

JOHN J. SHEEDY COMPANY:1201 ELM STREET

APR-13-2007 16:49

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Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 8/30/2008)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies):**

MEDICALEDGE HEALTH CARE GROUP, INC.

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

Citizenship (see guidelines)

Additional names of conveying parties attached?  Yes  No

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: MEDICAL EDGE HEALTHCARE GROUP, INC.

Internal Address: SUITE 250

Street Address: 9229 I-17 FREEWAY

City: DALLAS

State: TEXAS

Country: USA Zip:

- Association Citizenship
- General Partnership Citizenship
- Limited Partnership Citizenship
- Corporation Citizenship TEXAS
- Other Citizenship

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)

**3. Nature of conveyance /Execution Date(s) :**

Execution Date(s) SEPTEMBER 27, 2005

- Assignment
- Security Agreement
- Other CORRECTION OF NAME
- Merger
- Change of Name

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

3,001,363

Additional sheet(s) attached?  Yes  No

**C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):**

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

Name: JOHN J. SHEEDY

Internal Address: SUITE 4800

Street Address: 1201 ELM STREET

City: DALLAS

State: TEXAS Zip: 75270

Phone Number: 214.969.5454

Fax Number: 214.969.5902

Email Address:

**9. Signature:**

JOHN J. SHEEDY

Name of Person Signing

**6. Total number of applications and registrations involved:**

1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00**

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

**8. Payment information: 4802131575084665**

a. Credit Card Last-4-Numbers 48021315  
Expiration Date 10/31/10

b. Deposit Account Number

Authorized User Name

April 23, 2007

Date

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

D:JOHN J. SHEEDY COMPANY:1201 ELM STREET

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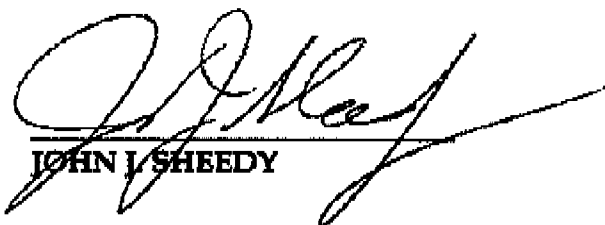
**AFFIDAVIT OF JOHN J. SHEEDY**

BEFORE ME, the undersigned authority, on this day personally appeared JOHN J. SHEEDY, and on his oath stated that the following facts are true and correct from his own personal knowledge:

"My name is John J. Sheedy. I am over the age of eighteen years and I am authorized to make this affidavit.

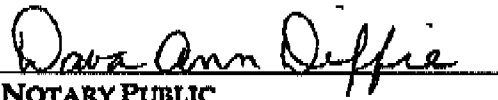
1. I am the attorney representing Medical Edge Healthcare Group, Inc.
2. The original Trademark Application in this matter contained a typographical error in which the name of the Company was misstated as MedicalEdge Health Care Group, Inc. The correct name of the Applicant and now holder of the Trademark Registration is Medical Edge Healthcare Group, Inc.
3. This misstatement of the name was in the original trademark application which was granted registration on September 27, 2005 and therefore is the effective date of the conveyance.
4. These statements are true and correct."

Further, Affiant sayeth not.



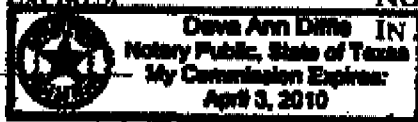
JOHN J. SHEEDY

SUBSCRIBED AND SWORN TO this the 13<sup>TH</sup> day of April 2007, to certify which witness my hand and official seal of office.



NOTARY PUBLIC

MY COMMISSION EXPIRES:



IN AND FOR THE STATE OF TEXAS