

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM326492

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Assignment of Security Interest		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MidCap Financial, LLC, as agent		09/13/2012	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	MidCap Funding IV, LLC, as agent		
Street Address:	7255 Woodmont Avenue		
Internal Address:	Suite 200		
City:	Bethesda		
State/Country:	MARYLAND		
Postal Code:	20814		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 19			
Property Type	Number	Word Mark	
Serial Number:	85357185	ONCONET	
Serial Number:	85357199	ONCOADVOCATE	
Serial Number:	85357565	ONCOPATHS	
Serial Number:	85357576	ONCOPA	
Serial Number:	85397738	ONCOMAC	
Serial Number:	85462566	ONCOMETRICS	
Serial Number:	85468115	ONCOASK	
Serial Number:	85468143	ONCORX	
Serial Number:	85468151	ONCODOSE	
Serial Number:	85468164	ONCOCENTRAL	
Serial Number:	85468174	ONCOCARES	
Serial Number:	85612173	TRANSPLANT360	
Serial Number:	85612220	TRANSPLANTCARE360	
Serial Number:	85636922	MS360	
Serial Number:	85638282	MS-MTM	
Serial Number:	85639049	MS-PATHS	
Serial Number:	85639054	MS-DOSE	
Serial Number:	85639056	MS-METRICS	
TRADEMARK			

OP \$490.00 85357185

Property Type	Number	Word Mark
Serial Number:	85639060	MS-ADVOCATE
CORRESPONDENCE DATA		
Fax Number:	6157263575	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	615-244-5200	
Email:	jennifer.kovalcik@stites.com	
Correspondent Name:	Stites & Harbison PLLC	
Address Line 1:	401 Commerce Street	
Address Line 2:	Suite 800	
Address Line 4:	Nashville, TENNESSEE 37219	
ATTORNEY DOCKET NUMBER:	PH062/000PH	
NAME OF SUBMITTER:	Francine M VanAelst	
SIGNATURE:	/Francine VanAelst/	
DATE SIGNED:	12/18/2014	
Total Attachments: 1		
source=MidCap Financial Assignment#page1.tif		



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

221812

2012 SEP 13 AM 9:45

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Corporation Service Company 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

69515715 - 375830
 CSC 50 DRAWDOWN

L Filed In: New York (S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 201208305980413 8/30/2012

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.
 DELETE name: Give record name to be deleted in item 6a or 6b.
 ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME MidCap Funding IV, LLC, as agent

OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS 7255 Woodmont Avenue, Suite 200 CITY Bethesda STATE MD POSTAL CODE 20814 COUNTRY USA

ADDITIONAL INFORMATION ORGANIZATION DEBTOR	7a. TYPE OF ORGANIZATION LLC	7f. JURISDICTION OF ORGANIZATION DE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.
 All assets of Debtor now owned or hereafter acquired and all products and proceeds thereof.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor: Sina Drug Corp. 69515715

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

FILING NUMBER: 201209130521993

TRADEMARK

RECORDED: 12/18/2014

REEL: 005422 FRAME: 0020