

T05000000601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

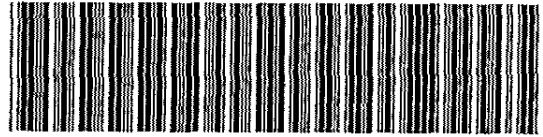
(Business Entity Name)

(Document Number)

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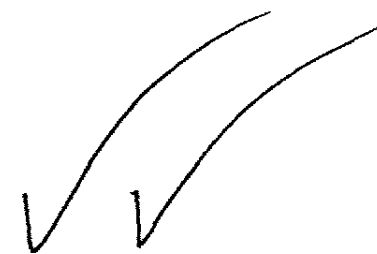


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T05-601

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY -9 PM 3:42



**The Law Offices of  
Linster E. Brinkley, Jr., P.A.  
2350-N 34th Street North, Suite 110  
Saint Petersburg, Florida 33713  
Telephone (727) 322-9400 - Fax (727) 321-1715**

May 2, 2005

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

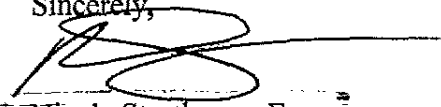
RE: TRADEMARK APPLICATION – AMERI-PLUS

To Whom It May Concern:

Enclosed please find the trademark application for Ameri-Plus along with the required documentation.

If you require any further assistance, please contact this office.

Sincerely,

  
Nicole Strothman, Esq.

**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:

NICOLE STROTHMAN  
2350 N 34 STREET N  
ST. PETERSBURG, FL 33713  
( 727 ) 3229400  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: TIM NORTH

(b) Applicant's business address: 2536 COUNTRYSIDE BLVD., 6TH FLOOR  
CLEARWATER, FL 33763  
City/State/Zip

(c) Applicant's telephone number: ( 727 ) 726-plus

- Individual       Corporation       Joint Venture       Other: \_\_\_\_\_  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration number: \_\_\_\_\_ (2) Domicile State: \_\_\_\_\_

(3) Federal Employer Identification Number: \_\_\_\_\_

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.)

ESTABLISH A NETWORK OF SPECIAL MEDICARE PRICING PROGRAMS

(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.)

BUSINESS CARDS

(Continued)

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

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**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: 1/2/03 (b) Date first used in Florida: 1/2/03

**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.)

AMERI-PLUS

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

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " PLUS " APART FROM THE MARK AS SHOWN.

I, TIM NORTH

*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 application and know the contents thereof and that the facts stated herein are true and correct*

TIM NORTH

Typed or printed name of applicant

Applicant's signature or authorized person's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF PINELLAS

On this 2 day of MAY, 2005, NICOLE STROTHMAN, ESQ. personally appeared before me,

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY -9 PM 3:12

(Seal)

Marie Nobile  
Notary Public Signature

MARIE NOBLE Marie Nobile  
Notary's Printed Name

My Commission Expires: 12/8/05

FEE: \$87.50 per class





**AMERI-PLUS**  
SELECT SERVICES, L.L.C.

**Herb Haigh**  
PRESIDENT

[www.medicareselect.com](http://www.medicareselect.com)  
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Toll Free (800) 940-7587 • (727) 726-7587 • Fax (727) 726-9627  
Home (727) 867-2771 • E-mail: [herbhaigh@medicareselect.com](mailto:herbhaigh@medicareselect.com)