

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): MedPointe Healthcare Inc. <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: Delaware <input type="checkbox"/> Other: Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: <u>Hi-Tech Pharmacal Co., Inc.</u> Internal Address: Street Address: <u>369 Bayville Avenue</u> City: <u>Amityville</u> State: <u>New York</u> Zip: <u>11701</u> <input type="checkbox"/> Individual(s) citizenship: <input type="checkbox"/> Association: <input type="checkbox"/> General Partnership: <input type="checkbox"/> Limited Partnership: <input checked="" type="checkbox"/> Corporation-State: <u>New York</u> <input type="checkbox"/> Other: If assignee is not domiciled in the United States, a domestic representative designation is attached: (Designations must be a separate document from assignment) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of Conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: <u>July 5, 2007</u>	4. Application Number(s) or Registration Number(s): <u>696,678</u> A. Trademark Application No.(s): B. Trademark Registration No.(s): <u>696,678</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>LENER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP</u> Internal Address: Street Address: <u>600 South Avenue West</u> City: <u>Westfield</u> State: <u>NJ</u> Zip: <u>07090</u>	6. Total Number of applications and registrations involved: <u>1</u> 7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Deposit Account <input type="checkbox"/> Authorized to be charged to credit card (Form 2038 enclosed) 8. Deposit account number: <u>12-1095</u> (Attach duplicate copy of this page if paying by deposit account)	
DO NOT USE THIS SPACE		
9. Statement and signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <u>William L. Mentlik</u> <u>July 10, 2007</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and document: <u>3</u>		

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A S S I G N M E N T

WHEREAS, MedPointe Healthcare Inc. ("MedPointe"), a Delaware corporation, having a principal place of business at 265 Davidson Avenue, Somerset, New Jersey 08873-4120, is the owner by assignment of the name and trademark VOSOL in the United States, including U.S. Trademark Registration No. 696,678 (the "Registration"), dated April 26, 1960;

WHEREAS, Hi-Tech Pharmacal Co., Inc. ("Hi-Tech"), a New York corporation, having a principal place of business at 369 Bayville Avenue, Amityville, New York 11701, is desirous of acquiring all right, title, and interest in and to the name and trademark VOSOL, including the aforesaid Registration, along with that part of the goodwill of the business of MedPointe symbolized thereby;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, MedPointe does hereby assign unto Hi-Tech all of its right, title, and interest in and to the name and trademark VOSOL, including the Registration, along with that part of the goodwill of the business of MedPointe symbolized thereby.

MEDPOINTE HEALTHCARE, INC.

Dated: 7/5/07

By: 

Name: BETH P. HECHT

Title: VP, General Counsel & Secretary

STATE OF New Jersey)
COUNTY OF Somerset)

On this 5th day of July, 2007, before me appeared Beth P. Hecht, the person who signed this instrument, who acknowledged that she signed it as a free act on behalf of MedBint HealthCare Inc. with authority to do so.

Adrienne N. Foster
Notary Public

ADRIENNE N. FOSTER
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES MAY 16, 2008

