

03-25-2002

FORM PTO-1594



U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

102029333

To the Hon. Commissioner of Patents & Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
After Hours Pediatrics, Inc.

Individual(s) Association
 General Partnership Other
 Limited Partnership
 Limited Liability Company -
 Corporation - **Florida** **3-7-02**

Additional name(s) of conveying party(ies) attached?
 Yes No

2. Name and address of receiving party(ies):

Name:
After Hours Pediatric Practices, Inc.

Street Address:
**1900 Winston Road, Suite 300
P.O. Box 30698
Knoxville, TN 37930**

Individual(s) citizenship:
 Association
 General Partnership
 Limited Partnership
 Limited Liability Company
 Corporation - **Florida**
 Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Change of Name Other
 Security Agreement

Execution Date: **January 3, 2002**

4. Application number(s) or registration (numbers):

A. Trademark Application No(s).

B. Trademark Registration No(s).

2,450,944

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

**Mark S. Graham, Esq.
LUEDEKA, NEELY & GRAHAM, P.C.
P. O. Box 1871
Knoxville, TN 37901**

6. Total number of applications and registrations involved:
1

7. Total fee (37 CFR 3.41).....\$40.00
 Enclosed
 Please charge to deposit account any missing or additional fee

8. Deposit Account No. **12-2355**

OFFICE OF PUBLIC RECORDS
2002 MAR -7 AM 11:20
FINANCE SECTION

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01 FC:481 40.00 OP

DO NOT USE THIS SPACE

9. 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.

Mark S. Graham February 1, 2002

Name of Person Signing Signature Date

Total number of pages including cover sheet: [3]

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*** CERTIFICATE OF MAILING ***

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box Assignment, Office of Public Records, U.S. Patent and Trademark Office, Crystal Gateway 4, Room 335, Washington, D.C. 20231

on February 1, 2002
Date

32,355, Reg. No. Mark S. Graham

TRADEMARK
REEL: 002468 FRAME: 0104

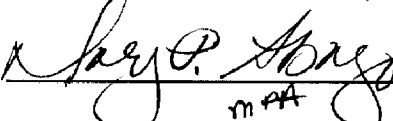
ASSIGNMENT

After Hours Pediatrics, Inc., a corporation of the State of Florida, whose address is 15043 Bruce D. Downs Blvd., Tampa, FL 33647, the owner of the mark AFTER HOURS PEDIATRICS, and all logos, commercial symbols, service marks, corporate names, and trade names including the terminology "AFTER HOURS PEDIATRICS" (hereinafter referred to as the "Mark") for use in connection with medical services in the field of pediatric health care, and the owner of the following United States Registration for a certain form of the Mark:

<u>Mark</u>	<u>U.S. Reg. No.</u>	<u>Registration Date</u>
AFTER HOURS PEDIATRICS URGENT CARE FOR INFANTS CHILDREN AND YOUNG ADULTS and Design	2,450,944	May 15, 2001

(the above-mentioned Mark and Registration being referred to hereinafter as the "Mark and Registration"), for good and valuable consideration, receipt of which is hereby acknowledged, has assigned and hereby does assign to After Hours Pediatric Practices, Inc., a corporation of Florida, having a business address at 1900 Winston Road, Suite 300, P.O. Box 30698, Knoxville, TN 37930, all of After Hours Pediatrics, Inc.'s right, title and interest in and to the Mark and Registration, together with the goodwill of the business symbolized by the Mark and Registration.

AFTER HOURS PEDIATRICS, INC.

By: 

Print name: Mary ^{MA} P. Abrunzo

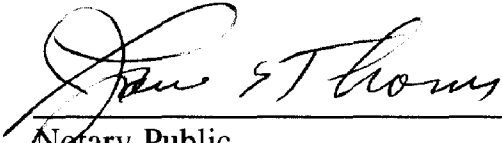
Its: President

Date: 1/3/2002

STATE OF FLORIDA)
) ss
COUNTY OF HILLSBOROUGH)

Before me, a notary public of the state and county mentioned, personally appeared Mary P. Abrunzo ~~with whom I am personally acquainted~~ and who, upon oath, acknowledged himself/herself to be the President of After Hours Pediatrics, Inc., the within named party, a corporation, and that ~~he~~/she as such President, executed the within instrument for the purpose therein contained, by signing the name of the corporation by ~~himself~~/herself as President and who produced a Florida Driver's License as Identification.

WITNESS my hand and seal, at office in Tampa, Hillsborough County, FL
this 3rd day of January, ~~2001~~ 2002



Notary Public

My Commission Expires: _____



Louise E. Thomas
MY COMMISSION # CC939269 EXPIRES
May 22, 2004
BONDED THRU TROY FAIN INSURANCE, INC.