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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

#### SUBJECT: Application for the registration of service mark "APB"

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen A. Snyder

(Name of Person)

Medical Transcription Billing, Corp.

(Firm/Company)

7 Clyde Road, Suite 201

(Address)

Somerset, New Jersey 08873

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen A. Snyder

. 732

873 - 5133

(Name of Person)

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(<u>NOTE</u>: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

#### 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

PARTI
1. (a) Applicant's name: Medical Transcription Billing, Corp.
(b) Applicant's business address: 7 Clyde Road, Suite 201
Somerset, New Jersey 08873
City/State/Zip
If different, Applicant's mailing address: Same as above
City/State/Zip
(c) Applicant's telephone number: ( 732 ) 873 - 5133
☐ Individual ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company ☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other:
If other than an individual, (1) Florida registration/document number: F06000007788 (2) Domicile State: Delaware
(3) Federal Employer Identification Number: 22-3832302
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.)
Billing, computerized office management, data processing services, medical transcription services,
invoicing services in the field of medicine, Electronic processing of insurance claims and payments,
insurance claims processing and insurance consultation
(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.)
Not applicable
(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Web sites, newspapers, advertisements, magazines, promotional literature,
etc.
d) The class(es) in which goods or services fall:  35 & 36

(Continued)

PA	RT	П

1. Date first used by the applicant, predece (a) Date first used anywhere: January	ssor, or a related company (must include month, day and year):  9, 1991  (b) Date first used in Florida: January 9, 1991
The mark to be registered is: (If logo/desmust be 25 words or less.)	PART III sign is included, please give brief written description which
"APB"	in standard characters form
English Translation	Not applicable
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUS	IVE RIGHT TO USE THE TERM " Not applicable " APART FROM THE MARK AS SHOWN.
Stophon A. Spydor	APART FROM THE MARK AS SHOWN.
except a related company has registered this mark thereof or in such near resemblance as to be likely, cause mistake or to deceive. I make this affidavit	being sworn, depose and say that I am the owner and the applicant fithe owner and applicant herein, and to the best of my knowledge no other person in this state or has the right to use such mark in Florida either in the identical form, when applied to the goods or services of such other person to cause confusion, to and verification on my/the applicant's behalf. I further acknowledge that I have and that the facts stated herein are true and correct.
Medical	Transcription Billing, Corp.
S	Typed or printed name of applicant  Applicant's signature
STATE OFNew Jersey	(List name and title)
COUNTY OF Somerset	_ S I 7
On this 4 day of April	, 2007, Stephen A. Snyder Spersonally
appeared before me,  ☑ who is personally known to me ☐	whose identity I proved on the basis of
	Mahad Mp
(Seal)	Mahmud U. Haq
	Notary Marinied U. HAQ Notary Public, Staffe of New York
	No. 01HA5027725  My Commission Expires: Oualified In New York County
	Commission Expires August 1

FILING FEE: \$87.50 per class



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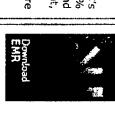




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- 4% of collections
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- Web-accessible patient information

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- 4 ¢ per 65-character line
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### EMR

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- Improve efficiency
- View patient data effortlessly
- Automate billing

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