

08-18-1998

FORM PTO-1618A
Expires 06-30-99
OMB 0651-0027



100800438

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

45094-054-200001-001

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

86-027-8711

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # 1,784,373
- Correction of PTO Error
Reel # [] Frame # []
- Corrective Document
Reel # [] Frame # []

Conveyance Type

- Assignment
- License
- Security Agreement
- Nunc Pro Tunc Assignment
Effective Date
Month Day Year []
- Merger
- Change of Name
- Other []

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Denise R. Higman, DBA Highman Healthcare

March 1, 1998

Formerly []

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other []
- Citizenship/State of Incorporation/Organization []

Receiving Party

Mark if additional names of receiving parties attached

Name Highman Healthcare, Inc.

DBA/AK/A/TA []

Composed of []

Address (line 1) 6161 9th Street North

Address (line 2) # 100

Address (line 3) St. Petersburg
City

Florida
State/Country

33703
Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other []
- Citizenship/State of Incorporation/Organization Florida

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to
Commissioner of Patents and Trademarks, P.O. Box 1000, Washington, DC 20231

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,784,373"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment: Enclosed Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

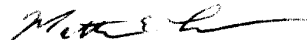
Yes

No

Statement and Signature

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. Charges to deposit account are authorized, as indicated herein.

Matthew E. Leno



August 11, 1998

Name of Person Signing

Signature

Date Signed

06-01-1998



100723809

original documents or copy thereof.

To the Honorable Commissioner of Patents and Trademarks

MRD 4/20/98

1. Name of conveying party(ies):
Denice R. Higman, DBA Higman Healthcare

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: March 1, 1998

2. Name and address of receiving party(ies):

Name: Higman Healthcare, Inc.

Internal Address: _____

Street Address: _____

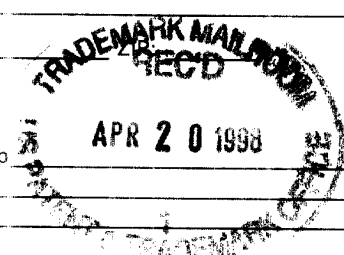
City: _____ State: _____

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Florida
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

(Designations must be a separate document from assignment)

Additional name(s) & address(es) attached? Yes No



4. Application number(s) or Registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,784,373

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: John G. Bisbikis

Internal Address: McDermott, Will & Emery

Street Address: 227 West Monroe Street, Suite 3100

City: Chicago State: IL ZIP: 60606-5096

6. Total number of applications and registrations involved:

1

7. Total Fee (37 CFR 3.41) \$40.00

Enclosed

Authorized to be charged to deposit account

8. Deposit account number:

130206

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature:

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.

John G. Bisbikis
Name of Person Signing

[Signature]
Signature

April 15, 1998
Date

Total number of pages including cover sheet, attachments, and document: 4

Mail documents to be recorded with required cover sheet information to:

Assistant Commissioner for Trademarks
Box Assignments
Arlington, VA 22202

TRADEMARK
REEL: 1769 FRAME: 0400

1784373
130206
05/26/1998 TTOM11
01 FC-481

TRADEMARK ASSIGNMENT

WHEREAS, DENICE R. HIGMAN, DBA HIGMAN HEALTHCARE (the "Assignor"), an individual has adopted and used and is the sole and exclusive owner of the trademarks, trade names, applications and registrations listed in the attached Schedule A (the "Trademarks"), and of all of the goodwill of the business appurtenant thereto; and

WHEREAS, HIGMAN HEALTHCARE, INC. (the "Assignee"), a corporation organized and existing under the laws of the State of Florida, wishes to acquire the Trademarks, together with all of the goodwill of the business connected to the Trademarks, from Assignor;

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN, be it known that for and in consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and legal sufficiency of which is hereby acknowledged, the Assignor has sold, assigned and transferred, and by these presents does sell, assign and transfer unto the Assignee, the entire right, title and interest in and to the Trademarks, and in and to all of the goodwill of the business appurtenant thereto, together with all claims for damages by reason of infringement of same, with the right to sue for and collect the same for its own use and enjoyment, and for the use and enjoyment of its successors, assigns or other legal representatives.

AND, the Assignor hereby warrants and covenants that it has full right to convey the entire interest herein assigned, and that it has not executed, and will not execute, any agreements inconsistent herewith.

AND, Assignor agrees to execute any instruments and to perform any acts which may be necessary to fully effectuate and record this Assignment.

IN TESTIMONY WHEREOF, the Assignor has caused this Assignment to be executed by its duly authorized representative effective as of the 1st day of March, 1998.

DENICE R. HIGMAN, DBA HIGMAN HEALTHCARE

By: Denise R. Higman

ATTEST:

Terry Haney

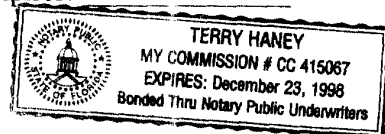
CERTIFICATE OF ACKNOWLEDGEMENT

I, Terry Haney, a Notary Public in and for First Union National do hereby certify that Denise R. Higman personally known to me to be the same person(s) whose name(s) is (are) subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as a free act and deed, with authority to do so.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal, this 5th day of March, 1998.

Terry Haney
Notary Public

Commission Expires:



SCHEDULE A

TRADEMARKS

<u>Mark</u>	<u>Registration/ Application Number</u>	<u>Registration/ Application Date</u>
HIGMAN HEALTHCARE	1.784,373	July 27, 1993