

12-30-2004

12/27/04



Form PTO-1594

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATI

TRADEMARKS ONLY

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DEPARTMENT OF COMMERCE

Patent and Trademark Office

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):

Andrx Pharmaceuticals, L.L.C.

- Individual(s)
- General Partnership
- Corporation-State
- Other Limited Liability Corp
- Association
- Limited Partnership

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: DECEMBER 21, 2004

2. Name and address of receiving party(ies)

Name: Anda Marketing, Inc

Internal

Address:

Street Address: 2915 Weston Road

City: Weston State: FL Zip: 33331

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Florida
- 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)

(See Attached)

B. Trademark Registration No.(s)

Additional number(s) attached Yes No

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

Name: Ted Whitlock

Internal Address:

Street Address: 8151 Peters Road
4TH Floor

City: Plantation State: FL Zip: 33324

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41).....\$ 65.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

500899

(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.

TED W. WHITLOCK

Name of Person Signing

Signature

December 21, 2004

Date

Total number of pages including cover sheet, attachments, and document: 4

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

12/28/2004 ECOOPER 00000145 500899 78368848

01 FC:8521 40.00 DA

02 FC:8522 25.00 DA

TRADEMARK REEL: 003099 FRAME: 0235

ASSIGNMENT OF TRADEMARK

WHEREAS, Andrx Pharmaceuticals, L.L.C., a limited liability company organized under the laws of the State of Delaware, having a business address at 4955 Orange Drive, Fort Lauderdale, Florida, 33314 (hereinafter "ASSIGNOR") is the registered applicant and original owner of Trademark(s), and the goodwill associated therewith, listed in the Attachment appended hereto (hereinafter "Trademarks"); and

WHEREAS, Anda Marketing, Inc., a Florida Corporation organized under the laws of the State of Florida, having a business address at 2915 Weston Road, Weston, Florida, 33331 (hereinafter "ASSIGNEE"), is desirous of formally recognizing its acquisition of and current ownership of said Trademarks, and the associated goodwill.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, ASSIGNOR hereby memorializes the sale, assignment, transfer and conveyance unto ASSIGNEE all right, title and interest in and to the Trademarks, together with the goodwill associated with said Trademarks.

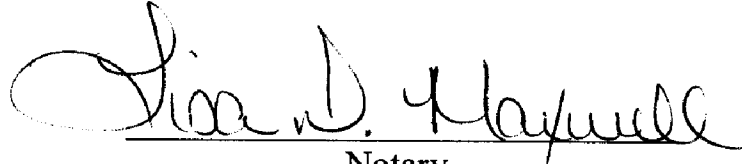
ANDRX PHARMACEUTICALS, L.L.C..

DECEMBER 21, 2004

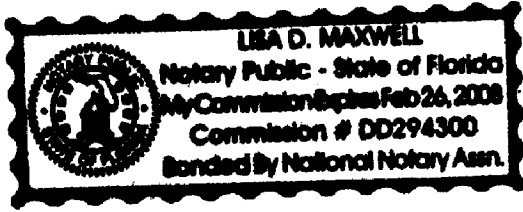
By: 

Name: Scott Lodin
Title: Executive Vice President
& General Counsel

The foregoing instrument was acknowledged before me this 21st day of December, 2004 by Scott Lodin as Executive Vice President and General Counsel for Andrx Pharmaceuticals, L.L.C.



Notary



Personally Known _____
Or Produced Identification _____
Type of Identification Produced _____

ATTACHMENT

MARK

**SERIAL AND/OR
REGISTRATION NUMBER**

Qualacare

78/368848

Qualicare

78/368855