



102799128

To the Honorable Commissione

Remarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Decubiti Concepts, LLC 7-22-04

Individual(s) Association
 General partnership Limited Partnership
 Corporate- _____
 Other- Pennsylvania LLC _____

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

2. Name and address of receiving party(ies)
Recovercare, LLC
5185 Plymouth Campus Drive
Suite 300
Plymouth Meeting, Pennsylvania 19020

Individual(s) citizenship _____
 Association _____
 General partnership _____
 Limited Partnership _____
 Corporate-State _____
 Other - Pennsylvania LLC _____

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

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: December 22, 2003

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

A. Trademark Application No.(s)
see attached Schedule

B. Trademark Registration No.(s)
see attached Schedule

Additional number(s) attached Yes No

6. Total number of applications and registrations involved:.....

JUL 22 2004
SPR/FIN/AM
15:27

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

Name: Corey Field, Esquire
Internal Address: Ballard Spahr Andrews & Ingersoll, LLP
Street Address: 1735 Market Street, 51st Floor
City: Philadelphia State: PA Zip: 19103-7599

7. Total Fee (37 CFR 3.41) \$390.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
_____ 02-0755 _____

(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.

Corey Field Corey Field July 16, 2004
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 5

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

07/23/2004 ECOOPER 00000010 020755 76523265

01 FC:0521 40.00 BA
PHL_A #1901987 v1

02 FC:0522 350.00 BA

Schedule

Recovercare, LLC
Trademarks

Applications

<u>Mark</u>	<u>Serial/Registration No.</u>
PRONECARE	76523265
STIMULUS PLUS	76519880
STIMULUS AIR	76519881
STIMULUS PLUS JR.	76519882
STIMULUS SYSTEM JR	76527481
PRONE-TECHTOR 6.0	76523264
PRONECARE PLUS	76523263
PRONE-TECHTOR 3.5	76523262
PRONE-TECHTOR WBS	76523261
PRONE-TECHTOR WBS JR.	76523260
STIMULUS AIR	76523259
STIMAIR	76523258

Registrations

RECOVERCARE	1818236
STIMULUS SYSTEM	2197320
PRONE-TECHTOR	2260822

2004006-1560

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Amendment-Domestic
(15 Pa.C.S.)

Entity Number

2884112

Limited Partnership (§ 8512)

Limited Liability Company (§ 8951)

Name

Address

City

State

Zip Code

Document will be returned to the name and address you enter to the left.

Fee: \$52

Filed in the Department of State on JAN 29 2004

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:

Decubital Concepts LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization:

6/23/99

3. Check, and if appropriate complete, one of the following:

The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name of the company shall be Recoverage, LLC

The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

The amendment shall be effective on: _____ at _____
Date Hour

PA DEPT OF STATE

5. Check if the amendment restates the Certificate of Limited Partnership/Organization:

The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

22nd day of December, 2003.

Decubiti Concepts LLC
Name of Limited Partnership/Limited Liability Company

Thomas A. Smith, Pres
Signature

Thomas A. Smith
Title