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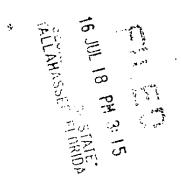
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500287981355 711-956 Renewal

07/18/16--01023--015 **96.25



'JUL' 18 2016 N. CAUSSEAUX

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: See Attached

(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:

William T. Coleman, Attorney

(Name of Person)

Brinkley Morgan

(Firm/Company)

200 East Las Olas Blvd, 19th Floor

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

William T. Coleman

(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:	Return To: Division of Corporations
Animal Cancer Care Clinic, P.A.	P.O. Box 6327 Tallahassee, FL 32314
1122 NE 4th Avenue	
Ft. Lauderdale, FL 33304	Section 19
1) Mark Registered: See attached	
2) Registration Number: T11000000	714
3) Date Filed: <u>09/28/2011</u> 4.) Renew	ral Date: 09/28/2016 5.) Class(es) Filed: 24 Veterinary Services
	5.071, Florida Statues. Below you must state the mark is still in muse is not due to any intention to abandon the mark. In Florida.
·	ving actual use of the mark is included with this application. state of incorporation/formation/organization: Florida
	Animal Cancer Care Clinic, P.A.
	Typed or Peloted Name of Owner
STATE OF Florida	Owner's Signature or Authorized Person's Signature
COUNTY OF Broward	
	Luke 2015 Anthony Corros
Sworn to and subscribed before me on this	day of July , 2016 Anthony Correa (Name of Individual Signing)
who is personally known to me whose	identity I proved on the basis of Fr Drive htcase
(Seal) Junior Augustin State of Florida Lity Commission Expires 01/08 Commission No. FF 94831	Notary Public's Signature Notary Public's Signature
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75 (Optional) CR2E005 (1/11)	Notary Public's Printed Name

Attachment To Mark Renewal Application

Registration Number: T11000000956

Owner: Animal Cancer Care Clinic, P.A., 1122 NE 4TH Avenue, Ft. Lauderdale, FL 33304

1) Mark Registered: ANIMAL CANCER CARE CLINIC AND DESIGN OF LETTERS ACCC IN A SQUARE DESIGN, THE A CONTAINS AN ANIMAL FACE, THE TERM "ANIMAL CANCER CARE CLINIG" ARE FOLLOWED BY A HEART.

OFFICIAL SPECIMEN



1122 NE 4th Ave., Ft. Lauderdale, FL 33304 P 954.527.3111 F 954.653.4644

www.animalcancercareclinic.com

Stephanie Correa, DVM Board Certified in Oncology