

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: HealthScreen International, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 4555 Emerson Expressway, Suite 200, Jacksonville, FL 32207

Name of Agent Designated to Receive Notification of Claimed Infringement: Katharine F. Rowe, Esq.

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
LeBoeuf, Lamb, Greene & MacRae, LLP
50 N. Laura Street, Suite 2800, Jacksonville, FL 32202

Telephone Number of Designated Agent: 904 354-8000

Facsimile Number of Designated Agent: 904 353-1673

Email Address of Designated Agent: kfrowe@llgm.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 5/4/00

Typed or Printed Name and Title: Frederick W. Fey, President and Chief Operating Officer

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

MAY 16 2000

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