

Form PTO-1595 (Rev. 06/04) **RECORDATION FORM COVER SHEET** U.S. DEPARTMENT OF COMMERCE
 OMB No. 0651-0027 (exp. 6/30/2005) **PATENTS ONLY** U.S. Patent and Trademark Office

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s): Syncor Radiation Management, L.L.C. Execution Date: February 19, 2003 Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: Cardinal Health 419, L.L.C. Internal Address: Street Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017 Country: USA Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other:	
---	--

4. Application or Patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) 10/210,764 Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Patent No.(s) 5,519,328; 4,916,727; 5,508,526; 4,638,163; 4,843,619
---	---

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Christopher A. Brown Woodard, Emhardt, Moriarty, McNett & Henry LLP 111 Monument Circle, Suite 3700 Indianapolis, IN 46204 Phone: (317) 634-3456 Fax: (317) 637-7561 Email: _____	6. Total number of applications and patents involved: 6 7. Total fee (37 CFR 1.21(h) and 3.41) \$ 240.00 <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title.) 8. Payment Information: a. Credit Card Last 4 Numbers: _____ Expiration Date: _____ b. Deposit account number: 23-3030 Authorized User Name: _____
--	---

9. Signature:

CHRISTOPHER A. BROWN Christopher A Brown 30 July 2004
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 2

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 30 July 2004.

Christopher A. Brown
Name of Registered Representative
Christopher A Brown
Signature

30 July 2004
Date of Signature

009121-000001.CAB.294589

700104653

PATENT
REEL: 015017 FRAME: 0946

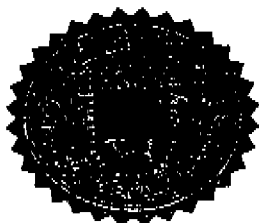
CH \$240.00 233030 10210764

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SYNCOR RADIATION MANAGEMENT, LLC", CHANGING ITS NAME FROM "SYNCOR RADIATION MANAGEMENT, LLC" TO "CARDINAL HEALTH 419, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2003, AT 5 O' CLOCK P.M.



Harriet Smith Windsor
 Harriet Smith Windsor, Secretary of State

2925693 8100

030148846

AUTHENTICATION: 2292878

PATENT
 REEL: 015017 FRAME: 0947

Certificate of Amendment to Certificate of Formation

of

SYNCOR RADIATION MANAGEMENT, LLC

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "limited liability company") is SYNCOR RADIATION MANAGEMENT, LLC

2. The certificate of formation of the limited liability company is hereby amended by striking out Article First thereof and by substituting in lieu of said Article the following new Article:

"First:: the name of the limited liability company is:
CARDINAL HEALTH 419, LLC"

Executed on 2/19/03



Robin Smith Hoke, Authorized Person

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 05:00 PM 02/24/2003
030120875 - 2925693