FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 04-16-2001



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

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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) of copyties): Submission Type X New Resubmission (Non-Recordation) Document ID # Correction of PTO Error Reel # Frame # Corrective Document Reel # Frame # Conveying Party Name Ideas for Medicine, Inc. Formerly Individual General Partnership Limited Partnership Name Horizon Medical Products, Inc. DBA/AKA/TA Composed of Address (line 2) Post Office Box 627 Address (line 2) Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving parties at an assignment of a domestic perspectation of the recorded is an assignment of a domestic perspectation of the recorded is an assignment of a domestic perspectation of the recorded is an assignment of a domestic perspectation of the recorded is an assignment of a domestic perspectation of the recorded is an assignment of a domestic perspectation of the recorded is an assignment of a domestic perspectation of the Individual of the recorded is an assignment of a domestic perspectation of the Individual of the recorded is an assignment of a domestic perspectation of the Individual of the Individual of the recorded is an assignment of a domestic perspectation of the Individual of Indi	TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) of copy(tes). Submission Type X New Resubmission (Non-Recordation) Document ID #	TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) of copy(tes). Submission Type X New X Assignment License Resubmission (Non-Recordation) Document ID # Correction of PTO Error Reel # Frame # Other Conveying Party Mark if additional names of conveying parties attached Month Day Year Oct. 9, 2000 Formerly Individual General Partnership Limited Partnership X Corporation DBA/AKA/TA Composed of Address (line 1) One Horizon Way Address (line 2) Post Office Box 627 Address (line 2) Individual General Partnership Limited Partnership If document to be recovering and is not domicibed in an assignment in the United States, an appointment of a domestic representation and in the United States, an appointment of a domestic representation and concentration receiving party is not domicibed in the United States, an appointment of a domestic representation of the United States, an appointment of a domestic representation of the United States, an appointment of a domestic representation of the United States, an appointment of a domestic representation of the United States, an appointment of a domestic representation of the States and Comment from Assignment.)	(-70.5)	N FORM COVER SHEET MARKS ONLY
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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 (9651-0027), 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.

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

TRADEMARK
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Page 2

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

OMB 0651-9027
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 404-572-2771
Name Michael C. Mason, Esq.
Address (line 1) King & Spalding
Address (line 2) 191 Peachtree Street
Address (line 3) Atlanta, Georgia 30303-1763
Address (line 4)
Pages Enter the total number of pages of the attached conveyance document # 3
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. # 1
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00
Method of Payment: Enclosed Deposit Account E
(Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: # 11-0980 //-0980
Authorization to charge additional fees: Yes X 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.
VICKY R. BANTUG VICKER. Bantes 3-27-01
Name of Person Signing / Signature / Date Signed

UNITED STATES

TRADEMARK ASSIGNMENT

WHEREAS, Ideas For Medicine, Inc., a Florida corporation having its principal place of business at 3101 37th Avenue, St. Petersburg, Florida (hereinafter "Assignor"), has adopted and is using the trademarks described in <u>Schedule A</u> and for which said Assignor has registered and/or has applied for registration in the United States Patent and Trademark Office; and

WHEREAS, Horizon Medical Products, Inc., a Georgia corporation having its principal place of business at One Horizon Way, P.O. Box 627, Manchester, Georgia 31816, (hereinafter "Assignee") is desirous of acquiring said trademarks and registrations therefor;

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, said Assignor does hereby assign unto said Assignee all of its right, title, and interest in the trademarks and the registrations thereof listed on <u>Schedule A</u> hereto, together with the good will of the business symbolized by the trademarks.

Witness:	IDEAS FOR MEDICINE, INC.
By: The Market	By: 0 4 lec
	Name: D.A. Lee Title: VP-Finance and CFD

Dated: October 9, 2000

Atlanta-1891357 v1

TRADEMARK
REEL: 002272 FRAME: 0073

STATE OF GEORGIA)	
)	SS.
COUNTY OF FULTON)	

This instrument was acknowledged before me on October 9, 2000, by D. Ashley Lee, on behalf of Ideas for Medicine, Inc., a Florida corporation.

Notary Public

(SEAL)

My commission expires

Atlanta-1891357 v1

SCHEDULE A

Registered Marks

MarkRegistration No.Serial No.Registration DateIFM and DESIGN2,072,22175-059988

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TRADEMARK
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