T16000000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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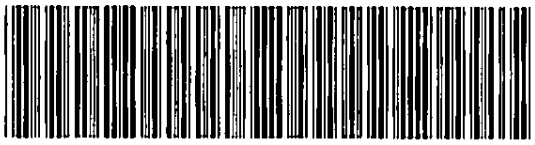

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SAIY
DEC - 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARASOTA PATHOLOGY
(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:

Douglas A. Cherry
(Name of Person)

Shumaker, Loop & Kendrick, LLP
(Firm/Company)

240 South Pineapple Avenue
(Address)

Sarasota, Florida, 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas A. Cherry at (941) 364-2738
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

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 (1/20)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

DRS. CLACK, SPENCER, WHITE & MCCORMAC

2001 WEBBER STREET SARASOTA, FL 34239

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

1) Mark Registered: SARASOTA PATHOLOGY

2) Registration Number: T16000000397

3) Date Filed: 04/28/2016 4.) Renewal Date: 04/28/2021 5.) Class(es) Filed: 044

6) Renewal statement pursuant to section 495.071, Florida Statues. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use in Florida

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: FL

Fee: $87.50 Per Class
Certificate of Renewal: $8.75
(Optional)

DRS. CLACK, SPENCER, WHITE & MCCORMACK, PA
Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this (numeric date) this 20 (numeric date) day of November (month), 2020 (year), by (Douglas A. Cherry (name of person making statement).

Notary Public's Signature

Notary Public's Printed Name

Personally Known ☑ OR Produced Identification ☐ _____

Type of Identification Produced: _____

CR2E005 (1/20)

DEBRA J. HITCHCOCK
Commission # GG 196437
Expires April 16, 2022
Bonded Thru Troy Fain Insurance 800-385-7019

2001 Webber Street, Sarasota, Florida 34239 941.362.8900 Fax: 941.362.8971 www.sarapath.com

Surgical Pathology Report
Desoto Memorial Hospital

Patient:	**Patient Name**	Specimen #:	**S20-XXXXX**
Med Rec #:	M0002XXXXX	Encounter #:	D000145XXXXX
DOB (Age)/Sex:	11/27/1958 (Age: 61) M	Obtained:	10/28/2020
Physician(s):	Michael R Fiorucci, MD Mirza Gagot-Rivera, M.D. Samir Dawod Rajiha MD	Received:	10/28/2020
Location:	Inpatient Hospital	Reported:	10/29/2020

Testing performed at SaraPath Diagnostics, 2001 Webber Street, Sarasota, FL 34239, unless otherwise indicated.

Diagnosis:

A. "Duodenal bx":
- Duodenal mucosa with no significant abnormality.

B. "Pylorus bx":
- Antral mucosa with no significant abnormality.
- No H. pylori organisms identified on H&E stain.

MMP/10/29/2020

Mariana Moreno Prats, M.D.
** Report Electronically Signed 10/29/2020**

Specimen(s) Received:
A:Duodenal bx
B:Pylorus bx

Clinical History:
Acute-on-chronic renal failure. DM, GI bleed.

Gross Description:
A. Received in formalin labeled with proper patient identification, accession number and "duodenal biopsy". The specimen consists of a single piece of tan tissue measuring 0.5 x 0.3 x 0.2 cm. Totally submitted in one cassette labeled A1.

B. Received in formalin labeled with proper patient identification, accession number and "pylorus biopsy". The specimen consists of a single piece of tan tissue measuring 0.4 x 0.3 x 0.2 cm. Totally submitted in one cassette labeled B1.

DMZ/dmz/10/28/2020