

T 13164

Day Surgery  
Requester's Name

Post Office Box 9077  
Address

Port St. Lucie, FL 34985  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 800003325208--3  
-07/17/00--01127--001
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \*\*\*\*\*87.50 \*\*\*\*\*87.50
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time      \_\_\_\_\_
- Mail out       Will wait       Photocopy       Certified Copy
- Certificate of \_\_\_\_\_

**NEW FILINGS**

- Profit
- Not for Profit
- Name Availability  Limited Liability
- Domestication
- Document Examiner  Other LCC

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

**OTHER FILINGS**

- Update:  Annual Report
- Verifier:  Fictitious Name
- Acknowledgement LCC
- W. P. Verifier LCC

FILED  
 00 JUL 17 PM 4:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Examiner's Initials

T 13164

2 pages



Florida Department of State, Katherine Harris, Secretary of State  
MARK RENEWAL APPLICATION

January 31, 2000

DAY SURGERY, INC., A FLA. CORP.,  
1701 S.E. HILLMOOR DR.,  
SUITE 14  
PORT ST. LUCIE, FL., 34952

Mark Registered: DAY SURGERY AND DESIGN OF RAINBOW LIKE DESIGN  
Registration Number: T13164

Date Filed: 07/17/1990      Renewal Date: 07/17/2000  
Class(es): 2-0042

Renewal Statement Pursuant to Chapter 495.071 (Below you must state the mark is still in use within the State of Florida or the reason for its nonuse.)

The mark is still in use in the state of Florida

FILED  
00 JUL 17 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

If applicant is a corporation, enter state of incorporation: Florida

I, Mary Holobaugh, being sworn, depose and say that I am the  
representative of the applicant herein, and make this affidavit and

verification in Day Surgery's behalf, and I have read the above and foregoing application and know the contents thereof and that the facts stated herein are true and correct.

Day Surgery  
Name of business in which mark is filed, if any

Signed

Mary Holobaugh Administrator  
Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 9th day of May, 192000

Eileen M. Gorman  
Signature of Notary Public

(Notary Seal)  
My commission expires:



Eileen M. Gorman  
MY COMMISSION # CC630962 EXPIRES  
April 22, 2001  
BONDED THRU TROY PAIN INSURANCE, INC.

See reverse side for instructions.

CR2E005 (7-91)