

FORM PTO-1594
(Rev. 6-99)

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.49316.276300-

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

1. Name of conveying party(ies):

INFOCURE SYSTEMS, INC.

- Individuals(s)
- General Partnership
- Corporation-State
- Other Georgia

- Association
- Limited Partnership

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

2. Name and address of receiving party(ies)

Name: **INFOCURE CORPORATION**

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 DELAWARE
- Other _____

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 merger document previously recorded at 2258/0601 on March 16, 2001
Execution Date: **March 5, 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, Esq.

Internal Address: Kilpatrick Stockton LLP

Street Address: 1100 Peachtree Street

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: 9

CH \$40.00 110860 2267969

D

FORM PTO-1618A
Expires 08/30/99
OMB 0951-0027

03-16-2001
U.S. Patent & TMO/™ Mail Rpt Dt. P20

03-28-2001



101667118

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
Effective Date
Month Day Year
03052001
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached
Execution Date
Month Day Year
03052001

Name InfoCure Systems, Inc.

Formerly _____

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

Receiving Party

Mark if additional names of receiving parties attached

Name InfoCure Corporation

DBA/AK/A _____

Composed of _____

Address (line 1) 239 Ethan Allen Highway

Address (line 2) _____

Address (line 3) Ridgefield

City

Connecticut

State/Country

06877

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

915E

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 (0951-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0951-0027, Patent and Trademark Assignment Practices. 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: 002758 FRAME: 0601
TRADEMARK
REEL: 002719 FRAME: 0347

FORM PTO-1618B
Expires 06/30/99
OMR 0851-9027

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="76171491"/>	<input type="text" value="75737596"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1990507"/>	<input type="text" value="2009950"/>	<input type="text" value="1934126"/>
<input type="text" value="1947961"/>	<input type="text" value="2018074"/>	<input type="text" value="2005786"/>
<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 06/30/06
OMB 0651-0027

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

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name InfoCure Systems, Inc.

03052001

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization Georgia

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name InfoCure Corporation

DBA/AK/A

Composed of

Address (line 1) 239 Ethan Allen Highway

Address (line 2)

Address (line 3) Ridgefield Connecticut 06877

City

State/Country

Zip Code

Individual General Partnership Limited Partnership

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.)

Corporation Association

Other

Citizenship/State of Incorporation/Organization Delaware

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)

2240346

1536188	2257959	1501182
1902535	2161991	1494899
1633022	2118968	2179170
1157908	2322905	0952919
2108725	2103110	2127036
2081755	2191807	2166869
2128631	1444994	2132665

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

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name **InfoCure Systems, Inc.**

03052001

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization **Georgia**

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name **InfoCure Corporation**

DBA/AKA

Composed of

Address (line 1) **239 Ethan Allen Highway**

Address (line 2)

Address (line 3) **Ridgefield** **Connecticut** **06877**

City

State/Country

Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization **Delaware**

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)

2116518		

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 010721040
 CONTROL NUMBER : K743839
 DATE INC/AUTH/FILED: 12/10/1997
 JURISDICTION : GEORGIA
 PRINT DATE : 03/13/2001
 FORM NUMBER : 215

MORRIS MANNING & MARTIN
 DONNA KENDRICK
 3343 P'TREE RD 1600 ATLANTIC FIN CNTR
 ATLANTA, GA 30326

CERTIFIED COPY

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

INFOCURE SYSTEMS, INC.
A DOMESTIC PROFIT CORPORATION

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the date set forth above its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



Cathy Cox

Cathy Cox
 Secretary of State

TRADEMARK
REEL: 002719 FRAME: 0605
REEL: 002719 FRAME: 0351

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 010640532
CONTROL NUMBER : K743839
EFFECTIVE DATE : 03/05/2001
REFERENCE : 0077
PRINT DATE : 03/05/2001
FORM NUMBER : 411

MORRIS, MANNING & MARTIN
DONNA M. KENDRICK
3343 PEACHTREE RD, NE, STE 1600
ATLANTA GA 30326

CERTIFICATE OF MERGER

I, Cathy Cox, the Secretary of State of the Georgia, do hereby issue this certificate pursuant to Title 14 of the Official Code of Georgia annotated certifying that articles or a certificate of merger and fees have been filed regarding the merger of the below entities, effective as of the date shown above. Attached is a true and correct copy of the said filing.

Surviving Entity:
INFOCURE CORPORATION, A DELAWARE CORPORATION

Nonsurviving Entity/Entities:
INFOCURE SYSTEMS, INC., A GEORGIA CORPORATION



Cathy Cox
CATHY COX
SECRETARY OF STATE

010640532

**CERTIFICATE OF MERGER OF
INFOCURE SYSTEMS, INC.
AND
INFOCURE CORPORATION**

I.

The names and states of incorporation of the merging corporations are InfoCure Corporation, a Delaware corporation, the surviving corporation, and InfoCure Systems, Inc., a Georgia corporation, the merged corporation.

II.

The executed Plan of Merger is on file at the principal place of business of InfoCure Corporation which is located at 1765 The Exchange, Suite 450, Atlanta, Georgia 30339.

III.

A copy of the Plan of Merger will be furnished by InfoCure Corporation, on request and without cost, to any shareholder of any corporation that is a party to the merger.

IV.

Shareholder approval of the merger was not required.

V.


A request for publication of a notice of filing this Certificate of Merger and payment therefor will be made as required by O.C.G.A. § 14-2-1105.1(b).

Date: Feb. 22, 2001

INFOCURE SYSTEMS, INC.

By: 
James K. Price, its Executive Vice President and Secretary

INFOCURE CORPORATION

By: 
James K. Price, its Executive Vice President and Secretary

SECRETARY OF STATE
01 MAR -5 PM 12:46
CORPORATIONS DIVISION

Cert of Merger-GA

99 17:10 From-MORRIS MANN

148 P.19/20 P-582

IN WITNESS WHEREOF, the Constituent Corporations have each caused this certificate of merger to be executed on their respective behalves by their duly authorized officers effective as of the day and year first above written.

MERGING CORPORATION:

SURVIVING CORPORATION:

Danamedic Acquisition Corporation

InfoCure Systems, Inc.

By: Richard E. Perlman, CFO and Treasurer

By: Richard E. Perlman, CFO and Treasurer

RECEIVED
02:21 PM 08/10
02/21/01

APS GA Cert of Merger

RECORDED: 03/16/2001

RECORDED: 09/17/2003

TRADEMARK
REEL: 002258 FRAME: 0608
TRADEMARK

REEL: 002719 FRAME: 0354