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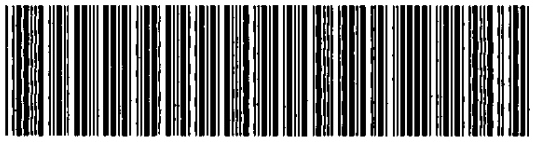

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N. CAUSSEAUX

AUG 12 2009

EXAMINER

08/17/09--01002--008 **87.50

N. CAUSSEAUX

~~JUL 29 2009~~

EXAMINER

T09-823

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D. MATTHEW FOSTER
JACOB A. FELDMAN
RENEE M. BACON

* Of Counsel
† Admitted in Georgia and Florida

July 24, 2009

Via FedEx

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

RE: ***Catalano's Nurses Registry***

Dear Sir:

I have enclosed one original and one complete copy of the Application for Service Mark for Catalano's Nurses Registry, together with three specimens of the mark as currently used. Also, enclosed is a check in the amount of $87.50 made payable to the Florida Department of State for the filing fee.

Please return the recorded document to my attention in the enclosed self-addressed postage-paid envelope. If you have any questions regarding the enclosed, please do not hesitate to call me or Mike Hill at (615) 256-0500.

Sincerely,

HARWELL HOWARD HYNE
GABBERT & MANNER, P.C.

Andrea Riley

Andrea Riley
Paralegal

Enclosures

cc: Michael R. Hill, Esq.

315 DEADERICK STREET, SUITE 1800 NASHVILLE, TENNESSEE 37238-1800
phone 615-256-0500 fax 615-251-1059 www.h3gm.com

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2009

MICHAEL R. HILL, ESQUIRE
HARWELL, HOWARD, ET AL.
315 DEADERICK STREET, SUITE 1800
NASHVILLE, TN 37238-1800

SUBJECT: CATALANO'S NURSES REGISTRY
Ref. Number: W09000034406

We have received your document for CATALANO'S NURSES REGISTRY and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

If you want to include the services you have in Part I 2(d), they must be re-entered in Part I 2(a) of the application. "EMPLOYMENT AGENCY SERVICES" fall under class 35, "PERSONAL AND SOCIAL SERVICES" fall under class 45, therefore an additional $87.50 is due. If you DO NOT want to include these services, please delete them from Part I 2(d) and enter class 35 only.

Class(es) "35 & 45" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "35 & 45".

There is a balance due of $87.50.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 409A00025949

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ERIC W. ENSMINGER†
D. MATTHEW FOSTER
JACOB A. FELDMAN
RENEE M. BACON

* Of Counsel
† Admitted in Georgia and Florida

August 4, 2009

Via FedEx

Ms. Nanette Causseaux
Document Specialist Supervisor
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: ***Catalano's Nurses Registry***

Dear Ms. Causseaux:

Pursuant to your letter dated July 29, 2009 (a copy is enclosed for your reference), I have enclosed one original and one copy of the revised Application for Service Mark for Catalano's Nurses Registry. The revised Application amends Part I, 2(d) to add classes "35 & 45". Also, enclosed is a check in the amount of $87.50 made payable to the Florida Department of State for the filing fee for the addition of class 35 to the Application.

Please return the recorded document to my attention in the enclosed self-addressed postage-paid envelope. If you have any questions regarding the enclosed, please do not hesitate to call me or Mike Hill at (615) 256-0500.

Sincerely,

HARWELL HOWARD HYNE
GABBERT & MANNER, P.C.

Andrea Riley
Paralegal

Enclosures

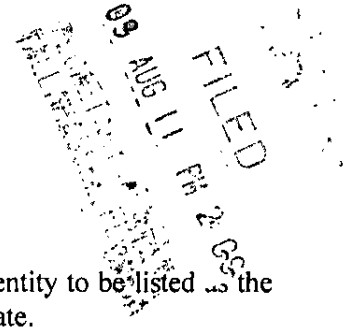
cc: Michael R. Hill, Esq.

418636-1

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



PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: CSI Catalano's Nurses Registry, Inc.

(b) Owner's/Applicant's business address: 10451 NW 117th Avenue, Suite 110

Miami, Florida 33178
City/State/Zip

If different, Owner's/Applicant's mailing address: _____

_____
City/State/Zip

(c) Owner's/Applicant's telephone number: (305) 821-1262

Check the appropriate box to indicate the Owner/Applicant is a(n):

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: 316967 ✓

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-1303456

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Employment agency services for healthcare personnel, nurses and nurses' aides.

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

Screenshot of Owner's/Applicant's Webpage; Business Brochures

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is $87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

35 & 45

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: 12/22/1999

(b) Date first used in Florida: 12/22/1999

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

CATALANO'S NURSES REGISTRY

Provide the English translation of any and all terms listed #1 above, when applicable:

2. DISCLAIMER STATEMENT (if applicable):
Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" NURSES REGISTRY " APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Harvey A. Wagner, President and CEO *, 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.*

CSI Catalano's Nurses Registry, Inc.
Typed or printed name of applicant

Applicant's signature
(List name and title) HARVEY A. WAGNER PRESIDENT & CEO

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 22 day of July, 2009, HARVEY A WAGNER personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

FIONA MCCLOSKEY
MY COMMISSION # DD 824459
EXPIRES: September 21, 2012
Bonded Thru Notary Public Underwriters

Fiona McCloskey
Notary Public Signature

FIONA McCLOSKEY
Notary's Printed Name

My Commission Expires: 9/21/2012

FILING FEE: $87.50 per class

CSI

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Catalano's

Nurses Registry

A Wholly Owned Subsidiary of CSI

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