

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                                  |  |                       |                       |
|----------------------------------|--|-----------------------|-----------------------|
| SUBMISSION TYPE:                 | NEW ASSIGNMENT   |                       |                       |
| NATURE OF CONVEYANCE:            | ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL   |                       |                       |
| <b>CONVEYING PARTY DATA</b>      |  |                       |                       |
| <b>Name</b>                      | <b>Formerly</b>  | <b>Execution Date</b> | <b>Entity Type</b>    |
| PHYSICIAN INFORMATICS, INC.      |  | 08/04/2009            | CORPORATION: VIRGINIA |
| <b>RECEIVING PARTY DATA</b>      |  |                       |                       |
| <b>Name:</b>                     | PracticeOne, LLC   |                       |                       |
| <b>Street Address:</b>           | 15 Corporate Place South, Suite 101  |                       |                       |
| <b>City:</b>                     | Piscataway   |                       |                       |
| <b>State/Country:</b>            | NEW JERSEY   |                       |                       |
| <b>Postal Code:</b>              | 08807  |                       |                       |
| <b>Entity Type:</b>              | LIMITED LIABILITY COMPANY: DELAWARE  |                       |                       |
| <b>PROPERTY NUMBERS Total: 1</b> |  |                       |                       |
| <b>Property Type</b>             | <b>Number</b>  | <b>Word Mark</b>      |                       |
| Registration Number:             | 2859384  | PRACTICEONE           |                       |
| <b>CORRESPONDENCE DATA</b>       |  |                       |                       |
| Fax Number:                      | (305)673-6872  |                       |                       |
|                                  | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                       |                       |
| Phone:                           | 3056736686   |                       |                       |
| Email:                           | richard@4trademark.com   |                       |                       |
| Correspondent Name:              | Richard L. Morris Jr. Esq.   |                       |                       |
| Address Line 1:                  | P.O. Box 398538  |                       |                       |
| Address Line 2:                  | c/o 1-800-4-TRADEMARK  |                       |                       |
| Address Line 4:                  | MIAMI BEACH, FLORIDA 33239   |                       |                       |
| NAME OF SUBMITTER:               | RICHARD L MORRIS JR ESQ  |                       |                       |
| Signature:                       | /rmorris/  |                       |                       |
| Date:                            | 08/17/2009   |                       |                       |
| Total Attachments: 1             |  |                       |                       |

OP \$40.00 2859384



## ASSIGNMENT OF TRADEMARK

MARK: **PRACTICEONE**  
REGISTRATION NUMBER: **2859384**  
DATE OF FILING: **May 6, 2002**

ASSIGNOR:  
**PHYSICIAN INFORMATICS, INC.** (a Virginia Corporation)  
Address: 8605 Westwood Center Drive, Suite 500, Vienna, VA 22182

ASSIGNEE:  
**PracticeOne, LLC** (a Delaware LLC)  
Address: 15 Corporate Place South, Suite 101, Piscataway, NJ 08807

For good and valuable consideration, receipt of which is hereby acknowledged, ASSIGNOR, **PHYSICIAN INFORMATICS, INC.** ("ASSIGNOR"), does hereby transfer, convey and assign to ASSIGNEE, **PracticeOne, LLC** ("ASSIGNEE"), all right, title and interest, held or owned by ASSIGNOR, both foreign and domestic, in and to the trademark "**PRACTICEONE**" ("MARK"), and all Federal and State Trademark Registrations or Applications therein, including, but not limited to, Federal Trademark Registration Number **2859384**, together with the goodwill in the business symbolized by the MARK.

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this document, declares that he/she is properly authorized to execute this document on behalf of ASSIGNOR; and that all statements made of his/her own knowledge are true and all statements made on information and belief are believed to be true.

Date: August 4, 2009

ASSIGNOR:  
**PHYSICIAN INFORMATICS, INC.**



Print Name: DAVID B. PACK

Title: President