

T13000001168

(Requestor's Name)

(Address)

(Address)

W13-59485

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

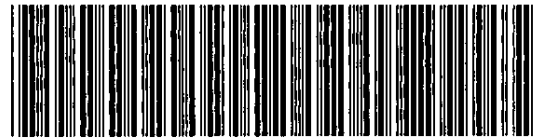
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900252803239

T13-1168

10/21/13--01060--017 \*\*87.50

FILED  
13 NOV 21 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

p/c

NOV 21 2013

N. CAUSSEUX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OrlandoFamilyDoctor.org  
(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:

David F. Cowan, M.D.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3615 South Orange Avenue  
(Address)

Orlando, FL 32806  
(City/State and Zip Code)

For further information concerning this matter, please call:

David F. Cowan, M.D. at (407) 855-2526  
(Name of Person) (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.)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2013

DAVID F. COWAN, M.D.  
3615 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

SUBJECT: ORLANDOFAMILYDOCTOR.ORG  
Ref. Number: W13000059485

We have received your document for ORLANDOFAMILYDOCTOR.ORG and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

In lieu of returning your application we have removed the disclaimer for "ORLANDO" "FAMILY" & "DOCTOR" from the disclaimer portion of the application.

Please notify this office in writing if you would like this office to proceed with your filing.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 613A00024975

David F. Cowan, M.D.  
3615 South Orange Avenue  
Orlando, FL 32806

November 18, 2013

ATTN: Ms. Nanette Causseaux  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Service Mark Registration, "ORLANDOFAMILYDOCTOR.ORG"  
Reference number: W13000059485

Dear Ms. Causseaux:

I am writing in regard to my application for service mark registration for ORLANDOFAMILYDOCTOR.ORG which was previously submitted to your office.

I received your letter dated October 25, 2013 (copy enclosed) regarding a change to the disclaimer portion of my application. Your letter indicated that my application could be filed if I agree to the removal of "Orlando," "Family" and "Doctor" from the disclaimer section.

Please do remove the above mentioned words from the disclaimer section and proceed with filing my application.

Thank you for your time.

Sincerely,



David F. Cowan, M.D.

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

FILED  
13 NOV 21 PM 12:30  
SECRETARY OF STATE  
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: David F. Cowan, M.D.  
(b) Owner's/Applicant's business address: 3615 South Orange Avenue  
Orlando, FL 32806  
City/State/Zip

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

(c) Owner's/Applicant's telephone number: 407 , 855-2526

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: \_\_\_\_\_  
(2) Domicile State or Country: \_\_\_\_\_  
(3) Federal Employer Identification Number: \_\_\_\_\_

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.)

Medical services

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:

OrlandoFamilyDoctor.org

---

---

---

**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 44: Medical services

---

---

---

**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: \_\_\_\_\_

(b) Date first used in Florida: 1/1/2012

**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.)

OrlandoFamilyDoctor.org

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) \_\_\_\_\_ ".org"

\_\_\_\_\_ "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, David F. Cowan, M.D., 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.

David F. Cowan, M.D.

Typed or printed name of applicant

A. F. Cowan MD

Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Orange

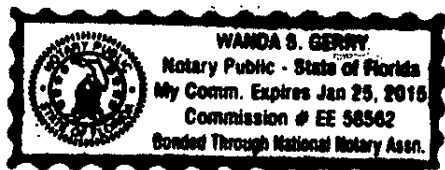
Sworn to and subscribed before me on this 17 day of OCTOBER, David F. Cowan MD  
(Name of Individual Signing)

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

(Seal)

Wanda S. Gerry  
Notary Public Signature

WANDA S. GERRY  
Notary's Printed Name



My Commission Expires: Jan. 25, 2015

FILING FEE: \$87.50 per class

FILED  
13 NOV 21 PM 12:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



Home    Bios    Services    Preventative Care    FAQs    Health Plans    Patient Forms    Contact

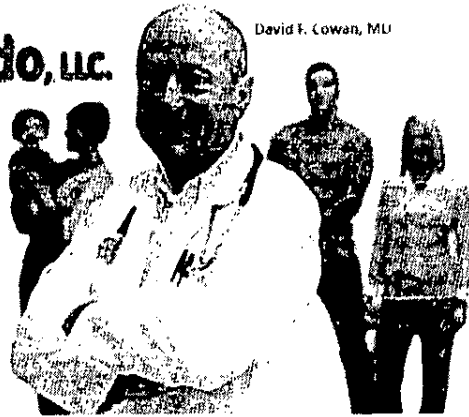
# Primary Care Specialists of Orlando, LLC.



## Orlando Family Doctor

David F. Cowan, MD

Caring And Compassionate Professionals Dedicated  
To Excellence And A Lifetime Of Care  
For You And Your Family...



David F. Cowan, MD

One Of Orlando's **BEST** Family Medicine Practices Specializing In Internal Medicine & Pediatrics

3615 South Orange Avenue, Orlando, Florida 32806

Schedule An Appointment 407.855.2526

**Now Accepting New Patients**

## Welcome to your **Orlando Family Doctor**

*Primary Care Specialist Of Orlando, LLC.*

### Meet the Doctor



Dr. David F. Cowan

### Schedule An Appointment



407.855.2526

### Office Hours

Monday-Wednesday 7:30 AM to 6:30 PM

Thursday 7:30 AM to 6:30 PM

Friday 7:30 AM to 4:00 PM

3615 South Orange Avenue, Orlando, FL 32806

Telephone 407.855.2526

Fax 407.855.2527

### Our Insurance Program



Check For Your Plan

### Orlando Family Doctor.

The words "**Family Doctor**" mean so much more today than in the past. There have been many advances in the delivery of primary care services and in some cases elsewhere the level of care and compassion has suffered. We strive to deliver not just state of the art quality medical care, but also a level of service that leaves our patients fully satisfied of our commitment to them and their families.

We also want to establish a relationship with our patients and families that allows us to all work together in a team approach to achieve comprehensive, quality care. At **Primary Care Specialists of Orlando, LLC**, we are experienced health care professionals dedicated to health and well-being for you and your family.

We care for all age groups from **Newborn to Medicare**. We know that you have a choice when making the very important decision as to whom you will choose as your family doctor. We recognize that the relationship you want with your **Orlando Family Doctor** is very special and unique.

As always, we appreciate your referrals of friends and family to us. It is a great compliment to us and we sincerely thank you. For over 28 years, the primary source of new patient referrals to us has come from friends and family.

Every Orlando Family needs the services of an Orlando Family Doctor. Dr. David Cowan is one of Orlando's best known family doctors specializing in **Internal Medicine and Pediatrics**. He is board certified in both of these primary care specialties and has been named on many occasions as one of the **Best Doctors in Orlando and Best Doctors in America**.

Our staff consists of two Orlando Family Doctors (including Tracy Colchamiro, M.D.) and two Certified Physician Assistants (Paul Hutschenreuter PA-C and Carl Sellars PA-C). We are proud to recommend appropriate preventive medical care. Our patients are our

Dr. Dave's



Health Information

most treasured asset and we put your physical and mental well being first and foremost.

## Orlando Family Doctor

Thank you for choosing and recommending *Orlando Family Doctor*, David F. Cowan MD and all the staff at *Primary Care Specialists Of Orlando, LLC*.

*Competence. Compassion, and Dedication to Excellence...*

*Orlando Family Doctor*

Dr. Dave's



Link Exchange

**Orlando Family Doctor, Primary Care Specialist Of Orlando, LLC.**

Serving All Metro Orlando & Surrounding Communities

**Orlando Family Doctor & The Web Filter Primary Care Specialists Of Orlando, LLC Patient Privacy Policy**

All the material on this site © Gordy Haynes 2011 and protected by Copyright Law. We use tracking software to monitor our site visits.



## Web Filter Lite

This web page is blocked because it violates network policy. If you have any questions, please contact your network administrator.

Host: www.youtube.com

URL: http://www.youtube.com/embed/-hUva1sR0\_U

Reason: Social Networking - Social Networking sites

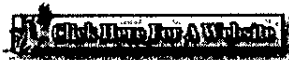
[Orlando Family Doctor](#)

[Sitemap](#)



This Website Designed And Maintained By Gordy Haynes

If you Need A Website OR SEO Services Click The Images Below



**Orlando Family Doctor**  
3015 South Orange Ave.  
Orlando FL 32806  
United States

407.835.2526

[sandy\\_haynes@hotmail.com](mailto:sandy_haynes@hotmail.com) (Office Manager)