

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Kann Institute for Medical Careers, Inc.		07/30/2007	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	KIMC Investments, Inc.		
Street Address:	222 West Lakeview Avenue #200		
City:	West Palm Beach		
State/Country:	FLORIDA		
Postal Code:	33401		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2548056	MEDVANCE INSTITUTE	
CORRESPONDENCE DATA			
Fax Number:	(305)961-5812		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	3055790812		
Email:	ipmiami@gtlaw.com		
Correspondent Name:	Manuel Valcarcel c/o Greenberg Traurig		
Address Line 1:	1221 Brickell Avenue		
Address Line 4:	Miami, FLORIDA 33131		
ATTORNEY DOCKET NUMBER:	029131.010700		
NAME OF SUBMITTER:	Manuel Valcarcel		
Signature:	/manuel valcarcel/		
Date:	08/06/2007		

CH \$40.00 2548056

Total Attachments: 2

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TRADEMARK ASSIGNMENT

THIS TRADEMARK ASSIGNMENT (this "Assignment") is executed and delivered as of this 30th day of July, 2007 ("Effective Date") by Kann Institute for Medical Careers, Inc., a Delaware corporation ("Assignor"), to and in favor of KIMC Investments, Inc., a Delaware corporation ("Assignee").

WHEREAS, Assignor wishes to assign to Assignee, and Assignee wishes to acquire from Assignor, all of the Assignor's rights, title and interest in and to United States Trademark Registration No. 2,548,056 for the mark MEDVANCE INSTITUTE, as well as all common law rights, together with the goodwill of the business associated therewith (collectively, the "Mark").

NOW, THEREFORE, for Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor hereby sells, assigns, transfers and sets over to Assignee its entire right, title and interest in and to the Mark, for the United States and for all foreign countries, including, without limitation, any registrations and applications therefor, any renewals and extensions of the registrations, and all common law and other corresponding rights that are or may be secured in the United States or any foreign country, now or hereafter in effect, for Assignee's own use and enjoyment, and for the use and enjoyment of Assignee's successors, assigns or other legal representatives, at least as fully and entirely as the same would have been held and enjoyed by Assignor if this Assignment had not been made, together with all income, royalties or payments due or payable as of the Effective Date or thereafter, including, without limitation, all claims for damages by reason of past, present or future infringement or other unauthorized use of the Mark, with the right to sue for and collect the same for Assignee's own use and enjoyment and for the use and enjoyment of its successors, assigns or other legal representatives.

Assignor hereby requests the Commissioner for Trademarks, and the corresponding entity or agency in each applicable foreign country, to record Assignee as the Assignee and owner of the Mark.

This Assignment shall be governed by and construed in accordance with the domestic laws of the State of Florida without giving effect to any choice or conflict of law provision or rule (whether of the State of Florida or any other jurisdiction) that would cause the application of the laws of any other jurisdiction.

* * * * *

IN WITNESS WHEREOF, Assignor has caused this Assignment to be executed by its duly authorized representative as of the Effective Date.

ASSIGNOR:

KANN INSTITUTE FOR MEDICAL CAREERS, INC., a Delaware corporation

By Deborah K Schwaberg
Name: Deborah K Schwaberg
Title: Chairman

ACKNOWLEDGEMENT

STATE OF Florida,
COUNTY OF Palm Beach SS:

The foregoing Assignment was acknowledged before me this 30th day July, 2007 by _____, the _____ of Kann Institute for Medical Careers, Inc., a Delaware corporation. He/she is personally known to me or has produced _____ as identification.

Notary: Rhonda Lundy
Print Name: Rhonda Lundy

[NOTARIAL SEAL]
Notary Public, _____
My commission expires:

Notary Public State of Florida
Rhonda Lundy
My Commission DD618102
Expires 11/28/2010

