

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4714327

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CHRISTOPHER AGAMI	11/13/2017
LOUIS JAVIER COLLAZO	11/10/2017
SHARA A. HERNANDEZ	11/14/2017
BRUCE M. SHER	11/13/2017
RECEIVING PARTY DATA	
Name:	INNOMED HEALTHSCIENCE, INC.
Street Address:	6601 LYONS ROAD, SUITE B 1-4
City:	COCONUT CREEK
State/Country:	FLORIDA
Postal Code:	33073
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29626242
CORRESPONDENCE DATA	
Fax Number:	(703)991-7071
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	7037408322
Email:	patent@maierandmaier.com
Correspondent Name:	TIMOTHY J. MAIER
Address Line 1:	345 SOUTH PATRICK ST.
Address Line 4:	ALEXANDRIA, VIRGINIA 22314
ATTORNEY DOCKET NUMBER:	01860044DES
NAME OF SUBMITTER:	TIMOTHY J. MAIER
SIGNATURE:	/Timothy J. Maier/
DATE SIGNED:	12/01/2017
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 4	
source=agami_assignment#page1.tif	

source=collazo_assignment#page1.tif

source=hernandez_assignment#page1.tif

source=sheer_assignment#page1.tif

DECLARATION AND ASSIGNMENTTitle of Invention: RESPIRATORY MASKDECLARATION

As a below named inventor, I hereby declare that:

This declaration is directed to:



The attached application, or



United States application or PCT international application number _____, filed on _____

The above-identified application was made or authorized to be made by me. I believe I am the original inventor or an original joint inventor of a claimed invention in the application. I have reviewed and understood the contents of the above-identified application, including the claims, and any claim amendments made in the application. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

ASSIGNMENT

WHEREAS, I, Christopher Agami, whose post office address is 3763 Cypress Fern Way, Coral Springs, FL 33065, hereinafter referred to as ASSIGNOR, am the owner of useful improvements in RESPIRATORY MASK (hereinafter referred to as the INVENTION) for which the above application for United States Letters Patent was filed on: November 15, 2017, Serial No.: 29/626,242; or established by PCT International Patent Application No.: _____ filed: _____ designating the United States of America;

WHEREAS, InnoMed Healthscience, Inc., whose post office address is 6601 Lyons Road, Suite B 1-4, Coconut Creek, FL 33073, hereinafter referred to as ASSIGNEE, is desirous of acquiring the entire right, title and interest in and to the same in the United States;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, I, ASSIGNOR, by these presents do sell, assign and transfer unto said ASSIGNEE, the entire right, title, and interest in and to said INVENTION and application throughout the United States of America, including any and all Letters Patent granted on any division, continuation, continuation-in-part and reissue of said application.

ALSO, ASSIGNOR hereby agrees to execute any documents that legally may be required in connection with the filing, prosecution and maintenance of said application or any other patent application(s) in the United States for said INVENTION, including additional documents that may be required to affirm the rights of ASSIGNEE in and to said INVENTION, all without further consideration. ASSIGNOR also agrees, without further consideration and at ASSIGNEE's expense, to identify and communicate to ASSIGNEE at ASSIGNEE's request documents and information concerning the INVENTION that are within ASSIGNOR's possession or control, and to provide further assurances and testimony on behalf of ASSIGNEE that lawfully may be required of ASSIGNOR in respect of the prosecution, maintenance and defense of any patent application or patent encompassed within the terms of this instrument. ASSIGNOR's obligations under this instrument shall extend to ASSIGNOR's heirs, executors, administrators and other legal representatives.

ALSO, ASSIGNOR hereby authorizes and requests the Director of the U.S. Patent and Trademark office to issue any and all Letters Patent referred to above to ASSIGNEE, as the ASSIGNEE of the entire right, title and interest in and to the same, for ASSIGNEE's sole use and behoof; and for the use and behoof of ASSIGNEE's legal representatives and successors, to the full end of the term for which such Letters Patent may be granted, as fully and entirely as the same would have been held by ASSIGNOR had this assignment and sale not been made.

ASSIGNOR authorizes any member of the firm of Maier & Maier, PLLC to insert or complete any information in this document needed to effect its recordal in the U.S. Patent and Trademark Office.

Legal Name of Inventor: Christopher Agami

X

Inventor's Signature

X

Date

11/13/17

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ASSIGNMENT

WHEREAS, I, Louis Javier Collazo, whose post office address is 2070 Coco Palm Pl., Pompano Beach, FL 33062, hereinafter referred to as ASSIGNOR, am the owner of useful improvements in RESPIRATORY MASK (hereinafter referred to as the INVENTION) for which the above application for United States Letters Patent was filed on: November 15, 2017 Serial No.: 29/626,242; or established by PCT International Patent Application No.: _____ filed: _____ designating the United States of America:

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Legal Name of Inventor: Louis Javier Collazo

X Louis J. Collazo
Inventor's Signature

X 11/10/17
Date

DECLARATION AND ASSIGNMENTTitle of Invention: RESPIRATORY MASK**DECLARATION**

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I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

ASSIGNMENT

WHEREAS, I, Shara A. Hernandez, whose post office address is 2095 SW 117th Ave., Davie, FL 33330, hereinafter referred to as ASSIGNOR, am the owner of useful improvements in RESPIRATORY MASK (hereinafter referred to as the INVENTION) for which the above application for United States Letters Patent was filed on: November 15, 2017 Serial No.: 29/626,242; or established by PCT International Patent Application No.: _____, filed: _____, designating the United States of America;

WHEREAS, InngMed Healthscience, Inc., whose post office address is 6601 Lyons Road, Suite B 1-4, Coconut Creek, FL 33073, hereinafter referred to as ASSIGNEE, is desirous of acquiring the entire right, title and interest in and to the same in the United States;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, I, ASSIGNOR, by these presents do sell, assign and transfer unto said ASSIGNEE the entire right, title, and interest in and to said INVENTION and application throughout the United States of America, including any and all Letters Patent granted on any division, continuation, continuation-in-part and reissue of said application.

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Legal Name of Inventor: Shara A. Hernandez

x Shara A. Hernandez
Inventor's Signature

x 11-14-17
Date

PATENT**REEL: 044276 FRAME: 0663**

DECLARATION AND ASSIGNMENT

Title of Invention: RESPIRATORY MASK

DECLARATION

As a below named inventor, I hereby declare that:

This declaration is directed to:

☐

The attached application, or

☐

United States application or PCT international application number _____, filed on _____

The above-identified application was made or authorized to be made by me. I believe I am the original inventor or an original joint inventor of a claimed invention in the application. I have reviewed and understood the contents of the above-identified application, including the claims, and any claim amendments made in the application. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

ASSIGNMENT

WHEREAS, I Bruce M. Sher, whose post office address is 1454 Point Way, North Palm Beach, FL 33408, hereinafter referred to as ASSIGNOR, am the owner of useful improvements in RESPIRATORY MASK (hereinafter referred to as the INVENTION) for which the above application for United States Letters Patent was filed on: November 15, 2017 Serial No.: 29/626,242; or established by PCT International Patent Application No.: _____ filed: _____ designating the United States of America;

WHEREAS, InnoMed Healthscience, Inc., whose post office address is 6601 Lyons Road, Suite B 1-4, Coconut Creek, FL 33073, hereinafter referred to as ASSIGNEE, is desirous of acquiring the entire right, title and interest in and to the same in the United States;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, I, ASSIGNOR, by these presents do sell, assign and transfer unto said ASSIGNEE, the entire right, title, and interest in and to said INVENTION and application throughout the United States of America, including any and all Letters Patent granted on any division, continuation, continuation-in-part and reissue of said application.

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Legal Name of Inventor: Bruce M. Sher

X

Inventor's Signature

Bruce M. Sher

X

Date

11-13-17