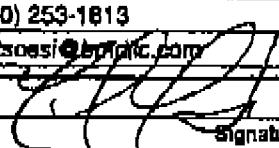


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<p><b>1. Name of conveying party(ies):</b> Flagship Healthcare Management, Inc.</p> <p><input type="checkbox"/> Individual(s)      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership      <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation- State: <u>Delaware</u>  <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) _____</p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>2. Name and address of receiving party(ies)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Additional names, addresses, or citizenship attached?</p> <p>Name: <u>Flagship Patient Advocates, Inc.</u>  Internal _____  Address: _____  Street Address: <u>2711 Centerville Rd., Suite 400</u>  City: <u>Wilmington</u>  State: <u>Delaware</u>  Country: <u>New Castle</u>      Zip: <u>19808</u></p> <p><input type="checkbox"/> Association      Citizenship _____  <input type="checkbox"/> General Partnership      Citizenship _____  <input type="checkbox"/> Limited Partnership      Citizenship _____  <input checked="" type="checkbox"/> Corporation      Citizenship <u>Delaware</u>  <input type="checkbox"/> Other _____      Citizenship _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</p>
<p><b>3. Nature of conveyance / Execution Date(s) :</b> Execution Date(s) <u>05/01/2006</u></p> <p><input type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement      <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p>	<p><b>4. Application number(s) or registration number(s) and identification or description of the Trademark.</b></p> <p>A. Trademark Application No.(s)  1. Serial No. <u>78416058</u>  2. Serial No. <u>78416139</u></p> <p>B. Trademark Registration No.(s)  1. <u>N/A</u>      2. <u>N/A</u></p> <p>Additional sheet(s) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</b></p> <p>1. <u>Flagship Healthcare Management (words only plus seal w/ colors)</u>  2. <u>MedCierge (words only)</u></p>	
<p><b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b> Name: <u>Frank T. Sossi</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>75 East Market St.</u></p> <p>City: <u>Akron</u>  State: <u>Ohio</u>      Zip: <u>44308</u>  Phone Number: <u>(330) 253-1804</u>  Fax Number: <u>(330) 253-1813</u>  Email Address: <u>fsossi@bpfmc.com</u></p>	<p><b>6. Total number of applications and registrations involved:</b> <span style="border: 1px solid black; padding: 2px;">2</span></p> <p><b>7. Total fee (37 CFR 2.6(b)(6) &amp; 3.41) \$ <u>200.00</u></b></p> <p><input checked="" type="checkbox"/> Authorized to be charged by credit card  <input type="checkbox"/> Authorized to be charged to deposit account  <input type="checkbox"/> Enclosed</p> <p><b>8. Payment Information:</b></p> <p>a. Credit Card      Last 4 Numbers <u>3794</u>  Expiration Date <u>07/07</u></p> <p>b. Deposit Account Number _____  Authorized User Name _____</p>
<p><b>9. Signature:</b>  <span style="float: right;">05/23/2006</span></p> <p style="text-align: center;">_____ Signature      Date</p> <p style="text-align: center;">Frank T. Sossi, Attorney Name of Person Signing</p> <p style="text-align: right;">Total number of pages (including cover sheet, attachments, and document): <span style="border: 1px solid black; padding: 2px;"> </span></p>	

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### FAX COVER SHEET

DATE: June 1, 2006

TO: Director of the U.S. Patent and Trademark Office

FAX#: (571) 273-0140

FROM: Emily Peebles on behalf of Frank T. Sossi

Number of pages including cover page: 4

COMMENTS:

Please notify Emily Peebles at (330) 253-5060, if not received properly.  
Our 24-hour automatic fax number is (330) 253-1977.

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