

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

11/07/2006
900062052

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT		
NATURE OF CONVEYANCE:	Corrective Assignment to correct the owner's name which was misspelled previously recorded on Reel 003322 Frame 0075. Assignor(s) hereby confirms the owner's name should read "Flagship Patient Advocates, Inc." not "Flagship Patient Advocates, Inc.*".		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Flagship Patient Advocates, Inc.		05/24/2006	CORPORATION:
RECEIVING PARTY DATA			
Name:	Flagship Patient Advocates, Inc.		
Street Address:	220 West 42nd Street		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10036		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3149553	MEDCIERGE	
CORRESPONDENCE DATA			
Fax Number:	(330)253-1813		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	330.253.5060		
Email:	ftsossi@bmdlic.com		
Correspondent Name:	Frank T. Sossi		
Address Line 1:	75 East Market St.		
Address Line 4:	Akron, OHIO 44308		
ATTORNEY DOCKET NUMBER:	FLAGSHIP: WEB/IP		
NAME OF SUBMITTER:	Frank T. Sossi		
Signature:	/Frank T. Sossi/		

OP \$40.00 3149553

ALL-STATE LEGAL®

EXHIBIT
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TRADEMARK
REEL: 003435 FRAME: 0712

Date:

11/07/2006

Total Attachments: 3

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06/24/2006
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Form PTO-1584 (Rev. 07/05)
OMB Collection 0951-0027 (exp. 03/31/2008)

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):
Flagship Healthcare Management, Inc.

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

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: Flagship Patient Advocates, Inc.
 Internal Address: _____
 Street Address: 2711 Cantarville Rd., Suite 400
 City: Wilmington
 State: Delaware
 Country: New Castle Zip: 19808

Associate Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship Delaware
 Other _____ Citizenship _____

3. Nature of conveyance (Execution Date(s)):
 Execution Date(s) 05/01/2006

Assignment Merger
 Security Agreement Change of Name
 Other _____

If assignor is not domiciled in the United States, a complete reciprocal 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)
 1. Serial No. 78416068
 2. Serial No. 78418139

B. Trademark Registration No.(s)
 1. N/A 2. N/A

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
 1. Flagship Healthcare Management (words only plus seal w/ colors)
 2. MedCharge (words only)

5. Name & address of party to whom correspondence concerning document should be mailed:
 Name: Frank T. Sosa
 Internal Address: _____
 Street Address: 75 East Market St.
 City: Akron
 State: OHIO Zip: 44308
 Phone Number: (330) 263-1804
 Fax Number: (330) 253-1813
 Email Address: frank@bptc.com

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 2.9(b)(6) & 3.41) \$ 200.00

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

8. Payment Information:
 a. Credit Card Last 4 Numbers 3704
 Expiration Date 07/07
 b. Deposit Account Number _____
 Authorized User Name _____

9. Signature: [Signature] Date: 05/23/2006
 Name of Person Signing: Frank T. Sosa, Attorney
 Total number of pages including cover sheet, attachments, and assignment: _____

Documents to be recorded (including power of attorney) should be filed in (PTO) 373-0140, or mailed to: Mail Stop Assignments and Recordation Services, Director of the USPTO, P.O. Box 1480, Alexandria, VA 22313-1480

