

Form PTO-1594 (Rev. 03/05)
OMB Collection 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Romark Laboratories, L.C.
3000 Bayport Drive, Suite 200
Tampa, FL 33607

- Individual(s)
- General Partnership
- Corporation- State: _____
- Other Limited Liability Company
- Association
- Limited Partnership

Citizenship (see guidelines) Florida

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) 6/30/2005

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Cardinal Health, Inc.

Internal

Address: _____

Street Address: 7000 Cardinal Place

City: Dublin

State: OH

Country: USA

Zip: 43017

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Ohio
- Other _____ Citizenship _____

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)
2,812,956

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
ALINIA - Class 5 registration

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

Name: Michael D. Steffensmeier

Internal Address: Cardinal Health, Inc.

Street Address: 7000 Cardinal Place

City: Dublin

State: OH Zip: 43017

Phone Number: (614) 757-7861

Fax Number: (614) 757-2249

Email Address: mike.steffensmeier@cardinal.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-0256

Authorized User Name Michael D. Steffensmeier

9. Signature:

Michael D. Steffensmeier
Signature

July 11, 2005
Date

Michael D. Steffensmeier
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK

CH \$40.00 500256 2812956

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON
Debra A. Willet (614) 757-3428

B. SEND ACKNOWLEDGEMENT TO:
Name Debra A. Willet
Address 7000 Cardinal Place
Address
City/State/Zip Dublin, OH 43017

THE ABOVE SPACE IS FOR FILING OFFICE USE ON

1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names

1a. ORGANIZATION'S NAME
Roaris Laboratories, L.C.

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS
3000 Bayport Drive, Suite 200 CITY Tampa STATE FL POSTAL CODE 33607 COUNTRY USA

1d. TAX ID# 59-3276909 REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION Limited Liability Company 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID# REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME
Cardinal Health

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS
7000 Cardinal Place CITY Dublin STATE OH POSTAL CODE 43017 COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All Debtor's rights, title and interest in that certain pharmaceutical product sometimes commonly known as Alinia™ (nitrazoxamide) (the "Product") and all related assets thereto, including but not limited to, all inventory (including without limitation finished goods and API), new drug applications, abbreviated new drug applications, accounts, accounts receivable, deposit accounts (including without limitation, those maintained with a bank or other financial institution), and all money, letter of credit rights and letter of credit proceeds and assignments thereof, chattel paper, including electronic chattel paper, documents, notes receivable, instruments, investment property, contract rights, general intangibles (including without limitation, all intellectual property, trade names, trade marks, trade secrets, service marks, patents, patent applications, copyrights, literary rights, royalties, data bases, software and software systems, licenses, franchises, customer lists, goodwill, and tax refunds relating to the Product, including without limitation those patents and trademarks set forth in Box 15, books and records, permits, authorizations, computer programs and records, and all other personal property, tangible or intangible related to, arising from, relating to or used in connection with the Product; all accessions and additions to, substitutions for, and replacements of any of the foregoing; all proceeds or products of any of the foregoing; and all rights to payments under any insurance or warranty, guaranty or indemnity payable with respect to any of the foregoing.

5. ALTERNATE DESIGNATION (if applicable)

<input type="checkbox"/>	LESSEE/LESSOR	<input type="checkbox"/>	CONSIGNEE/CONSIGNOR	<input type="checkbox"/>	BAILEE/BAILOR
<input type="checkbox"/>	AG. LIEN	<input type="checkbox"/>	NON-UCC FILING	<input type="checkbox"/>	SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

All documentary stamps due and payable or to become due and payable pursuant to s. 201.32 F.S., have been paid.

Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA

STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM - ADDENDUM

8. NAME OF FIRST DEBTOR (1a OR 1b) ON RELATED FINANCING STATEMENT

8a. ORGANIZATION'S NAME			
8b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

9. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (10a OR 10b) - Do Not Abbreviate or Combine Names

10a. ORGANIZATION'S NAME			
10b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY
10d. TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	10e. TYPE OF ORGANIZATION	10f. JURISDICTION OF ORGANIZATION
		10g. ORGANIZATIONAL <input type="checkbox"/> NONE	

11. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY NAME (11a OR 11b)

11a. ORGANIZATION'S NAME			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

12. This FINANCING STATEMENT covers timber to be cut, or as-extracted collateral, or is filed as a fixture filing.

15. Additional collateral description:

Non-Exclusive List of Intellectual Property

U.S. Patent Nos.
 5,578,621
 6,020,353
 5,968,961
 5,387,598
 6,117,894
 5,965,590

U.S. Trademark No.
 2,812,956

13. Description of real estate:

14. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

17. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction - effective 30 years
 Filed in connection with a Public-Finance Transaction - effective 30 years