

05-16-2000



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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other Release

Effective Date
Month Day Year
04 19 2000

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Doctor's Health Group, Inc.

04 19 2000

Formerly _____

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

Receiving Party

Mark if additional names of receiving parties attached

Name Ron Matusalem - Matusa of Florida, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1205 S.W. 37th Avenue

Address (line 2) _____

Address (line 3) Miami Florida 33135

City State/Country Zip Code

- Individual General Partnership Limited Partnership Association
- 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.)

05/16/2000 DNGUYEN 00000091 1601273

FOR OFFICE USE ONLY

01 FC:481
02 FC:482

40.00 OP
25.00 OP

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, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 002073 FRAME: 0041

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="1601273"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="6421416"/>	<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.

Leslie S. Spitalney  May 2, 2000

Name of Person Signing Signature Date Signed

TERMINATION AND RELEASE AGREEMENT

For and in consideration of the repayment of all indebtedness owed to Doctor's Health Group, Inc., a Florida corporation ("DHG") and secured by certain trademarks and tradenames (the "Collateral") owned by Ron Matusalem & Matusa of Florida, Inc., a Florida corporation ("Matusalem") pursuant to that certain Security Agreement executed on October 29, 1992 by Matusalem in favor of DHG and recorded with the U.S. Patent and Trademark Office on November 3, 1992 at Reel 0907, Frame 0931, DHG, its legal representatives, successors and assigns, hereby remises, releases, acquits, satisfies and forever discharges Matusalem, its shareholders, directors, officers, employees, agents, representatives, attorneys, affiliates, and all other persons acting by, through or in concert with any of them (the "Released Parties"), to the fullest extent legally possible, of and from all, and all manner of, action and actions, cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, notes, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims, and demands whatsoever, in law or in equity, that the undersigned hereafter can, shall, or may have, against the Released Parties, including but not limited to any such claims arising under the Security Agreement or the indebtedness secured thereby.

This Release applies to all claims whatsoever, known or unknown, that the undersigned or any other persons and legal entities may have, own or hold against the Released Parties. The undersigned hereby waives any claim or right to assert any claim whatsoever, known or unknown, that has been, intentionally or unintentionally, omitted from this Release.

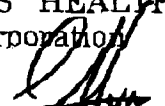
This Release shall be binding on all individual parties, their heirs, executors, administrators, and assigns, and all corporate parties, their predecessors, successors, subsidiaries, parents, and assigns. This Release expressly includes all person and legal entities who are or may be hable to the undersigned as joint debtors of Matusalem

DHG does hereby irrevocably appoint an officer of Matusalem as attorney in fact to file and record said release of the Collateral with the U.S. Patent and Trademark Office with full power of substitution in the premises.

This Release shall be construed and enforced according to the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed this Agreement as of the year and date first written above.

DOCTOR'S HEALTH GROUP, a Florida corporation

By: 
Name: CLAUDIO J. ALVAREZ
Title: President

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 19th day of April, 2000,
by Claudio I. Alvarez, President of Doctor's Health Group, Inc., a Florida corporation, on
behalf of the corporation. He has produced _____ as
identification *IS PERSONALLY KNOWN.*

(SEAL)

Elena H. Rosado
ELENA H. ROSADO

Notary Public-State of Florida

Commission Number: _____



Elena H. Rosado
MY COMMISSION # CC784723 EXPIRES
January 19, 2003
BONDED THRU TROY FAIN INSURANCE, INC

MIA1 #929170 v1