretary of State

**TRADEMARK**  
**REEL: 002033 FRAME: 0829**

K93140/40

**CERTIFICATE OF MERGER OF  
DATAMEDIC HOLDING CORP.**

**AND**

**INFOCURE SYSTEMS, INC.**

K743839

I.

The names and states of incorporation of the merging corporations are Datamedic Holding Corp., a Delaware corporation, the merged corporation and InfoCure Systems, Inc., a Georgia corporation, the surviving corporation. The name of the surviving corporation shall be InfoCure Systems, Inc.

II.

The executed Agreement and Plan of Merger is on file at the principal place of business of InfoCure Systems, Inc., which is located at 1765 The Exchange, Suite 450, Atlanta, Georgia 30339.

III.

A copy of the Agreement and Plan of Merger will be furnished by InfoCure Systems, Inc., on request and without cost, to any shareholder of any corporation that is a party to the merger.

IV.

The Merger was duly approved by the shareholders of Datamedic Holding Corp. and the sole shareholder of InfoCure Systems, Inc.

V.

Pursuant to the Agreement and Plan of Merger, the Merger of Datamedic Holding Corp. and InfoCure Systems, Inc. shall be effective upon filing this Certificate of Merger with the Secretary of State of Georgia and upon the filing of the Certificate of Merger with the Secretary of State of Delaware.

VI.

A request for publication of a notice of filing this Certificate of Merger and payment therefor have been made as required by O.C.G.A. § 14-2-1105.1(b).

[SIGNATURES BEGIN ON THE FOLLOWING PAGE]

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**TRADEMARK**  
**REEL: 002033 FRAME: 0830**

Date: Nov. 9, 1999.

**DATAMEDIC HOLDING CORP.:**

By: *Stephen Kalman MD*  
Its: President & CEO

**INFOCURE SYSTEMS, INC.:**

By: *[Signature]*  
Its: Richard E. Perlman, CFO  
TREASURER

NOV 9 5 05 PM '99  
SECRETARY OF STATE