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To the Honorable Commissioner of Patents and Trademarks:

Please record the attached original documents or copy thereof. Atty. Docket: 2268.007

1. Name of conveying party(ies):

Patrick J. Cosgrove

2-3-03

2. Name and Address of receiving party(ies):

Name: Orthopedic Designs, Inc.

a Florida Corporation

Address: 6965 First Avenue N.

St. Petersburg, FL 33710

Nature of conveyance:

Assignment Merger
 Security Agm. Change of Name
 Other _____

Additional name(s) & addresses: Yes
 No

Execution Date: 1/31/2003

4. Application number(s) or Patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s):

B. Patent Registration No(s):

29175406

Additional numbers attached? Yes No

5. Name and address of party whom correspondence concerning document should be mailed:

Name: Michael A. Slavin

Internal Address: McHale & Slavin, P.A.

Mail Address: 4440 PGA Blvd.,
Suite 402

City: Palm Beach Gardens State: FL Zip: 33410

6. Total number of applications and Patents involved: 1

7. Total fee (37 CFR 3.41)...\$ 40.00

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