

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 6/30/2008)

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):**

PolyMedica Pharmaceuticals  
(Puerto Rico), Inc.

- Individual(s)
- General Partnership
- Corporation- State: Massachusetts
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: PolyMedica Pharmaceuticals (Puerto Rico), Inc.

Internal

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

Street Address: 8881 Liberty Lane

City: Port St. Lucie

State: FL

Country: U.S.A. Zip: 34952

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship Massachusetts
- 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)

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

Execution Date(s) November 22, 2002

- Assignment
- Security Agreement
- Other See Attached Sheet
- Merger
- Change of Name

**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)

586,346

Additional sheet(s) attached?  Yes  No

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

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

Name: Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.

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

Street Address: 1635 Market Street 11th Floor

City: Philadelphia

State: PA Zip: 19103-2212

Phone Number: (215) 567-2010

Fax Number: \_\_\_\_\_

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

**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

**B. Payment Information:**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 03-0075

Authorized User Name Allan H. Fried

**9. Signature:**

Allan H. Fried  
Signature

Nov. 7, 2005  
Date

Allan H. Fried; Reg. No. 31,253  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 5

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
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Attached Sheet

Box 3

Correction of recipient entity status in original cover sheet to a corporation.  
Reel/Frame: 002952/0803

Attorney Docket No. P.46/30006  
Customer No. 03000

04-21-2004

4/16/04



102729080

Form PTO-1594  
(Rev. 10/02)  
OMB No. 0651-0027 (exp. 6/30/2005)

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DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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

1. Name of conveying party(ies):  
PolyMedica Pharmaceuticals  
(Puerto Rico), Inc.

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

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

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- Other Change of Address
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- Change of Name

Execution Date: November 22, 2002

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Name: PolyMedica Pharmaceuticals  
Internal (Puerto Rico), Inc.  
Address:

Street Address: 8881 Liberty Lane  
Port St. Lucie State: FL Zip: 34952  
City:

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

OFFICE OF PATENT & TRADEMARKS  
FINANCIAL SECTION  
APR 16 2004 10:39 AM

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s) 586,346

Additional number(s) attached  Yes  No

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

Name: Caesar, Rivise, Bernstein,

Internal Address: Cohen & Pokotilow, LTD.

Street Address: 1635 Market Street

Seven Penn Center, 12th Floor

City: Philadelphia State: PA Zip: 19103-2212

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

03-0075

(Duplicate of this Cover Sheet is enclosed)

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9. Signature.

Allan H. Fried; Reg. No. 31,253

Allan H. Fried

APRIL 16, 2004

Name of Person Signing

Signature

Date

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01 FC:8521 40.00

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Washington, D.C. 20231



THE COMMONWEALTH OF MASSACHUSETTS  
AMENDED FOREIGN CORPORATION CERTIFICATE  
(General Laws, Chapter 181, Section 4)

I hereby approve the within Amended Foreign Corporation Certificate and, the filing fee in the amount of \$ \_\_\_\_\_ having been paid, said certificate is deemed to have been filed with me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ .

WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*

TO BE FILLED IN BY CORPORATION  
Photocopy of document to be sent to:

Jane C. Gilman, Hale and Dorr LLP

60 State Street

Boston, MA 02110

Telephone: 617.526.6000

TRADEMARK

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**FACSIMILE TRANSMITTAL SHEET**

November 8, 2005

To:		From:	Allan H. Fried
Attn.:		Time:	
Fax No.:	571-273-0140	Our Ref.:	P1146/30006 (586,346)
Pages:	6 (including cover)		

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