

Form PTO-1595

RECORDATION FORM COVER SHEET
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE

(Rev. 6/93)

OMB No. 0651-0011 (exp. 4/94)

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):

Cerno Biosciences, LLC

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

Name: Cernofina, LLC

Internal Address: _____

Street Address: 10501 FGCU Boulevard South

City: Fort Meyers Province: Florida

Zip: 33965 Country: U.S.A.

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment Merger
- Security Agreement Change of Name
- Other _____

Additional name(s) & addresses attached? Yes No

Execution Date: Articles of Amendment dated 04/20/06 (attached document)

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

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

A. Patent Application No.(s)

09/406,184 09/405,299 11/033,030 11/052,545 60/795,303
 09/778,012 09/604,852 60/202,529 60/194,333
 09/405,269 09/854,122 09/826,287 60/275,223

B. Patent No.(s):

Additional numbers attached? Yes No

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

Name: Michael DiVerdi

Internal Address: Foley Hoag, LLP

Street Address: 155 Seaport Boulevard

City: Boston State: MA ZIP: 02210-2600

6. Total number of applications and patents involved (13)

7. Total Fee (37 CFR 3.14).....\$520.00

Enclosed

Authorized to be charged to Foley Hoag deposit account

8. Deposit account number:

06-1448, Ref. CEA-004.01

(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.

Michael J. DiVerdi, 51,620

Name of Person Signing and Reg. No.

Michael J. DiVerdi
Signature

June 13, 2006

Date

Total number of pages including cover sheet, attachments, and document: (3)

Mail documents to be recorded with required cover sheet information to:
Mail Stop: Assignment Recordation Services

CH \$520.00 061448 09406184

**DOMESTIC
LIMITED LIABILITY COMPANY**

STATE OF MAINE

ARTICLES OF AMENDMENT

Cerno Biosciences, LLC
(Name of Limited Liability Company)

File
 File No. 20031615DC Pages 2
 Fee Paid \$ 50
 DCN 2001281600001 LNME
 FILED
 04/20/2006

John A. Lyons
 Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 M.R.S.A. §625, the undersigned limited liability company executes and delivers for filing these articles of amendment:

FIRST: The name of the limited liability company has been changed to (if no change, so indicate)
Cernofina, LLC
(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC", 903-A 1)

SECOND: The management of the limited liability company has been changed (if no change, so indicate No Change If changed, "X" one box only

- A The management of the company is vested in a member or members.
- B The management of the company is vested in a manager or managers. The minimum number shall be _____ managers and the maximum number shall be _____ managers.

THIRD: Other amendments to the articles, if any, that the members determine to adopt are set forth in Exhibit _____ attached hereto and made a part hereof.

FORM NO. MLLC-5 (1 of 2)

DATED 4/19/06

Manager(s)/Member(s)*

Michael E. High
(signature)

(signature)

(signature)

Michael E. High, Registered Agent, Duly Authorized
(type or print name and capacity)

(type or print name and capacity)

(type or print name and capacity)

For Manager(s)/Member(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

*Articles MUST be signed by:

- (1) at least one manager OR
- (2) at least one member if the limited liability company is managed by the members OR
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
 TEL., (207) 624-7740

FORM NO MLLC-9 (2 of 2) Rev. 3/1/2004