To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): PollyMedica Pharmaceuticals (Puerto Rico), Inc.	Form PTO-1594 (Rev. 10/02) RECORDAT TRAD:	RTMENT OF COMMER ratent and Trademark O
1. Name of conveying party(ies): PolyMedica Pharmaceuticals (Puerto Rico), Inc.	` ' '	V
PolyMedica Pharmaceuticals (Puerto Rico), Inc. Individual(s)	To the Honorable Commissioner of Patents and Trademarks:	Please record the attached original documents or copy thereof.
Additional name(s) of conveying party(ies) attached?	PolyMedica Pharmaceuticals (Puerto Rico), Inc. Individual(s) General Partnership Corporation-State - Massachusetts	Name: PolyMedica Pharmaceuticals Internal (Puerto Rico), Inc. Address: Street Address: 8881 Liberty Lane
3. Nature of conveyance: Assignment Security Agreement Security Additional outside in the United States, a domestic of the assignment of Security	Additional name(s) of conveying party(ies) attached? Yes X No	Association Massachusetts
Assignment	3. Nature of conveyance:	
Security Agreement Change of Name I assignee is not domiciled in the United States, a domestic persentative designation is attached: vest No (Designations must be a separate document from assignment) No (Designations must be a separate document from assignment) No (Designations must be a separate document from assignment) No (Designations must be a separate document from assignment) No (Designations must be a separate document from assignment) No (Designations must be a separate document from assignment) No (Designations and registration No.(s) 586, 346 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 586, 346 B. Trademark Registration No.(s) 586, 346 Additional number(s) attached Yes No 6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41)	Assignment Merger	
Execution Date: November 22, 2002 4. Application number(s) or registration number(s): A. Trademark Application No.(s) Additional number(s) attached Yes X No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD. Street Address: Cohen & Pokotilow, LTD. Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Mail Tocuments to be recorded with required cover sheet Information to: Mail Tocuments to be recorded with required cover sheet Information to:	Security Agreement Change of Name	
A. Application number(s) or registration number(s): A. Trademark Application No.(s) Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD. Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE THIS SPACE 9. Signature. All In H. Fried; Reg. No. 31,253 Marme of Person Signing Name of Person Signing Mait Tocuments to be recorded with required cover sheet Information to:		in assigned is not dormoned in the Office Otales, a dornestic
A. Trademark Application No.(s) 586, 346 Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD. Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing Signature Allan H. Fried; Reg. No. 31,253 Signature Allan H. Fried; Reg. No. 31,253 Mail documents to be recorded with required cover sheet information to:	Execution Date: November 22, 2002	(Designations must be a separate document from assignment)
Additional number(s) attached	4. Application number(s) or registration number(s):	
Additional number(s) attached	A. Trademark Application No.(s)	B. Trademark Registration No.(s) 586,346
Internal Address: Cohen & Pokotilow, LTD. 7. Total fee (37 CFR 3.41)		ttached Yes X No
Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing Signature Signature Date Mail Documents to be recorded with required cover sheet information to:	concerning document should be mailed:	
Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing Name of Person Signing Signature Date Mail abcuments to be recorded with required cover sheet Information to:	concerning document should be mailed: Name: Caesar, Rivise, Bernstein,	registrations involved:
Seven Penn Center, 12th Floor O3-0075 (Duplicate of this Cover Sheet is enclosed) DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing Signature Date Mail Bournents to be recorded with required cover sheet Information to:	concerning document should be mailed: Name: Caesar, Rivise, Bernstein,	7. Total fee (37 CFR 3.41)
(Duplicate of this Cover Sheet Is enclosed) DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing Signature Signature Occupancy Signature Date Mail abcuments to be recorded with required cover sheet Information to:	concerning document should be mailed: Name: Caesar, Rivise, Bernstein,	7. Total fee (37 CFR 3.41)
Philadelphia State: PA Zip:19103-2212 enclosed) DO NOT USE THIS SPACE 9. Signature. Allan H. Fried; Reg. No. 31,253 Alla H. Junil APRIL 16, 200 Name of Person Signing Signature O0000151 030075 566346 Fota number of pages including cover sheet, attactments, and document: Mail documents to be recorded with required cover sheet Information to:	concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD.	7. Total fee (37 CFR 3.41)
9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing Signature Occupance Occupance Mail occupants to be recorded with required cover sheet Information to:	concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD. Street Address: 1635 Market Street	7. Total fee (37 CFR 3.41)
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2894 BYTHE 00900151 030075 586346 Total number of pages including cover sheet, attachments, and document: Mail documents to be recorded with required cover sheet Information to:	concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD. Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE	7. Total fee (37 CFR 3.41)
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William Street of Facility Continues and Assistantians	concerning document should be mailed: Name: Caesar, Rivise, Bernstein, Internal Address: Cohen & Pokotilow, LTD. Street Address: 1635 Market Street Seven Penn Center, 12th Floor City: Philadelphia State: PA Zip:19103-2212 DO NOT USE 9. Signature. Allan H. Fried; Reg. No. 31,253 Name of Person Signing	7. Total fee (37 CFR 3.41)

TRADEMARK REEL: 002952 FRAME: 0803

FEDERAL IDENTIFICATION
NO. 43_175385
Han \$100.00

Fcc: \$100.00

Examiner

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

AMENDED FOREIGN CORPORATION CERTIFICATE (General Laws, Chapter 181, Section 4)

Name Approved

	, *President AND
and Kuldeep Hajela , *Clcrk	\square \qua
of PolyMedica Pharmaceuticals (Puerto Rico), Inc.	
(Exact name of corpore	ation)
in compliance with the provisions of General Laws, Chapter 181,	Section 4, certify that:
1. The name of the corporation has been changed to:	•
2. The location of its principal office has been changed to:	
8881 Liberty Lane, Port St. Lucie FL 34952	
3. The location of its local office in the Commonwealth of Massac	thusetts has been changed to:
4. The activities of the corporation within the Commonwealth of	Massachusens have been changed to:
5. The date of the corporation's fiscal year end has been changed	
5. The date of the corporation's fiscal year end has been changed 6. The name and street address of the resident agent of the corpo	52.4100 011.20 011.30 011.30
6. The name and street address of the resident agent of the corpo is:	01.20 01.20 100 100 100
6. The name and street address of the resident agent of the corpo	oration in the Commonwealth of Massachinetts
6. The name and street address of the resident agent of the corpo is:	oration in the Commonwealth of Massachinetta
6. The name and street address of the resident agent of the corpoist: CT Corporation, 101 Federal Street, Boston, MA 02110 7. The jurisdiction under the laws of which the corporation is org	pration in the Commonwealth of Massachusetts ganized or governed has been changed to:
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Note if this amendment truvolves a change of name or jurisdiction, a certificate of such change issued by an officer or agency properly authorized in the state or country in which such foreign corporation is organized must be altached to this amended certificate. If such certificate is in a language other than English, a translation thereof under the vall of the translator must be attached.

TRADEMARK REEL: 002952 FRAME: 0804

P.C.

THE COMMONWEALTH OF MASSACHUSETTS

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION Photocopy of document to be sent to:

Jame C. Gilman, Hale and Do	NT LIP
60 State Street	
Boston, NA 02110	
Telephone: 617 576 6000	

TRADEMARK
REEL: 002952 FRAME: 0805

RECORDED: 04/16/2004