

06-06-2005



RECORD
TRADEMARK
103015060

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):

iMedOptions, LLC

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

Other limited liability company
Citizenship (see guidelines) Delaware

Additional names of conveying parties attached? Yes No

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

Execution Date(s) March 29, 2005

- Assignment
- Security Agreement
- Other Certificate of Amendment of Certificate of Formation
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Clinical Care Options, LLC

Internal Address: Suite 110

Street Address: 1894 Preston White Dr.

City: Reston

State: Virginia

Country: United States Zip: 20191

- Association
- General Partnership
- Limited Partnership
- Corporation

Other LLC Citizenship Virginia

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)

2,420,158

Additional sheet(s) attached? Yes No

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

"CLINICAL CARE OPTIONS FOR HIV"

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

Name: Thomas I. Rozsa, Esq.

Internal Address: Suite 1601
ROZSA LAW GROUP LC

Street Address: 15910 Ventura Blvd.

City: Encino

State: CA Zip: 91436-2815

Phone Number: (818) 783-0990

Fax Number: (818) 783-0992

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

- 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 18-2222

Authorized User Name _____

9. Signature:

Thomas I. Rozsa
Signature

May 31, 2005
Date

Thomas I. Rozsa, Esq.

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

06/03/2005 DBYRME 00000010 2420158

Name of Person Signing

01 FC:8521

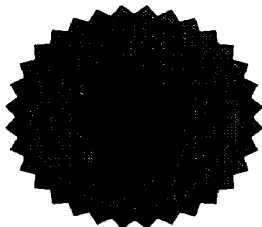
Documents recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "IMEDOPTIONS, LLC", CHANGING ITS NAME FROM "IMEDOPTIONS, LLC" TO "CLINICAL CARE OPTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2005, AT 5:59 O'CLOCK P.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3772286

DATE: 03-29-05

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KATHLEEN DAVIS

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**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
iMedOptions, LLC**

iMedOptions, LLC (the "LLC") is a limited liability company organized under the Delaware Limited Liability Company Act, 6 Del. C. §§18-101 et seq. (the "Act") on October 28, 2002. This Certificate of Amendment to the Certificate of Formation of the LLC, dated as of March 28, 2005, is duly executed and filed by the undersigned, as a duly authorized person, for the purpose of amending the Certificate of Formation of the LLC pursuant to Section 18-202 of the Act.

FIRST, the name of the LLC as set forth on the Certificate of Formation of the LLC is "iMedOptions, LLC"

SECOND, the Certificate of Formation of the LLC is hereby amended to reflect that the name of the LLC shall now be "Clinical Care Options, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of the date first written above.



Jeffrey L. Drezner, M.D., Ph.D.,
Authorized Person

LBC/2392391.1

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:05 PM 03/28/2005
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SRV 050251049 - 3584498 FILE