

06-16-2005



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

6-10-05

1. Name of conveying party(ies):

Omnichoice Benefit Plans, Inc.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 05/23/2005

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Health Benefit Plans, Inc.

Internal

Address: Suite 189

Street Address: 20533 Biscayne Blvd

City: Aventura

State: Florida

Country: USA

Zip: 33186

- Association
- General Partnership
- Limited Partnership
- Corporation
- 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)

OFFICE OF REGULATORY AFFAIRS
FINANCIAL SECTION
2005 JUN 10 11 00 AM

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

A. Trademark Application No.(s)
76618409

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

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

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

Name: Wendy Wallberg, Esq

Internal Address: Wallberg & Renzy, P.A.

Street Address: 10100 West Sample Road

Third Floor

City: Coral Springs

State: Florida Zip: 33065

Phone Number: 954-757-1212

Fax Number: 305-675-4694

Email Address: wallberg_renzy@yahoo.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 3799
Expiration Date 01/2006

b. Deposit Account Number _____
Authorized User Name Ron Renzy

9. Signature:

Ron Renzy
Signature

06/08/2005

Date

06/15/2005 DBYRNE 00000191 76618409

40.00 OP Ron Renzy

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

3

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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

