

7-105000000538

(Registrant's Name)

(Address)

(Address)

(City, State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

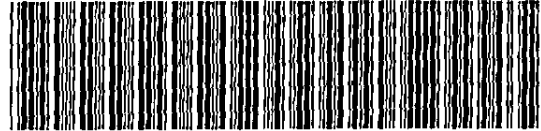
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(S)

~~W05-18764~~

105-538

✓ ✓

05 APR 27 PM 2:49

FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 13, 2005

STRATA HEALTHCARE LLC  
ATTN: BEN YANOWITCH  
7901 SW 6TH COURT, SUITE 400  
PLANTATION, FL 33324

SUBJECT: STRATA AND DESIGN OF S  
Ref. Number: W05000018764

We have received your document for STRATA AND DESIGN OF S and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6118.

Nanette Cassaux  
Document Specialist Supervisor

Letter Number: 305A00025329

**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:

ATT: Bev Yanowitch  
Strata Healthcare, LLC  
7901 SW 6<sup>th</sup> Court, Suite 400  
Plantation, FL 33324  
(954) 315-5100  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: Strata Healthcare, LLC

(b) Applicant's business address: 7901 SW 6<sup>th</sup> Court, Suite 400  
Plantation FL 33324  
City/State/Zip

(c) Applicant's telephone number: ( )  
 Individual       Corporation       Joint Venture       Other: Limited Liability Corp.  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration number: 203000043753 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 20-0381757

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.)

Perform diagnostic imaging services using the following  
equipment: 1.5T MRI, PET/CT Scanner, 16 CT Scanner, XRAY-Ray,  
Ultrasound

(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.)

marketing literature, newspaper advertising, business cards,  
brochures

(Continued)

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

42 Miscellaneous (Medical Services)

**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: 6/1/04 (b) Date first used in Florida: 6/1/04

**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.)

Strata prime logo with lines to designate layers  
Strata also means layers

English Translation \_\_\_\_\_

2. DISCLAIMER (if applicable)  
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " \_\_\_\_\_"  
" APART FROM THE MARK AS SHOWN.

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

Strata Healthcare, LLC  
Typed or printed name of applicant

Beverly Yanowitch, CFO & Treasurer  
Applicant's signature or authorized person's signature  
(List name and title)

05 APR 27 PM 2:49  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

STATE OF Florida  
COUNTY OF Howard

On this 8th day of April, 2005, Beverly Yanowitch personally appeared before me,

who is personally known to me  whose identity I proved on the basis of \_\_\_\_\_

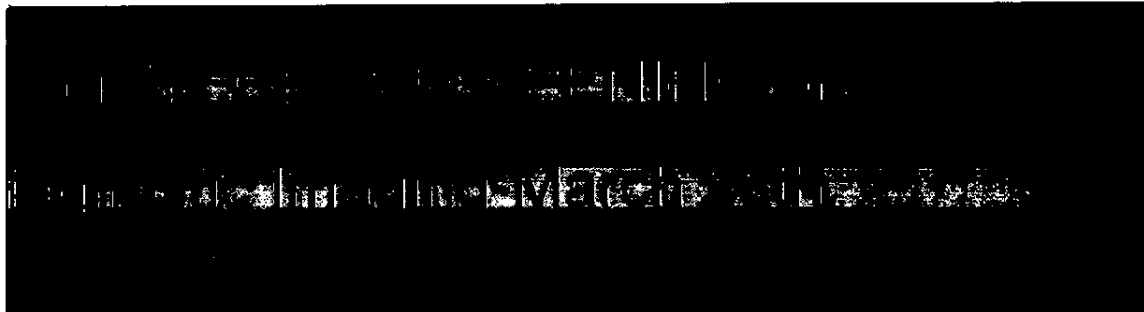
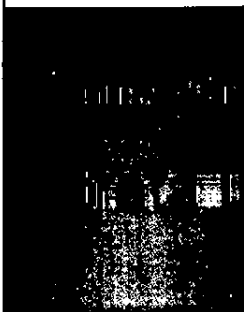
(Seal)  **Liza Mendelson**  
Commission #DD307367  
Expires: Apr 10, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.

Liza Mendelson  
Notary Public Signature  
Liza Mendelson  
Notary's Printed Name

My Commission Expires: April 10, 2008

FEE: \$87.50 per class

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- G.E. Discovery LS PET/CT
- G.E. LightSpeed 16 Slice CT
- G.E. Logiq 7 Ultrasound
- G.E. Proteus X-ray and Fuji CR
- RIS and PACS systems



Call to schedule today at 305-728-8400

Imaging Center Director: Clarita Posada

Marketing Director: Elizabeth Beyer



**STRATA**  
HEALTHCARE, LLC