

FORM PTO-1594
(Rev. 6-93)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)

Atty Docket No. 49316.292350

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

1. Name of conveying party(ies):
INFOCURE CORPORATION

- Individuals(s)
- General Partnership
- Corporation - State of **DELAWARE**
- Other _____

Additional names(s) of conveying party(ies) attached Yes No

2. Name and address of receiving party(ies)
Name: **PRACTICEWORKS SYSTEMS, LLC**

Internal Address: **STE 450**

Street Address: **1765 THE EXCHANGE SE**

City: **ATLANTA** State: **GEORGIA** Zip: **30339**

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State _____
- Other **LIMITED LIABILITY CORPORATION - GEORGIA**

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

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other **Record to REMOVE REGISTRATION**
- Merger
- Change of Name

NO. 2,257,959 erroneously included on recordation coversheet of an assignment document previously recorded at 2267/0301 on March 16, 2001

Execution Date: **5th day of March 2001**

4. Application numbers(s) or patent numbers(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)
2,257,959

Additional numbers attached? Yes No

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

Name: **William H. Brewster**

Internal Address: **Kilpatrick Stockton LLP**

Suite 2800

Street Address: **1100 Peachtree St.**

City: **Atlanta** State: **GA** Zip: **30309**

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

The Commissioner is authorized to charge any deficiency in the required fee or credit any over payment to Deposit Account No. 11-0860.

8. Deposit account number:

11-0860

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.

Lise Shettler
Name of Person Signing

Lise Shettler
Signature

9-17-03
Date

Total number of pages including cover sheet, attachments, and document: **7**

CH \$40.00 110860 2267959

04-11-2001



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

03-22-2001

U.S. Patent & TMO Form Mail Recpt Dt. #57

3-22-01

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
03052001

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

03052001

Name **InfoCure Corporation**

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 **PracticeWorks Systems, LLC**

DBA/AKA/TA _____

Composed of _____

Address (line 1) **Suite 200**

Address (line 2) **1765 The Exchange**

Address (line 3) **Atlanta**

City

Georgia

State/Country

30339

Zip Code

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

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

04/09/2001 TBIAZ1 00000055 76142683

01 FC:481 40.00 DP
02 FC:482 350.00 DP

390E

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 (0421-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0421-0027, 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:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002207 FRAME: 0301
REEL: 002718 FRAME: 0051

FORM PTO-1618B
Expires 08/30/99
OMB 0651-0027

Page 2

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" value="76142683"/>	<input type="text" value="76125012"/>	<input type="text" value="76171496"/>	<input type="text" value="1990507"/>	<input type="text" value="2009950"/>	<input type="text" value="1934126"/>
<input type="text" value="76171491"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1947961"/>	<input type="text" value="2018074"/>	<input type="text" value="2005786"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1900446"/>	<input type="text" value="2017261"/>	<input type="text" value="1382092"/>

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.

Name of Person Signing

Signature

Date Signed

RECORDATION FORM COVER SHEET CONTINUATION TRADEMARKS ONLY

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

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

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Enter Additional Conveying Party

Name InfoCure Corporation

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

Enter Additional Receiving Party

Name PracticeWorks Systems, LLC

DBA/AKA/TA

Composed of

Address (line 1) Suite 200

Address (line 2) 1765 The Exchange

Address (line 3) Atlanta Georgia 30339

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization Georgia

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 the Assignment.)

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) 2240 346

<u>1536188</u>	<u>2257959</u>	

ASSIGNMENT OF TRADEMARKS

WHEREAS, **InfoCure Corporation**, a Delaware corporation ("Assignor"), is the owner of the trademarks and registrations thereof in the United States Patent and Trademark Office listed on the attached Exhibit A.

WHEREAS, **PracticeWorks Systems, LLC**, a Georgia limited liability corporation ("Assignee"), is desirous of acquiring the entire right, title, and interest in said trademarks and registrations.

NOW, THEREFORE, in consideration for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor hereby sells, assigns, and transfers to Assignee the entire right, title and interest in and to said trademarks and registrations thereof, including the right to sue for damages and other remedies in respect of any infringement of the trademarks which may have occurred before the date of this assignment, together with the goodwill of the business symbolized by said trademarks and registrations.

Signed this 5th day of March, 2001

InfoCure Corporation,
a Delaware corporation

By: *[Signature]*
Title: FREDERICK L. FINE
PRESIDENT

STATE OF Georgia)
Fulton COUNTY)

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Frederick L. Fine whose name as President of InfoCure Corporation, a Delaware corporation, is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, he as such officer, and with full authority, executed the same voluntarily for and as the act of said corporation.

Given under my hand and seal of office this 5th day of March, 2001.

[Signature]
Notary Public
My commission expires: _____

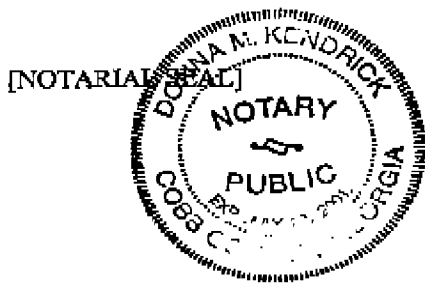


EXHIBIT AA. Registered Trademarks

<u>Trademark</u>	<u>Reg. Number</u>	<u>Date</u>
ROVAK (Supplemental)	1,990,507	07/30/96
ROVAK (Principal)	2,009,950	10/22/96
POWERPRACTICE	1,934,126	11/07/95
WINOMS	1,947,961	01/16/96
WINMED	2,018,074	11/19/96
MICRO-DESIGNS SOFTWARE CORPORATION (design)	2,005,786	10/08/96
DENTALED	2,017,261	11/19/96
DENTALMAC	1,382,092	02/11/86
PRACTICE WORKS	1,900,446	06/02/95
INTELLIDENT	2,240,346	04/20/99
PRACTICE OUTLOOK	1,536,188	06/24/96
TRIDENT	Application filed with USPTO Serial Number: 75111911	05/30/96
CLINIDENT	Application filed with USPTO Serial Number: 75520528	07/17/98
TRIMEDIC	2023583 (U.K.)	06/08/95
TRINAVY	2023402 (U.K.)	06/08/95
TRIDENT	2023309 (U.K.)	06/08/95

B. Common Law Trademarks

~~Oral Surgery (OMS)
OMS
Orthoworks/PCM
Rovak Voice
Rovak General Ledger
KC-2000
KC-95
Dental Wizard~~

MDFM
OPMS for DOS
Class-1
Orthoware
AlphaHealthCare
CfW
Cobb for Endo
Cobb for Oral Surgeons
Cobb for Perio
Cobb for Windows
Cobb for Windows/Enterprise Edition
Cobb for Speedy Bill
Contact Wizard
DBS
Dental Business System
Office Wizard
Treatment Entry Wizard
UnidentX
www.cobbdental.com
Dental Corporate Office System
DCOS