

02-15-2007

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

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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.

1. Name of conveying party(ies):

Flagship Patient Advocates, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Delaware
- 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) January 19, 2007

- 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: Flagship Global Health Inc.

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

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

Street Address: 220 West 42nd Street

City: New York

State: NY

Country: USA Zip: 10036

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

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

A. Trademark Application No.(s)

(See attached).

B. Trademark Registration No.(s)

(See attached).

Additional sheet(s) attached?  Yes  No

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

(See attached).

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

Name: Frank T. Sossi, Esq.

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

Street Address: 75 East Market St.

City: Akron

State: Ohio Zip: 44308

Phone Number: (330) 253-5060

Fax Number: (330) 253-1977

Email Address: FTSossi@bmd11c.com

6. Total number of applications and registrations involved:

8

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 215

- 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 \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

9. Signature:

02/13/2007 DBYRNE 00000249 749E1470

Signature

Frank T. Sossi

Name of Person Signing

02/09/07

Date

Total number of pages including cover sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK  
REEL: 003485 FRAME: 0480

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

**A. Trademark Application Nos.**

78921740 MYMEDVAULT  
77073244 EMERGENCY CARE DIRECT  
77073240 SPECIALIST CARE DIRECT  
77073234 ASSURING THE BEST POSSIBLE OUTCOME IN ANY  
MEDICAL SITUATION  
77073231 SEE THE BEST WHEN YOU NEED THEM THE MOST  
77073202 EMERGENCY CARE AT THE SPEED OF NEED  
77073194 GLOBAL HEALTH ID

**B. Trademark Registration No.**

3149553 MEDCIERGE

# BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

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February 9, 2007


Director of the U.S. Patent and Trademark Office  
Mail Stop Assignment Recordation Services  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: *Form PTO-1594*

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

Enclosed please find a completed Form PTO-1594 for filing and a filing fee of \$215.00.

If you have any questions, please do not hesitate to contact me.

  
KYLE L GAUL

:Enclosure

AKRON, OH · 75 E. MARKET STREET · AKRON, OH 44308 · PHONE: 330-253-5060 · FAX: 330-253-1977 · [www.bmdllc.com](http://www.bmdllc.com)  
BONITA SPRINGS, FL · 3301 BONITA BEACH ROAD · SUITE 202 · BONITA SPRINGS, FL 34134 · PHONE: 239-992-6578 · FAX: 239-992-9328 · [www.bmdpl.com](http://www.bmdpl.com)  
JACKSONVILLE, FL · 76 S. LAURA STREET · SUITE 2110 · JACKSONVILLE, FL 32202 · PHONE: 904-366-1500 · FAX: 904-366-1501 · [www.bmdpl.com](http://www.bmdpl.com)

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TRADEMARK  
REEL: 003485 FRAME: 0482