

FORM PTO-595 (Modified)
(Rev. 03-01-02)
OMB No. 0651-0027 (exp. 5/31/2002)
P08/...V03

08-12-2003



R SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

LY

102521500

Tab settings

To the Director of the United States Patent and Trademark Office, please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
St. Elizabeth's Medical Center of Boston, Inc.
736 Cambridge Street
Boston, MA USA 02135

Additional names(s) of conveying party(ies) Yes No

8-8-03

2. Name and address of receiving party(ies):
Name: **Caritas St. Elizabeth's Medical Center of Boston, Inc.**
Internal Address: _____
Street Address: **736 Cambridge Street**
City: **Boston** State: **MA** ZIP: **02135**
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____
Execution Date: **February 10, 2003**

4. Application number(s) or patent numbers(s):
If this document is being filed together with a new application, the execution date of the application is: _____
A. Patent Application No.(s)
08/318,045 **10-04-94**
08/675,523 **07-03-96**
08/796,435 **02-10-97**
09/219,913 **12-23-98**
Additional numbers attached? Yes No

08318045

B. Patent No.(s)
2003 AUG -8 AM 11:52
OPR/FINANCE

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: **Robert L. Buchanan**
Internal Address: **40,927**
Edwards & Angell, LLP
Street Address: **P.O. Box 9169**
08/11/2003 DBYRNE 00000033 08318045
01 FC:8021 **600.00 OP**
City: **Boston** State: **MA** ZIP: **02209**

6. Total number of applications and patents involved: **15**
7. Total fee (37 CFR 3.41):.....\$600.00
 Enclosed - Any excess or insufficiency should be credited or debited to deposit account
 Authorized to be charged to deposit account
8. Deposit account number:
04-1105
(Attach duplicate copy of this page if paying by deposit account)

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 of the original document.
Robert L. Buchanan **6 August 03**
Name of Person Signing Signature Date
Total number of pages including cover sheet, attachments, and document: **7**

Patent Application Number**Filing Date**

08/545,998	10-20-95
08/744,882	11-08-96
10/390,559	03-17-03
09/228,020	01-11-99
09/265,041	03-09-95
09/698,323	10-27-00
09/961,128	09-21-01
09/590,740	06—8-00
09/970,088	10-02-01
60/416,334	10-04-02
60/400,084	08-01-02

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than *thirty days* after such filing, in which event the amendment will become effective on such later date.

Later effective date: _____

SIGNED UNDER THE PENALTIES OF PERJURY, this 10th day of February, 20 03.

Robert M. Haslam MD
Robert M. Haslam, M.D. _____, President / ~~XXXXXX~~

Michael F. Collins
Michael F. Collins, M.D. _____, Clerk / ~~XXXXXXXXXX~~

*Delete the inapplicable words.

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF AMENDMENT

(General Laws, Chapter 180, Section 7)

I hereby approve the within Articles of Amendment and, the filing fee in the amount of \$ _____, having been paid, said articles are deemed to have been filed with me this _____ day of _____ 20 ____.

Effective date: _____

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION

Contact information:

Wilson D. Rogers, Jr., Esq.
The Rogers Law Firm

One Union Street

Boston, MA 02108

Telephone: 617-723-1100

Email: _____

A copy this filing will be available on-line at www.state.ma.us/sec/cor once the document is filed.