

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

05-25-2000

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



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MRD
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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
 - Change of Name
 - Other _____
- Effective Date
Month Day Year
03 / 28 / 94

Conveying Party

Mark if additional names of conveying parties attached

Name American Mobile Nurses, Inc. Execution Date 3-22-94
Month Day Year

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization Nevada

Receiving Party

Mark if additional names of receiving parties attached

Name American Mobile Healthcare, Inc.

DBA/AKATA _____

Composed of _____

Address (line 1) Suite D

Address (line 2) 2255 Renaissance Drive

Address (line 3) Las Vegas Nevada 89119
City State/Country Zip Code

- Individual General Partnership Limited Partnership Association
- Corporation
- Other _____
- Citizenship/State of Incorporation/Organization Nevada

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.)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 39 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 (0451-0027), Washington, D.C. 20503. See OMB Information Collection Burden 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 TRADEMARK

REEL: 002045 FRAME: 0322

FORM PTC-1618B
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U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1433205"/>	<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.

DEBORAH HARTNETT

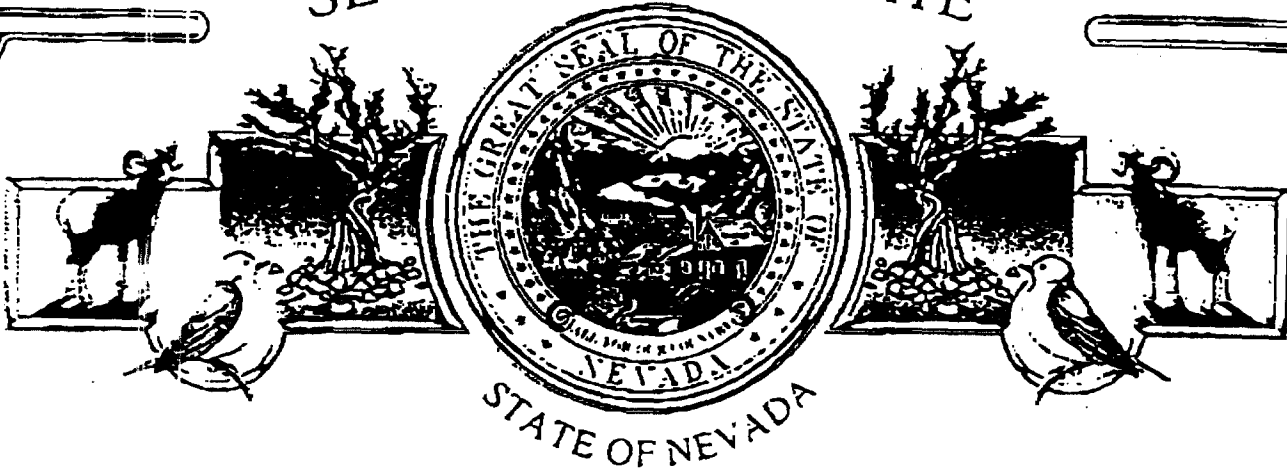
Name of Person Signing

Signature

11/17/99

Date Signed

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, CHERYL A. LAU, the duly qualified and elected Secretary of State of the State of Nevada, do hereby certify that on March 28, 1994 there was filed in this office by **AMERICAN MOBILE NURSES, INC.** a Certificate of Amendment to its Articles of Incorporation changing the corporate name to **AMERICAN MOBILE HEALTHCARE, INC.** said change of name has been made in accordance with the Laws of the State of Nevada; said Certificate of amendment being now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 23rd day of May, 1994.



Cheryl A. Lau

Secretary of State

By *[Signature]*

Deputy

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE OF NEVADA
CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION
OF

Inv.# 53061

E 62620 DF

MAR 28 1994

AMERICAN MOBILE NURSES, INC.

STATE & COUNTY SECRETARY OF STATE

No. 1883-85

The undersigned, being the President and Secretary of AMERICAN MOBILE NURSES, INC., a Nevada corporation, does hereby certify as follows:

1. That on March 21, 1994, the Directors of the corporation, by unanimous consent, adopted and consented to the adoption of a resolution setting forth a proposed amendment to the Articles of Incorporation of the corporation, as hereinafter set forth, declaring the advisability thereof, and calling a meeting of the shareholder for the purpose of considering and voting upon the proposed amendment.

2. Said resolution called for the following amendment to said Articles of Incorporation:

ARTICLE 1 thereof is amended to read, in its entirety:

ARTICLE 1

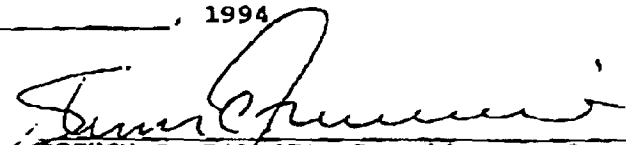
NAME

The name of the corporation is: AMERICAN MOBILE HEALTHCARE, INC.

3. That on March 21, 1994, the sole shareholder of the corporation, by consent with notice and written consent given pursuant to Section 78.320, adopted and consented to the adoption of a resolution setting forth the proposed amendment to the Articles of Incorporation as hereinabove set forth.

4. That the Articles of Incorporation of AMERICAN MOBILE NURSES, INC. are hereby amended as set forth above and the undersigned makes this certificate pursuant to Sections 78.385 and 78.390 of the Nevada Revised Statutes.

DATED: March 22, 1994


STEVEN C. FRANCIS, President and Secretary

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____,
1994 by Steven C. Francis as President and Secretary of American
Mobile Nurses, Inc.

NOTARY PUBLIC

My Commission expires: _____

SEE ATTACHMENT FOR
OFFICIAL NOTARIZATION

M-M- 3/22/94

RECEIVED

MAR 28 1994

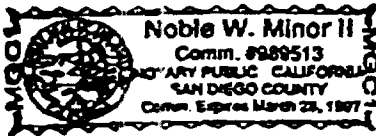
G. 30 WISE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5110

State of California
 County of San Diego
 On 3/22/94 before me, Noble W. Minor II
DATE NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"
 personally appeared Steven C. Francis
NAME(S) OF SIGNER(S)

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 to 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.
Noble W. Minor II
SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
President/Secretary
TITLE(S)
- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:

American Mobile Nurses, etc.
NAME OF PERSON(S) OR ENTITY(ES)

OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT Amendment of Articles of Inc.
 NUMBER OF PAGES 2 DATE OF DOCUMENT March 22, 1994
 SIGNER(S) OTHER THAN NAMED ABOVE _____

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.