

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM370932

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Zx Pharma LLC		10/30/2015	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	Physician's Seal LLC		
Street Address:	101 Plaza Real South		
Internal Address:	Suite 205-S		
City:	Boca Raton		
State/Country:	FLORIDA		
Postal Code:	33432		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	4572925	PHYSICIAN'S SEAL	
Serial Number:	86283795	PHYSICIAN'S SEAL	
Serial Number:	86283739	PHYSICIAN'S SEAL	
Registration Number:	4543757	REMFRESH	
CORRESPONDENCE DATA			
Fax Number:	4078412343		
<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:	407-841-2330		
Email:	dsigalow@addmg.com		
Correspondent Name:	David L. Sigalow		
Address Line 1:	255 S. Orange Avenue		
Address Line 2:	Suite 1401		
Address Line 4:	Orlando, FLORIDA 32801		
ATTORNEY DOCKET NUMBER:	123292		
NAME OF SUBMITTER:	David L. Sigalow		
SIGNATURE:	/David L. Sigalow/		
DATE SIGNED:	01/28/2016		

OP \$115.00 4572925

Total Attachments: 4

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TRADEMARK ASSIGNMENT

WHEREAS **Zx Pharma LLC**, a Delaware limited liability company, whose address is 101 Plaza Real South, Suite 205-S, Boca Raton, Florida 33432, U.S.A. (hereinafter "ASSIGNOR"), is the owner of the trademark registrations and applications set forth in Schedule A attached hereto (hereinafter "The Trademarks"); and

WHEREAS ASSIGNOR desires to assign and transfer all right, title and interest in the Trademarks to **Physician's Seal LLC** (hereinafter "ASSIGNEE"), a Delaware limited liability company, whose address is 101 Plaza Real South, Suite 205-S, Boca Raton, Florida 33432, U.S.A., and ASSIGNEE desires to accept such assignment;

NOW, THEREFORE, ASSIGNOR, for TEN DOLLARS (\$10.00) and other valuable consideration, receipt of which is hereby acknowledged, does hereby assign and transfer to ASSIGNEE all right, title and interest ASSIGNOR has in and to the Trademarks, together with all causes of action therein and the goodwill of the business symbolized thereby.

Zx PHARMA LLC

PHYSICIAN'S SEAL LLC

By: Syed M Shah
Name: Syed M. Shah
Title: CEO

By: Zx PHARMA LLC, its sole member
By: Syed M Shah
Name: Syed M. Shah
Title: CEO

By: Sarah Hassan
Name: Sarah Hassan
Title: CFO

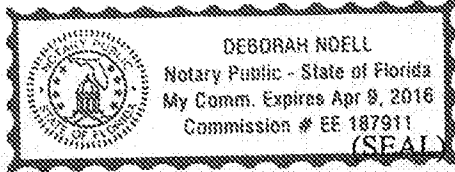
By: Sarah Hassan
Name: Sarah Hassan
Title: CFO

SCHEDULE A
TO
TRADEMARK ASSIGNMENT
FROM
Zx PHARMA LLC
(ASSIGNOR)
TO
PHYSICIAN'S SEAL LLC
(ASSIGNEE)

<u>U.S. Trademark Registrations/Applications</u>	<u>Reg./Serial Nos.</u>
PHYSICIAN'S SEAL	4,572,925
PHYSICIAN'S SEAL & Design	86/283795
PHYSICIAN'S SEAL & Design	86/283739
REMFRESH	4,543,757
BRAZIL	
REMFRESH	903422603
CANADA	
REMFRESH	1514379
INDIA	
REMFRESH	2095108
PAKISTAN	
REMFRESH	295929
INTERNATIONAL	
REMFRESH	1068355

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 30 day of October, 2015,
by Syed M. Shah as CEO for Zx PHARMA LLC.

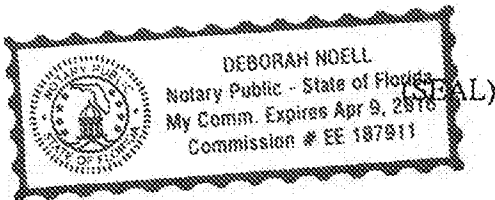


Deborah Noell
Notary Signature
Deborah Noell
Print, type or stamp name of Notary

Personally known
or Produced Identification _____
Type of Identification Produced _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 30 day of October, 2015,
by Syed M. Shah as CEO for PHYSICIAN'S SEAL LLC.



Deborah Noell
Notary Signature
Deborah Noell
Print, type or stamp name of Notary

Personally known
or Produced Identification _____
Type of Identification Produced _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 30 day of October, 2015,
by Sarah Hassan as CFO for Zx PHARMA LLC.

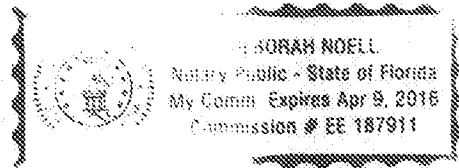
Deborah Noell

Notary Signature

Deborah Noell

Print, type or stamp name of Notary

(SEAL)



Personally known

or Produced Identification _____

Type of Identification Produced _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

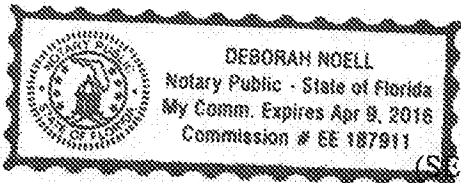
The foregoing instrument was acknowledged before me this 30 day of October, 2015,
by Sarah Hassan as CFO for PHYSICIAN'S SEAL LLC.

Deborah Noell

Notary Signature

Deborah Noell

Print, type or stamp name of Notary



(SEAL)

Personally known

or Produced Identification _____

Type of Identification Produced _____

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