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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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

## 1. Name of conveying party(ies):

Arda, Inc.

- ☐ Individual(s) ☐ Association  
☐ General Partnership ☐ Limited Partnership  
☒ Corporation-State  
☐ Other \_\_\_\_\_

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

## 3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: June 3, 2004

## 2. Name and address of receiving party(ies)

Name: Arda Pharmaceuticals, LLC

Internal

Address: \_\_\_\_\_

Street Address: 4955 Orange Drive

City: Davie State: FL Zip: 33314

- ☐ Individual(s) citizenship \_\_\_\_\_  
☐ Association \_\_\_\_\_  
☐ General Partnership \_\_\_\_\_  
☐ Limited Partnership \_\_\_\_\_  
☐ Corporation-State \_\_\_\_\_  
☒ Other Limited Liability Corp.

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 Attachments)

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

4<sup>TH</sup> Floor

City: Plantation State: FL Zip: 33324

## 6. Total number of applications and registrations involved: 7

7. Total fee (37 CFR 3.41) \$ 1905.40

- ☐ 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 29, 2004

Date

Total number of pages including cover sheet, attachments, and document: 1

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

TRADEMARK  
 REEL: 003101 FRAME: 0919

# ATTACHMENT

<b>MARK</b>	<b>SERIAL AND/OR REGISTRATION NUMBER</b>
Cyclafem 1/35	78/169349
Cyclafem 777	78/169319
Losenta	78/169355
Previfem	78/181495
Quatrimine	78/162865
Quatrol	78/162846
Tri-Previfem	78/181501

## **ASSIGNMENT OF TRADEMARK**

WHEREAS, Anda, Inc., a Florida corporation 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, 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 "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.

**ANDA, INC.**

By: 

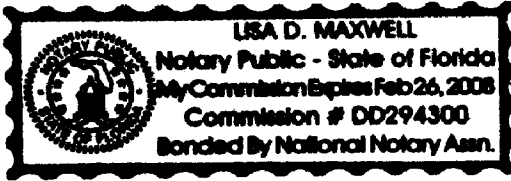
Name: Scott Lodin

Title: Executive Vice President  
& General Counsel

STATE OF FLORIDA  
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 3rd day of June, 2004  
by Scott Lodin as Executive Vice President and General Counsel for Andrx Corporation.

Lisa D. Maxwell  
Notary



Personally Known ✓  
Or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_