

T98000000367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

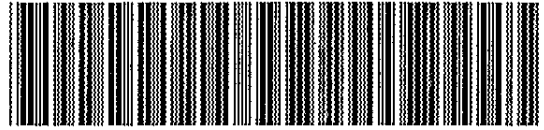
(Business Entity Name)

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TALLAHASSEE FLORIDA

Assignment

T98-367

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: HEALTHCHOICE PPO And Design Of The Word "Choice" Underlined

Registration Number: T98000000367

2. ASSIGNOR:

Name: COMMUNITY HEALTH CARE SYSTEMS, INC.

If Assignor is a corporation, the state in which incorporated & FL registration Number: FL / P95000038581

Address: 102 W. Pineloch Avenue, Suite 23

City: Orlando State/Zip: FL 32806

3. ASSIGNEE:

Name: HEALTHCHOICE, INC.

If Assignee is a corporation, the state in which incorporated & FL registration number: FL / G74260

Address: 102 W. PINELOCH AVENUE, SUITE 23

City: ORLANDO State/Zip: FL 32806

4. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of the mark) is hereby assigned by COMMUNITY HEALTH CARE SYSTEMS, INC. to

(the Assignor)

HEALTHCHOICE, INC. (the Assignee)

Stephan J. Harr (Assignor's Signature)

By Stephan J. Harr, President (Typed or Printed Name of Person Signing Above)

Beth A. Rudloff (Assignee's Signature)

By Beth A. Rudloff, Executive Director (Typed or Printed Name of Person Signing Above)

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On this 1 day of December, 2003, Stephan J. Harr, Pres., and Beth A. Rudloff, Exec. Dir., personally appeared before me,

who is personally known to me whose identity I proved on the basis of N/A

(Notary Seal)



Theresa R Ransome My Commission DD131749 Expires October 09, 2006

Signature of Notary Public

Instructions: The assignment must be signed by both the assignee and the assignor. If a corporation, an officer of the corporation must sign. Both the assignee's and the assignor's signature must be acknowledged before a Notary Public. If you need assistance, call the Registration Section at (850) 245-6051.