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R SHEET

FORM PTO-1595 U.S. (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94)	
To the Commissioner for Patents : Please record the attached original documents or copy thereof.	
Name of conveying party(ies): Palomar Medical Technologies, Inc. 1 - 7 - 9 - 3	Name and address of receiving party(ies) Name: Palomar Medical Technologies, Inc.
Additional name(s) of conveying party(ies) attached? [] Yes [X] No 3. Nature of conveyance:	Old Address: 45 Hartwell Avenue Lexington, MA 02173
[] Assignment [] Merger [] Security Agreement [] Change of Name [X] Other CHANGE OF ADDRESS OF ASSIGNEE	New Address: 82 Cambridge Street Burlington, MA 01803
Execution Date:	Additional name(s) & addresses(es) attached? [] Yes [X] No
If this document is being filed together with a new application, the execution date of the application is A. Patent Application No.(s) 09/268,433 Confirmation No. 8422 Additional numbers attached? [] Yes [X] No	
5. Name and address of party to whom correspondence Concerning document should be mailed: Name: Peter C. Lando Address: Wolf, Greenfield & Sacks, P.C. Federal Reserve Plaza 600 Atlantic Avenue Boston, MA 02210 25/2002 DBYRNE 00000178 09268433	
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