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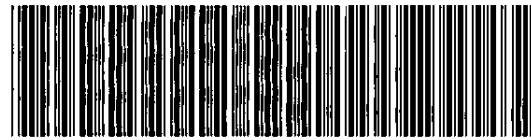
(Business Entity Name)

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FILED
10 OCT 14 AM 11:55
TALLAHASSEE FLORIDA
SECRETARY OF STATE

N. CAUSSEAU

OCT 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVANT HEALTHCARE PROFESSIONALS

(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:

YASMIN TIRADO-CHIODINI, ESQ

(Name of Person)

TIRADO-CHIODINI, PL - A PRIVATE LAW FIRM

(Firm/Company)

PO BOX 622249

(Address)

OVIEDO, FL 32762

(City/State and Zip Code)

For further information concerning this matter, please call:

YASMIN TIRADO-CHIODINI, ESQ.

(Name of Person)

at (407) 977-7366

(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

(NOTE: 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

FILED
10 OCT 14 AM 11:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: Avant Healthcare Professionals, LLC

(b) Owner's/Applicant's business address: 65 S Semoran Blvd, Suite 1221
Winter Park, Florida 32792
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (407) 681-2999, ext 102

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: L03000024191 ✓

(2) Domicile State or Country: FLORIDA

(3) Federal Employer Identification Number: 200072798

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 staffing of international nurses and therapists in the field of healthcare.

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:

The name is being used in brochures, website, business cards, advertising, flyers and
company documents.

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for 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:

Class 35.

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: 07/02/2003

(b) Date first used in Florida: 07/02/2003

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.)

The name being registered is: AVANT HEALTHCARE PROFESSIONALS

Provide the English translation of any and all terms listed #1 above, when applicable: "Avant" is adapted into English from the French, meaning "advanced".

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)" HEALTHCARE ,
PROFESSIONALS " 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, YASMIN TIRADO-CHIODINI 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.

AVANT HEALTHCARE PROFESSIONALS, LLC

Typed or printed name of applicant

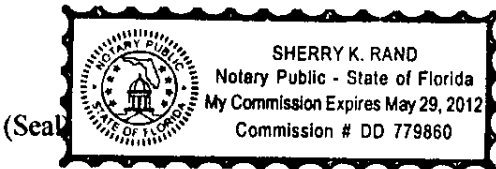
Yasmin Tirado Chiodi, Attorney
Applicant's signature
(List name and title)

STATE OF Florida
COUNTY OF Pinellas

On this 11th day of October, 2010, Yasmin Tirado-Chiodini personally appeared before me,

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

Duwei Lu



Sherry K Rand
Notary Public Signature
Sherry K Rand
Notary's Printed Name

My Commission Expires: _____

FILING FEE: \$87.50 per class

FILED
10 OCT 14 AM 11:55
TALLAHASSEE, FLORIDA

OFFICIAL SPECIMEN

Avant Healthcare Professionals proudly offers an excellent program for international Registered Nurses and Physical Therapists seeking to experience the excitement and challenge of working in America.

Avant Healthcare Professionals has over 35 years of experience in recruitment of Healthcare Professionals for the USA. Our corporate office is in Orlando, Florida but we have offices in New Zealand and the Philippines and we work with healthcare professionals from over 60 countries! Our complete in house service ensures your licensure and immigration process is expedient and efficient. Avant offers the most comprehensive and generous package for your move to the US.

We Offer You...

- **New Contract Term**
3300 hours – with every hour worked counting towards your contract term!
- **Free Comprehensive NCLEX Program and dedicated support**
Our NCLEX program is geared towards ensuring your success in the NCLEX! The program includes text book review, a structured week by week study program, online testing and feedback. We have a dedicated NCLEX Instructor, A US Registered Nurse to assist you to move through your program more efficiently and a newly revised NCLEX review program to meet the new NCLEX-RN Test plan commencing April 1, 2007.
- **Our NCLEX Program Produces a 87-97% First Time Pass Rate**
Be assured that you will pass with Avant's dedicated support!
- **Paid US licensure application costs**
You will gain your US license at no cost to you. Avant will cover your licensure application and NCLEX registration fees
- **Paid flight to the US for the healthcare professional to commence contract**
- **Green Card sponsorship**
Including spouse and children under the age of 21 (conditions apply) – premium processing for eligible candidates
- **Paid Green Card fees**
For RN on contract
- **Comprehensive Clinical Transition Program**
Begins on arrival in the US – with our dedicated Clinical Team. The Transitions program allows Avant to secure contracts that other agencies are unable to secure, as Avant nurses arrive at the hospital more prepared!
- **Generous pay rates and contract bonuses**
- **Supportive employers**
People who understand the needs of the international nurse – the owners and many managers within Avant are Registered Nurses and so we know the needs and concerns you will have in transitioning to the US!

• **Generous Bonuses for Nurses with NCLEX or CGFNS:**

Current Bonus amounts:	
RN with US license	\$2000
RN with US license and IELTS or VisaScreen	\$2500
RN with CGFNS certificate	\$1000
RN with CGFNS certificate and IELTS or VisaScreen	\$1500

Bonuses paid at 60 days commencement of work and IELTS must be within in the last 18 months

"Avant is committed to providing personal attention to our nurses and client hospitals. We will not ever allow company growth to take away from the personal attention that all of our professional relationships are built on."

Shari Sandifer
CEO and Owner

Avant
Healthcare Professionals

*Over 35 years of experience
in US recruitment*

Contact us now for more information.

Tollfree in the US: 1.888.681.2999 ext 125 or 134 | Direct Dial: 407 681 2999 ext 125 or 134

Email: recruitment@avanthealthcare.com