

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM326601

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
MidCap Funding IV, LLC, as agent		12/12/2013	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	SINA DRUG CORP
Street Address:	410 Park Avenue
Internal Address:	Suite 820
City:	New York
State/Country:	NEW YORK
Postal Code:	10022
Entity Type:	CORPORATION: NEW YORK

PROPERTY NUMBERS Total: 19

Property Type	Number	Word Mark
Serial Number:	85357185	ONCONET
Serial Number:	85357199	ONCOADVOCATE
Serial Number:	85357565	ONCOPATHS
Serial Number:	85357576	ONCOPA
Serial Number:	85397738	ONCOMAC
Serial Number:	85462566	ONCOMETRICS
Serial Number:	85468115	ONCOASK
Serial Number:	85468143	ONCORX
Serial Number:	85468151	ONCODOSE
Serial Number:	85468164	ONCOCENTRAL
Serial Number:	85468174	ONCOCARES
Serial Number:	85612173	TRANSPLANT360
Serial Number:	85612220	TRANSPLANTCARE360
Serial Number:	85636922	MS360
Serial Number:	85638282	MS-MTM
Serial Number:	85639049	MS-PATHS
Serial Number:	85639054	MS-DOSE
Serial Number:	85639056	MS-METRICS

TRADEMARK

Property Type	Number	Word Mark
Serial Number:	85639060	MS-ADVOCATE
CORRESPONDENCE DATA		
Fax Number:	6157263575	
<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:	6152445200	
Email:	francine.vanaelst@stites.com	
Correspondent Name:	Stites & Harbison PLLC	
Address Line 1:	401 Commerce Street	
Address Line 2:	Suite 800	
Address Line 4:	Nashville, TENNESSEE 37219	
ATTORNEY DOCKET NUMBER:	PH062/000PH	
NAME OF SUBMITTER:	Francine M VanAelst	
SIGNATURE:	/Francine VanAelst/	
DATE SIGNED:	12/18/2014	
Total Attachments: 1		
source=MidCap Funding Termination#page1.tif		

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

229182

2013 DEC 18 10:30

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Danielle Price, Esq.
 Holland & Knight LLP
 701 Brickell Avenue
 Suite 3000
 Miami, FL 33131

CSC 50
DRAW DOWN

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
201208305980413, filed 8/30/12

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
SINA DRUG CORP.

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7f. JURISDICTION OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment

9a. ORGANIZATION'S NAME
MidCap Funding IV, LLC, as Agent

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

To be filed in NY - Secretary of State

912931-4 KVV

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT

FILING NUMBER: 201312120688649

TRADEMARK

RECORDED: 12/18/2014

REEL: 005421 FRAME: 0992