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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: ARTISAN DEN	
	(Mark to be registered)
The enclosed Trademark/Service Mar	k Application, specimens and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	•
Brian S. Steinberger, Esq.	
(Name of Pe	rson)
Law Offices of Brian S. Stein	herger P A
(Firm/Comp	
101 Brevard Avenue	
(Address)	
Cocoa, FL 32922	
(City/State a	and Zip Code)
For further information concerning thi	is matter, please call:
5	
Brian S. Steinberger	at (321) 633-5080
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building
Tananassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

LAW OFFICES OF BRIAN S. STEINBERGER, P. A.

Registered Patent Attorneys

101 Brevard Avenue Cocoa, Florida 32922
Phone (321) 633-5080 Fax (321) 633-9322
Email brianss@vol.com

Brian S. Steinberger (Member FL, PA Bars)*
Joyce P. Morlin (Member FL, MI, IN, NY Bars)*
Phyllis K. Wood (Member FL Bar)*
Frances L. Olmsted (Member NY Bar Only)*of Counsel
* Registered Patent Attorney

February 23, 2010

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Trademark application filed herewith:

Applicant: Mary R. Isaacs, D.M.D., P.A., a Florida corporation Mark: ARTISAN DENTAL (and design) (Class 044 services)

Atty Docket: PC-2697FL

Dear Sirs:

I enclose for filing papers in the name of Mary R. Isaacs, D.M.D., P.A., a Florida corporation, for registration of a Florida State trademark, ARTISAN DENTAL (and design), including the Application for Registration of a Trademark/Servicemark, three specimens of use, and a check in the amount of \$87.50 to cover the filing fee for one class of use.

Please direct all correspondence to this office as agent/attorney for Florida Smooth Jazz Foundation, Inc.

Respectfully submitted,

Brian S. Steinberger Attorney at Law PTO Registration No. 36,423 101 Brevard Avenue Cocoa, Florida 32922 (321) 633-5080 (321) 633-9322 Fax

I certify that this correspondence, including the attachments listed, is being deposited with the United States Postal Service, in the US Post Office as Express Mail EV 216772475 US in an envelope addressed to Registration Section, Division of Corporations, Post Office Box 6327, Tallahassee, FL 32314 on the date shown below.

2/20/2010

Date of Mailing Signature of Person Mailing



March 3, 2010

BRIAN S. STEINBERGER, ESQUIRE LAW OFFICES OF BRIAN S. STEINBERGER, P.A 101 BREVARD AVENUE COCOA, FL 32922

SUBJECT: ARTISAN DENTAL AND DESIGN

Ref. Number: W10000010592

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

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "ARTISAN" "DENTAL"

If the mark includes a logo or design, a brief written description must be provided.

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: 010A00005178

LAW OFFICES OF BRIAN S. STEINBERGER, P. A.

Registered Patent Attorneys
101 Brevard Avenue Cocoa, Florida 32922
Phone (321) 633-5080 Fax (321) 633-9322
Email brianss@vol.com

Brian S. Steinberger (Member FL, PA Bars)*
Joyce P. Morlin (Member FL, MI, IN, NY Bars)*
Phyllis K. Wood (Member FL Bar)*
Frances L. Olmsted (Member NY Bar Only)*of Counsel
* Registered Patent Attorney

March 25, 2010

Registration Section
Division of Corporations
Attn.: Nanette Causseaux
Document Specialist Supervisor
Post Office Box 6327
Tallahassee, FL 32314

RE: Your Letter Number: 010A00005178

Your Reference Number: W10000010592

Trademark application filed herewith:

Applicant: Mary R. Isaacs, D.M.D., P.A., a Florida corporation Mark: ARTISAN DENTAL (and design) (Class 044 services)

Atty Docket: PC-2697FL

Dear Nanette:

Please see the attached filing papers, including the Disclaimer and Brief written description requirement as stated in the above-referenced letter number and reference number (copy attached).

Should you have any questions, please contact this office.

Respectfully submitted,

Brian S. Steinberger Attorney at Law PTO Registration No. 36,423 101 Brevard Avenue Cocoa, Florida 32922 (321) 633-5080 (321) 633-9322 Fax

I certify that this correspondence, including the attachments listed, is being deposited with the United States Postal Service, in the US Post Office as Certified Mail, Return Receipt Requested# 7008 1140 0000 6446 8797 in an envelope addressed to Registration Section, Division of Corporations, Post Office Box 6327, Tallahassee, FL 32314 on the date shown below.

Date of Mailing

Signature of Person Mailing

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 I owner of the Trademark and/or Service Mark on the records of the Florida Department of State.	isted	as the
(a) Owner's/Applicant's name: Mary R. Isaacs, D.M.D., P.A.		
(b) Owner's/Applicant's business address: 5965 Red Bug Lake Road, Suite 233	_ =	NOISLAG
Winter Springs, FL 32708	ĀРR	Sec
City/State/Zip	-20	<u>*:</u> 95.
If different, Owner's/Applicant's mailing address:	7	22.
Transferd, Owner Strepphoant's maining address.	<u></u>	-2001 -
City/State/Zip	حت	70 S
· · ·	<u></u>	TIÉ O
(c) Owner's/Applicant's telephone number: (407) 696-5210		75
Check the appropriate box to indicate the Owner/Applicant is a(n): Individual General Partnership Limited Partnership Union Other: If the Owner/Applicant is a business entity, the business entity must have an active filing or registration of the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity registration/document number in #1, the state or country under the laws of which the business entity formed, organized or incorporated under in #2, and the entity's federal employer identification number (E		
(1) Florida registration/document number: P05000066119		II π.J.
(2) Domicile State or Country: Florida		
(3) Federal Employer Identification Number: 202928699		
2. (a) <u>SERVICE MARK</u> : If the owner/applicant is using the name, logo, design and/or slogan being re connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant must list the specific service(s) the mark is being used in connection with. For example: furniture movin diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owne is using the mark to identify services available in the market place, enter the specific service(s) being rendered.	cant/ ig sei	owner rvices,
(Note: List only those services currently being rendered by the owner/applicant. Do not include future se Cosmetic dentistry; dental hygienist services, dentist services; dentistry; Laser-assisted new	<u>ervic</u>	es.)
		
attachment procedure - non surgical periodontal treatment; sleep apnea oral appliances thera	ару;	
a clear custom fabricated device aligners used for straightening teeth		

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.)
A CAMONIA STATE A COO DESIGNANDION SI OCANI CURDENTI NA LISED
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:
advertising materials, brochures, business cards
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) <u>FEE(S) AND CLASS(ES)</u> : 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:
044 - cosmetic dentistry; dental hygienist services, dentist services; dentistry; Laser-assisted new
attachment procedure - non surgical periodontal treatment; sleep apnea oral appliances therapy; a clear c

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: 09/30/2009
(b) Date first used in Florida: 09/30/2009
DADE III
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.)
ARTISAN DENTAL (and design logo) - see attached design logo and mark description
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)" "ARTISAN" "DENTAL" " 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, MU(IR. ISAA(S)) 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.
Mary R. Isaacs, D.M.D., President
Typed or printed name of applicant My Black Dung Applicant's signature (List name and title)
STATE OF Holedu
COUNTY OF <u>Seviens</u>
On this 16th day of Felevery 2010, May Usaacs. personally appeared before me,
who is personally known to me whose identity I proved on the basis of .
LISHA NOSSAMAN Notary Public, State of Florida Commissions D9706265 My comm. expires Aug. 18, 2011 LISHA NOSSAMAN Notary Public Signature LISHA NOSSAMAN Notary Public Signature Notary's Printed Name
My Commission Expires:

FILING FEE: \$87.50 per class

Brief description of ARTISAN DENTAL (and design logo)

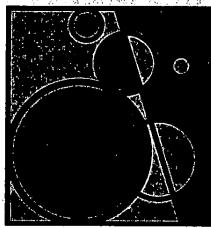
*

The mark consists of the words "ARTISAN DENTAL" stacked in block form; underneath these words is a square that consists of five different sizes of circles and one line on an angle slicing two of the circles with different shading; underneath the square are the words "Exceptional Smiles" and "For Health. For Life." stacked in block form;





ARTISAN DENTAL



Exceptional Smiles For Health, For Life.

Mary R. Isaacs, DMD, PA Pearl K. Burns, DDS, PA

ar-ti-san [ahr-tuh-zuhn]

noun. A person skilled in an applied art; a craftsperson

There is really only one definition for an artisan as it applies to dentistry. A dental artisan is not only a skilled dentist, she is a dentist with an artist's eye and heart. She is passionate about her work and making it not only pleasing to the eye, but also sound, healthy, and functional.

Then is noting Or - dary heads; and Dr. Read Burne have remarked their pulsage preside Anthony Octobal

They want every bit of your care, from routine general dentistry and periodontal treatment, to the most advanced cosmetic and restorative procedures, to be carefully designed and executed to meet your particular needs – all in a setting that might make you forget you are visiting a dentist.

Call 407.696.5210 for your personalized consultation!

5965 RED BUG LAKE ROAD, SUITE 233 WINTER SPRINGS, FL 32708 407.696.5210 • DRMARYISAACS.COM • DRPEARLBURNS.COM