Docket No.: 46409.9 U.S. DEPARTMENT OF COMMERCE 03-02-1999 FORM PTO-1595 (Modified) RECC (Rev 6-93) Patent and Trademark Office OMP.No. 0651-0011 (exp.4/94) Copyright 1994-97 LegalStar P08/REV02 Tab settings → → 100976788 _d original documents or copy thereof. To the Honorable Commissioner of Patents and 2. Name and address of receiving party(ies): 1. Name of conveying party(ies): Patricia A. Riley and George Christak Name: Medical Doctors' Research Institute, Inc. Internal Address: Additional names(s) of conveying party(ies) 3. Nature of conveyance: Street Address: 14101 N.W. 4th Street Merger ★ Assignment ☐ Change of Name ☐ Security Agreement City: Sunrise State: FL ZIP: 33325 □ Other Execution Date: March 4, 1997 4. Application number(s) or registration numbers(s): If this document is being filed together with a new application, the execution date of the application is: B. Patent No.(s) A. Patent Application No.(s) 08/804,494 Additional numbers attached? ☐ Yes X No 5. Name and address of party to whom correspondence 6. Total number of applications and patents involved: concerning document should be mailed: Mame: Louise A. Foutch, Esq. 7. Total fee (37 CFR 3.41):.....\$ 40.00 Internal Address: Holland & Knight LLP Enclosed - Any excess or insufficiency should be credited or debited to deposit account 03/01/1999 JSHABAZZ 00000084 08804494 ☐ Authorized to be charged to deposit account 40.00 DP 1 FC:581 Street Address: One East Broward Blvd., Suite 1300 8. Deposit account number: 08-2625 City: Fort Lauderdale State: FL ZIP: 33301 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

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Signature

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

Date

of the original document.

Louise A. Foutch, Reg. No. 37,133

Name of Person Signing

UNITED STATES ASSIGNMENT OF INVENTION

WHEREAS, Patricia A. Riley of Broward County, Florida, and George Christakis of Palm Beach County, Florida, (collectively referred to as "Assignors"), are co-inventors of U.S. Patent Application Serial No. 08/804,494 filed February 21, 1997 under Express Mail No. EH668538704US, entitled A MODULAR SYSTEM OF DIETARY AND ASPIRIN SUPPLEMENT COMPOSITIONS FOR OPTIMIZING HEALTH BENEFITS AND METHODS ("Patent Application"); and

WHEREAS, Medical Doctors' Research Institute, Inc. of 14101 N.W. 4th Street, Sunrise, Florida 33325, is desirous of acquiring the Assignors' right, title and interest in, to and under said Patent Application and the inventions described in and covered thereby ("Inventions").

NOW, THEREFORE, in consideration of the sum of ten dollars (\$10.00) and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, Assignors do hereby sell, assign, transfer and set over to Medical Doctors' Research Institute, Inc. their entire right, title and interest in and to all Letters Patent Domestic and Foreign issued or to be obtained thereon and any patents which may be granted on the Patent Application, including all divisions, continuations, continuations-in-part, re-exams, re-issues and extensions thereof, including all right, title and interest in and to any and all improvements to the Inventions described in and covered by the Patent Applications; and all right, title and interest in and to any counterpart or legal equivalent thereof in a foreign country, including the right to claim priority under the Paris Convention for the Protection of Industrial Property, the International Patent Cooperative Union, European Patent Convention, Common Market convention, or any other Convention or Union for each country of said Convention or Union; and all rights

PATENT REEL: 9784 FRAME: 0791 of priority resulting from the filing of the Patent Application, the same to be held and enjoyed by Medical Doctors' Research Institute, Inc. for its own use and enjoyment, and for the use and enjoyment of its successors, assigns, or other legal representatives, to the end of the term or terms such patents as may be granted on the Patent Application, as fully and entirely as the same would have been held and enjoyed by Assignors if this assignment and sale had not been made; together with all claims for damages by reason of past infringement of such Patents, 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, FURTHER, Assignors hereby authorize and request any official whose duty it is to issue patents to issue any and all patents on the Inventions or resulting from the Patent Application, or any divisions, continuations, continuations-in-part, re-exams or reissues thereof to Medical Doctors' Research Institute, Inc. as assignee of their entire interest, and hereby covenants that they have full right to convey their entire interest herein assigned, and that they have not executed, and will not execute, any agreements inconsistent herewith.

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IN WITNESS WHEREOF, I have he	ereunder set my hand this	
Morch, 1997.	Patrice a. M.	
STATE OF FLORIDA)	Patricia A. Riley	7
COUNTY OF Broward) SS: FEB 2 2 1999 5		
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I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by Patricia A. Riley who is personally known to me or who has produced her Florida Driver's License as identification.

this	WITNESS my hand and official seal in the County and State last aforesaid day of, 1997.
	Maxine L. Scales
	Notary Public
	MAXINE R. SCALES
	Typed, printed or stamped name of Notary Public

My Commission Expires:

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رسا	IN WITNESS WHEREOF, I have hereunder set my hand this day of, 1997.
_///ar	Gere Chustiles
	George Christakis
STATE O	F FLORIDA)
COUNTY	of Broward)
the foregoi	I HEREBY CERTIFY that on this day, before me, an officer duly in the State aforesaid and in the County aforesaid to take acknowledgments, ing instrument was acknowledged before me by George Christakis who is known to me or who has produced his Florida Driver's License as on.
this <u></u>	WITNESS my hand and official seal in the County and State last aforesaid day of <u>march</u> , 1997.
	Majine L. Scales Notary Public
	MAXINE R. SCALES Typed, printed or stamped name of Notary Public
My Commi	ssion Expires:
FTL1-233291	The state of the s

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