

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT6104019

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
VICTOR LORIA	03/05/2019
RECEIVING PARTY DATA	
Name:	LORSTAN PHARMACEUTICAL, LLC
Street Address:	10773 NW 58TH STREET
Internal Address:	SUITE 751
City:	DORAL
State/Country:	FLORIDA
Postal Code:	33178
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16868737
CORRESPONDENCE DATA	
Fax Number:	(215)751-1142
<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:	(215) 567-2010
Email:	RWILSON@CRBCP.COM
Correspondent Name:	CAESAR RIVISE, PC
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Address Line 2:	12TH FLOOR
Address Line 4:	PHILADELPHIA, PENNSYLVANIA 19103
ATTORNEY DOCKET NUMBER:	L1240/20060
NAME OF SUBMITTER:	SCOTT M. SLOWOWITZ
SIGNATURE:	/SCOTT M. SLOWOWITZ/
DATE SIGNED:	05/12/2020
Total Attachments: 2	
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source=ASSIGNMENT_1#page2.tif	

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we the undersigned hereby sell, assign and transfer to:

Name: **Lorstan Pharmaceutical, LLC**

Address: **10773 NW 58th Street**
Suite 751
Doral, FL 33178

its successors, assigns and legal representatives, all hereinafter referred to as the Assignee, my/our whole and entire right, title and interest, in and throughout the United States, its territories and all countries foreign thereto, in and to any and all invention(s) which are disclosed in the following Application:

U.S. Patent Application Serial No.: **16/293,171**

Title: **HAIR IMPLANTS COMPRISING ENHANCED ANCHORING AND MEDICAL SAFETY FEATURES**

Filed: **March 5, 2019**

Attorney Docket No: **L1225/20017**

and any improvements thereon which I/we make, conceive or acquire during the course of my/our association with Assignee, and for one year thereafter, and in and to said Application and any and all Letters Patent and extensions thereof of the United States and countries foreign thereto which have been or may be granted on said invention(s) or any part thereof, or any improvements thereon or on said Application, or any divisional, continuing, renewal, reissue, or other application and all international priority rights associated therewith, based in whole or in part thereon, or based upon said invention(s), or any improvements thereon.

I/We agree that said Assignee may apply for and receive Letters Patent for said invention(s) in its own name; and when requested, without charge to, but at the expense of said Assignee, I/we agree to carry out in good faith the intent and purpose of this assignment by executing all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all said invention(s), by executing all rightful oaths, assignments, powers of attorney and other papers, by communicating to said Assignee all facts known to me/us relating to said invention(s) and the history thereof, and generally by doing everything possible which said Assignee shall consider desirable for aiding in securing and maintaining proper patent protection for said invention(s) and for vesting title to said invention(s) and all applications for patents and all patents on said invention(s), in said Assignee.

I/We hereby request the Honorable Commissioner of Patents and Trademarks to issue said Letters Patent to said Assignee.

I/We covenant with said Assignee that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been, or will be, made to others by me/us, and that full right to convey the same as herein expressed is possessed by me/us.

I/We hereby authorize said Assignee to insert on this Assignment the serial number and filing date of the above-identified application when they become available.

IN WITNESS WHEREOF, having read the aforesaid Assignment and intending to be legally bound thereby, I have hereunto affixed my hand and seal on this

5th day of March, 2019
(day) (month) (year)

Name: Victor Loria
Address: 3625 NW 82nd Avenue
Suite 402
Miami, FL 33166

STATE/Commonwealth OF Florida :

SS :

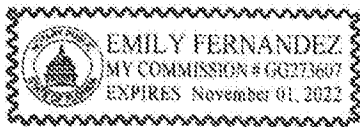
COUNTY OF Miami-Dade :

Before me, a notary public, in and for the State/Commonwealth and County aforesaid, on this

5th day of March, 2019
(day) (month) (year)

personally appeared Victor Loria

who being to me personally known, and who having first executed the foregoing instrument in my presence and having been by me first duly sworn, did acknowledge the foregoing instrument as his/her free deed and act, signed, sealed and delivered by him/her for the purpose therein stated and intending to be legally bound thereby and intending that said instrument be recorded.



[Signature] (SEAL)
NOTARY PUBLIC

My Commission Expires: Nov 1, 2022

-17