T09000008823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
19 JUL 30 AM 10:20
TALLAHASSEE, FLORIDA

K. SALY
AUG 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATALANO'S NURSES REGISTRY
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marian Moore, Paralegal
(Name of Person)

Bass, Berry & Sims PLC
(Firm/Company)

150 3rd Ave. S., Ste. 2800
(Address)

Nashville, TN 37201
(City/State and Zip Code)

For further information concerning this matter, please call:

Marian Moore at (615) 259-6126
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: $87.50 per class
CERTIFICATE OF RENEWAL: $ 8.75 (OPTIONAL)

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

CR2E005 (1/11)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

CSI CATALANO'S NURSES REGISTRY, INC.
10451 NW 117TH AVENUE, SUITE 110
MIAMI, FL 33178

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
19 JUL 30 AM 10:25

1) Mark Registered: CATALANO'S NURSES REGISTRY

2) Registration Number: T09000000823

3) Date Filed: 08/01/2014 4.) Renewal Date: 08/11/2019 5.) Class(es) Filed: 35, 45

6) Renewal statement pursuant to section 495.071, Florida Statues. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use in Florida.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: FL

CSI CATALANO'S NURSES REGISTRY, INC.
Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FL

COUNTY OF Miami, Dade

Sworn to and subscribed before me on this 19 day of July 2019. Thomas Hoyer
(Name of Individual Signing)

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

(Seal)

Flor Jarquin
Commission # GG118564
Expires: June 25, 2021
Bonded thru Aaron Notary

Notary Public's Signature

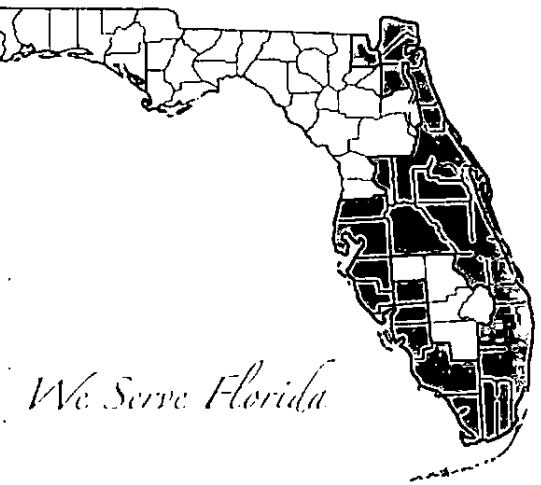
Flor Jarquin
Notary Public's Printed Name

Fee: $87.50 Per Class
Certificate of Renewal : $8.75 (Optional)
CR2E005 (1/11)

Caregiver Services, Inc.

Comprehensive In-Home Care

ocal Companies Coming Together
To Provide Statewide Coverage



We Serve Florida

Where We Are

CSI FRIENDS ASSISTING
SENIORS & FAMILIES
2324 S. Congress Ave., Suite 1-A
West Palm Beach, FL 33406
800-327-6909
Lic. #NR3012096 Lic. #NR30211018

CSI CATALANO'S NURSES REGISTRY
419 W. 49th St., Suite 200
Hialeah, FL 33012
305-821-1262 • 1-800-282-6409
Lic. #NR3002096 Lic. #NR3003096
Lic. #NR30210968 Lic. #NR30210967
Lic. #NR30210964

CSI NURSE WORLD
2250 Lee Rd., Suite 102
Winter Park, FL 32789
866-4-A-NURSE (866-426-8773)
Lic. #NR30210956

CSI PIONEER HEALTH CARE
10300 Sunset DR., Suite 410
Miami, FL 33173
305-598-9849
Lic. #NR30211117

Caregiver Services, Inc.
Comprehensive In-Home Care

www.caregiverservicesinc.com

Caregiver Services, Inc.
Comprehensive In-Home Care

Focusing On Your Care Needs

Private Duty Home Care

Healthcare Staffing Services