

04-22-2002

CORRECTED



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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Tab settings

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

1. Name of conveying party(ies): AmeriChoice Health Services, Inc.

4-8-02

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State Delaware, Other

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

- Nature of conveyance: Assignment, Merger, Security Agreement, Change of Name, Other

Execution Date: 19 March 2002

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

Internal Address:

Street Address: 8045 Leesburg Pike, Suite 650

City: Vienna State: VA Zip: 22182

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State Delaware, Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s) 2,544,679

Additional number(s) attached Yes No

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

Name: Michael C. Cesarano

Internal Address:

Street Address: Akerman, Senterfitt & Eidson, P.A.

1 S.E. 3rd Avenue

City: Miami State: FL Zip: 33131-1714

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41) \$ 40.00

- Enclosed, Authorized to be charged to deposit account

8. Deposit account number: 500951

(Attach duplicate copy of this page if paying by deposit account)

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.

Michael C. Cesarano Name of Person Signing

Signature: Michael C. Cesarano Date: 8 April 2002

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

04/19/2002 DBYRNE 00000145 500951 2544679 01 FC:481 40.00 CH

TRADEMARK REEL: 002488 FRAME: 0261

CORRECTED TRADEMARK ASSIGNMENT

WHEREAS, AMERICHoice HEALTH SERVICES, INC., a Delaware corporation, having a principal place of business at 8045 Leesburg Pike, Suite 650, Vienna, Virginia 22182, is the owner of the service mark IT'S YOUR HEALTH – LET'S TALK (hereinafter referred to as the "Mark"), Serial No. 76/222,755, filed March 9, 2001; and

WHEREAS, AMERICHoice CORPORATION, a Delaware corporation, having a principal place of business at 8045 Leesburg Pike, Suite 650, Vienna, Virginia 22182, is desirous of acquiring said Mark;

NOW, THEREFORE, in consideration of the sum of One (\$1.00) Dollar and other good and valuable consideration, AMERICHoice HEALTH SERVICES, INC. hereby assigns all right, title and interest in and to said Mark together with the goodwill of the business symbolized by said Mark, and any registrations and applications to register said Marks, to AMERICHoice CORPORATION, effective as of March 19, 2002.

Signed at Vienna, Virginia, this 4th day of April, 2002.

AMERICHoice HEALTH SERVICES, INC.

By: [Signature]
Its: COO

Commonwealth of Virginia)
County of Sauwfax) ss:

The foregoing instrument was acknowledged before me this 4th day of April, 2002, by Jess E. Sweely, as COO of AmeriChoice Health Services, Inc., a Delaware corporation, on behalf of the corporation.

He is personally known to me.
He has produced identification in the form of _____.

[Signature]
Notary Public, Commonwealth of Virginia

Print Name: Pamela A. Michalegko
Commission No. _____
My commission expires May 31, 2003

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