

03-28-2001



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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

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Document ID # _____

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Reel # _____ Frame # _____

Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger Change of Name

Other _____

Effective Date
Month Day Year
12 29 2000

Conveying Party

Mark if additional names of conveying parties attached

Name Advanced Health Bukstel & Halfpenny Corporation

Execution Date
Month Day Year
12/29/00

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name Cybear, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 500 Blue Lake Drive

Address (line 2) Suite #200

Address (line 3) Boca Raton
City

Florida
State/Country

33413
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 Delaware

FOR OFFICE USE ONLY

03/28/2001 6TON11 00000039 122155 1889712
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Mail documents to be recorded with required cover sheet(s) information to:
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TRADEMARK
REEL: 002259 FRAME: 0592

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.

Jed Friedman
Name of Person Signing



Signature

February 27, 2001
Date Signed

ASSIGNMENT OF TRADEMARKS

WHEREAS Advanced Health Bukstel & Halfpenny Corporation., a Delaware Corporation, having its principal place of business at 555 White Plains Road, Tarrytown, NY, 10591, has adopted and is using or intends to use the Trademarks set forth in Exhibit A hereto and

WHEREAS, Cybear, Inc., a Delaware Corporation, having a principal place of business at 500 Blue Lake Drive, Suite 200, Boca Raton, Florida, 33431, is desirous of acquiring said marks and the registrations or applications for registrations thereof, and the good will of the business symbolized by the marks;

NOW THEREFORE, for five dollars (\$5.00) and other good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, Advanced Health Bukstel & Halfpenny Corporation does hereby assign unto Cybear, Inc., all right, title and interest in the trademarks and any foreign equivalents, together with the good will of the business symbolized by the marks, and in the above-identified registrations or applications for registration of the trademarks.

The Commissioner of Patents & Trademarks is requested to issue the certificate of registration to the assignee.

Date: 1/19/00
By: [Signature]
Name: Jeffrey M. Sauerhoff
Title: CFO

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF New York
COUNTY OF Westchester

Before me, the undersigned attesting officer duly authorized to administer oaths, a Notary Public in and for the county aforesaid, on this 29th day of December, 2000, personally appeared Jeffrey M. Sauerhoff, to me known personally or identified by proper identification, and who, being by me duly sworn, deposes and says that he is the CFO of Advanced Health Bukstel & Halfpenny and that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said Jeffrey M. Sauerhoff acknowledged said instrument to be the free act and deed of said corporation.

[Signature]
NOTARY PUBLIC

(SEAL)

My Commission Expires:

Our Docket No.: 03107-1-6000

MARIA A. PRIN-LEVINE
Notary Public, State of New York
No. 01PR5038868
Qualified in Westchester County
Commission Expires Feb. 6, 192003

APPENDIX A

ADVANCED HEALTH BUKSTEL & HALFPENNY CORPORATION

Reg. No/ Appl. No.	Mark	Assignor	Assignee
1,889,712	Dr. Chart	Advanced Health Bukstel & Halfpenny Corporation	Cybear, Inc.