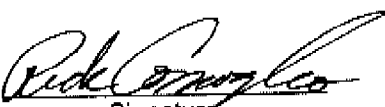


Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Kenneth S. Solovay; James H. Layer; Thomas P. Jacobs; Gregory Madden		2. Name and address of receiving party(ies) Name: <u>GMP Surgical Solutions, Inc.</u> Internal Address: <u>Attn.: Rick Comoglio, Esq.</u> <u>GSS-102</u> Street Address: <u>One East Broward Blvd.</u> <u>Suite 1701</u> City: <u>Ft. Lauderdale</u> State: <u>FL</u> Zip: <u>33301</u>			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Solovay 8/21/03 Layer 8/21/03 Madden 8/21/03 Execution Date: Jacobs 8/20/03		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) <u>10/646,220</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Rick Comoglio, Esq.</u> Internal Address: <u>GSS-102</u> Street Address: <u>One East Broward Blvd.</u> <u>Suite 1701</u> City: <u>Ft. Lauderdale</u> State: <u>FL</u> Zip: <u>33301</u>		6. Total number of applications and patents involved: <input type="checkbox"/> 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>502629</u>			
DO NOT USE THIS SPACE					
9. Signature. Rick Comoglio Name of Person Signing  Signature 12/8/03 Date					
Total number of pages including cover sheet, attachments, and documents: <u>4</u>					

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

CH \$40.00 502629 10646220

ASSIGNMENT

WHEREAS, We, **KENNETH S. SOLOVAY**, of 16732 Diamond Drive, Weston, FL 33331, **JAMES H. LAYER**, of 10427 S.W. 49th Place, Cooper City, FL 33328, **THOMAS P. JACOBS**, of 4300 North Ocean Boulevard, #6, Delray Beach, FL 33483, and **GREGORY MADDEN**, of 2619 Sea Island Drive, Fort Lauderdale, FL 33301, for one dollar (\$1.00) and other good and valuable consideration received from **GMP|SURGICAL SOLUTIONS, INC.**, a Delaware corporation, having its principal place of business at One East Broward Boulevard, Suite 1701, Fort Lauderdale, FL 33301, the receipt and sufficiency of which is hereby acknowledged, do hereby sell, assign and transfer unto said

GMP|SURGICAL SOLUTIONS, INC.

its successors and assigns, the entire right, title and interest for the United States of America and all foreign countries including all rights of priority under the International Convention for the Protection of Industrial Property in a certain invention or improvement entitled:

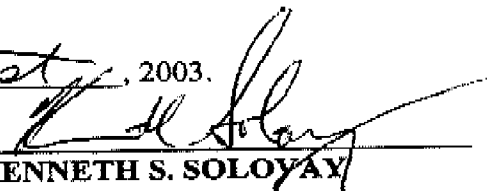
LIGHT COUPLING ASSEMBLY

the invention or improvement being described in United States Patent Application Serial Number: 10/646,220 filed on August 22, 2003 in the United States Patent and Trademark Office, and in all Letters Patent of the United States and all foreign countries which may or shall be granted on said invention(s), or any part thereof, or on said application(s), or any divisional, continuation, reissue or other application(s) based in whole or in part thereon. And we agree, for ourselves and our executors and administrators, with said corporation and its successors and assigns, but at its or their expense and charges, hereafter to execute all applications, amended specifications, declaration, deed or other instrument, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and in all other countries to said corporation, with specifications and claims in such form as shall be approved by the counsel of said corporation and to vest and confirm in said corporation, its successors and assigns, the legal title to all such patents.

And we do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

The undersigned hereby authorize and request the attorneys of record in said patent application to insert in this assignment the filing date and serial number of said application when officially known.

WITNESS my hand this 21 day of August, 2003.

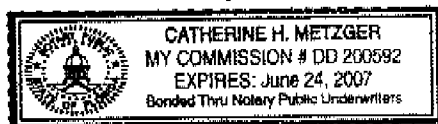

KENNETH S. SOLOVAY

State of Florida)
County of Broward) SS:

The foregoing instrument was acknowledged before me this 21st day of August, 2003, by KENNETH S. SOLOVAY, who is personally known to me.


Notary Public, State of Florida at Large

My Commission Expires:




WITNESS my hand this 21st day of August, 2003.


JAMES H. LAYER

State of Florida)
County of Broward) SS:

The foregoing instrument was acknowledged before me this 21 day of August, 2003, by JAMES H. LAYER, who is personally known to me.


Notary Public, State of Florida at Large

My Commission Expires:



WITNESS my hand this 20 day of August, 2003.

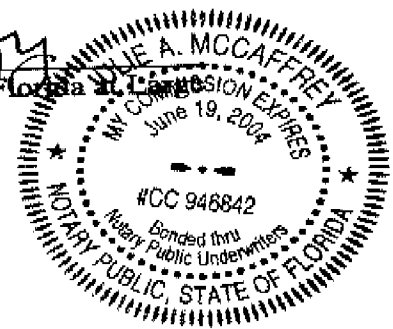
[Signature]
THOMAS P. JACOBS

State of Florida)
County of Broward) SS: 589-22-1329

The foregoing instrument was acknowledged before me this 20th day of August, 2003, by **THOMAS P. JACOBS**, (check one) ☒ who is personally known to me [or] ☐ who produced the following identification: _____.

[Signature]
Notary Public, State of Florida

My Commission Expires: June 19, 04



WITNESS my hand this 21 day of Aug, 2003.

[Signature]
GREGORY MADDEN

State of Florida)
County of Broward) SS:

The foregoing instrument was acknowledged before me this 21st day of August, 2003, by **GREGORY MADDEN**, who is personally known to me.

[Signature]
Notary Public, State of Florida at Large

My Commission Expires:

