

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Pedro L Martinez</td> <td>05/09/2012</td> </tr> <tr> <td>Nicholas Koutrakos</td> <td>05/09/2012</td> </tr> <tr> <td>Joseph A Pores</td> <td>05/09/2012</td> </tr> <tr> <td>Ania Clara Rodriguez</td> <td>05/06/2012</td> </tr> </tbody> </table>		Name	Execution Date	Pedro L Martinez	05/09/2012	Nicholas Koutrakos	05/09/2012	Joseph A Pores	05/09/2012	Ania Clara Rodriguez	05/06/2012
Name	Execution Date										
Pedro L Martinez	05/09/2012										
Nicholas Koutrakos	05/09/2012										
Joseph A Pores	05/09/2012										
Ania Clara Rodriguez	05/06/2012										
RECEIVING PARTY DATA											
Name:	Health Meta LLC										
Street Address:	2365 NW 49 Lane										
City:	Boca Raton										
State/Country:	FLORIDA										
Postal Code:	33431										
PROPERTY NUMBERS Total: 1											
<table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>13470045</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	13470045						
Property Type	Number										
Application Number:	13470045										
CORRESPONDENCE DATA											
Fax Number:	(305)595-9579										
Phone:	305-273-8007										
Email:	MICHAEL@BUCHENHORNER.COM										
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>											
Correspondent Name:	MICHAEL J. BUCHENHORNER										
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Address Line 4:	MIAMI, FLORIDA 33143										
ATTORNEY DOCKET NUMBER:	PBM2011-01										
NAME OF SUBMITTER:	Michael J. Buchenhorner										
Total Attachments: 4 source=PBM2011-01_Recordation#page1.tif source=PBM2011-01_ExecutedAssignment#page1.tif source=PBM2011-01_ExecutedAssignment#page2.tif source=PBM2011-01_ExecutedAssignment#page3.tif											

CH \$40.00 13470045

# RECORDATION FORM COVER SHEET PATENTS ONLY

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)**  
 Pedro L. Martinez - May 9, 2012  
 Nicholas Koutrakos - May 9, 2012  
 Joseph A. Pores - May 9, 2012  
 Ania Clara Rodriguez - May 6, 2012  
 Additional name(s) of conveying party(ies) attached?  Yes  No

**2. Name and address of receiving party(ies)**  
 Name: Health Meta LLC  
 Internal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: 2365 NW 49 Lane  
 \_\_\_\_\_  
 City: Boca Raton  
 State: FL  
 Country: US Zip 33431  
 Additional name(s) & address(es) attached?  Yes  No

**3. Nature of conveyance/Execution Date(s):**  
 Execution Date(s) See Above  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Joint Research Agreement  
 Government Interest Assignment  
 Executive Order 9424, Confirmatory License  
 Other \_\_\_\_\_

**4. Application or patent number(s):**  This document is being filed together with a new application.  
 A. Patent Application No.(s) \_\_\_\_\_  
 B. Patent No.(s) \_\_\_\_\_  
 Additional numbers attached?  Yes  No

**5. Name and address to whom correspondence concerning document should be mailed:**  
 Name: Michael Buchenhorner P.A.  
 Internal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: 8540 SW 83 Street  
 \_\_\_\_\_  
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 State: FL Zip 33143  
 Phone Number: 305 273-8007  
 Fax Number: 305 595-9579  
 Email Address: ana@buchenhorner.com

**6. Total number of applications and patents involved:** \_\_\_\_\_  
**7. Total fee (37 CFR 1.21(h) & 3.41)** \$ 40.00  
 Authorized to be charged to deposit account  
 Enclosed  
 None required (government interest not affecting title)

**8. Payment Information**  
 Deposit Account Number 504062  
 Authorized User Name Ana M. Buchenhorner

**9. Signature:** \_\_\_\_\_ /Michael J. Buchenhorner/ \_\_\_\_\_ May 11, 2012  
 Signature Date  
 \_\_\_\_\_  
 Michael J. Buchenhorner  
 Name of Person Signing  
 Total number of pages including cover sheet, attachments, and documents: 3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

## *Assignment*

*Whereas, I*

INVENTOR/CITY     **Pedro L. Martinez**                             City of: **Boca Raton**  
COUNTY/STATE    County of **Palm Beach**                             State of: **Florida**

INVENTOR/CITY     **Nicholas Koutrakos**                             City of: **Delray Beach**  
COUNTY/STATE    County of **Palm Beach**                             State of: **Florida**

INVENTOR/CITY     **Joseph A. Pores**                                 City of: **Boca Raton**  
COUNTY/STATE    County of **Palm Beach**                             State of: **Florida**

INVENTOR/CITY     **Ania Clara Rodriguez**                             City of: **Doral**  
COUNTY/STATE    County of **Miami-Dade**                             State of: **Florida**

have invented certain improvements in

TITLE:             **CLINICAL TRIALS SUBJECT IDENTIFICATION SYSTEM**

and executed, respectively, a United States patent application therefor concurrently here-with.

*Whereas, HEALH META, LLC*, a corporation of FLORIDA, having a place of business at 2365 NW 49 Lane, Boca Raton, Florida 33431, desires to acquire the entire right, title and interest in the said application and invention, and to any United States and foreign patents to be obtained therefor;

*Now therefore*, for a valuable consideration, receipt whereof is hereby acknowledged, we, the above named, hereby sell, assign, and transfer to **HEALH META, LLC**, its successors and assigns, the entire right, title and interest in the said application and invention therein disclosed for the United States and foreign countries, and all rights of priority resulting from the filing of said United States application, and we request the Commissioner of Patents to issue any Letters Patent granted upon the inventions set forth in said applications to **HEALH META, LLC**, its successors and assigns; and I hereby agree that **HEALH META, LLC** may apply for foreign Letters Patent on said invention and we will execute all papers necessary in connection with the United States and foreign applications when called upon to do so by **HEALH META, LLC**.

Signed by: \_\_\_\_\_

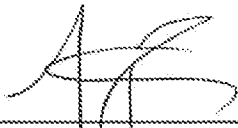
Pedro L. Martinez

DATE

on 5/9, 2012.

Signed by:   
Nicholas Koutrakos

DATE on MAY 9<sup>th</sup>, 2012.

Signed by:   
Joseph A. Porés

DATE on May 9<sup>th</sup>, 2012.

Signed by: \_\_\_\_\_  
Anía Clara Rodriguez

DATE on \_\_\_\_\_, 2012.

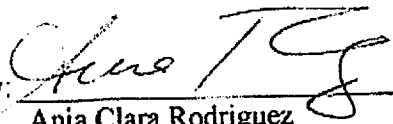
DATE on \_\_\_\_\_, 2012.

Signed by: \_\_\_\_\_  
Nicholas Koutrakos

DATE on \_\_\_\_\_, 2012.

Signed by: \_\_\_\_\_  
Joseph A. Pores

DATE on \_\_\_\_\_, 2012.

Signed by:  \_\_\_\_\_  
Ania Clara Rodriguez

DATE on May 6, 2012.