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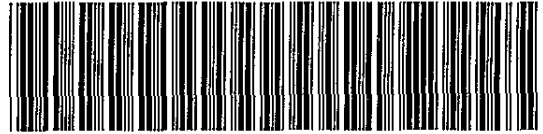
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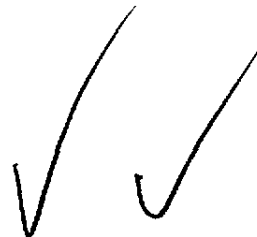


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ATTORNEYS
AT LAW

JULIA L. FREY
DIRECT DIAL: 407-418-6243
NORTH EOLA DRIVE OFFICE
POST OFFICE BOX 2809
ORLANDO, FLORIDA 32802-2809
julie.frey@lowndes-law.com

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December 1, 2003

CERTIFIED MAIL
7099 3400 0008 0390 2631

Registration Section
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314-6327

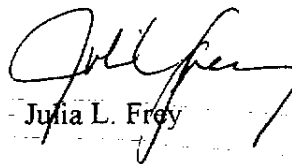
Re: Trademark Registration

Dear Sir/Madam:

Enclosed for filing on behalf of my client, Elena C. Puig, D.M.D., P.A., is an original and one copy of any application for the Florida servicemark "DYNAMIC SMILE DESIGN." Our recent search of the records reflects that there are no registered marks which would prohibit registration. The filing fee of \$87.50 is enclosed for one class of services, along with the required specimens.

If you have any questions about the enclosed, please call the undersigned.

Sincerely yours,


Julia L. Frey

JLF/rm
Enclosures

0099998/010901/700745/1

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TALLAHASSEE FLORIDA

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & Address to whom acknowledgment should be sent:

JULIA L. FREY, ESQ.

215 North Eola Drive

Orlando, FL 32801

(407) 418-6243

Daytime Telephone Number

PART I

1. (a) Applicant's name: Elena C. Puig D.M.D., P.A., a Florida corporation

(b) Applicant's business address: 1600 Hillcrest Street
Orlando, FL 32803
City/State/Zip

(c) Applicant's telephone number: (407) 843-2931

- Individual Corporation Joint Venture Other
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: P97000058105

(3) Federal Employer Identification Number: 59-3454972

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

dental services (Class 42)

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
advertisements, brochures, signage and other manners customary in the trade

(Continued)

(d) The class(es) in which goods or services fall: Class 42

PART II

- 1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):
 - (a) Date first used anywhere: September 29, 2003 (b) Date first used in Florida: September 29, 2003

PART III

- 1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
the words "DYNAMIC SMILE DESIGN" with the "Smile" stylized

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "dynamic" "smile" "design"
" APART FROM THE MARK A-
SHOWN.

I Elena C. Puig being sworn, depose and say that I am the owner and the applicant herein, o that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a relate company has the right to use such mark in Florida either in the identical form or in such near resemblance a to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/th applicant's behalf. I further acknowledge that I have read the application and know the contents thereof an that the facts stated herein are true and correct.

Elena C. Puig, D.M.D., P.A., a Florida corporation

Typed or printed name of applicant

By: _____

Elena C. Puig, President

Applicant's signature or authorized person's signature

(List name and title)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTRY of ORANGE

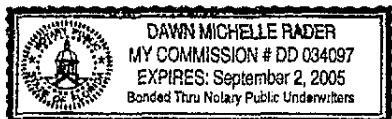
Personally appeared before me, this 6 day of November, 2003, Elena C. Puig, as President of Elena C Puig, D.M.D., P.A., a Florida corporation, who is personally known to me whose identity I proved o the basis of J.D.

Dawn Michelle Rader

Notary Public Signature

Notary's Printed Name

My Commission Expires: _____



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