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N. CAUSSEAUX
NOV 30 2016

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:

Reed Clary, Esq.

(Name of Person)

Corridor Legal Partners, LLP

(Firm/Company)

5127 S. Orange Ave., Suite 210

(Address)

Orlando, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

Reed Clary

(Name of Person)

at (321) 837-9395

(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.)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2016

REED CLARY, ESQUIRE
CORRIDOR LEGAL PARTNERS, LLP
5127 S. ORANGE AVENUE, SUITE 210
ORLANDO, FL 32809

SUBJECT: AVANT HEALTHCARE PROFESSIONALS
Ref. Number: W16000078598

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

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different.** TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. **WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.**

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

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.

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

FILED
16 NOV 28 PM 1:02
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: 1211 Semoran Blvd., Suite 227
Casselberry, FL 32707
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (407) 681-1304

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.

5

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 all company documents.

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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, Reed R. Clary, IV, 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.

Reed R. Clary, IV
Typed or printed name of applicant

[Signature]
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Orange

Sworn to and subscribed before me on this 15 day of November 2016, Reed R. Clary IV
(Name of Individual Signing)

who is personally known to me whose identity I proved on the basis of FL Drivers License



Martha Vazquez Sebaaly
Notary Public Signature
Martha Vazquez Sebaaly
Notary's Printed Name

My Commission Expires: April 2, 2018

FILING FEE: \$87.50 per class
Page 4 of 4

→ Already provided.

FILED
16 NOV 28 PM 1:02
NOTARY PUBLIC - FLORIDA



Avant Healthcare Professionals Overview



Registered Nurses
Physical Therapists
Occupational Therapists

THE AVANT PROMISE

- Positive patient experience
- Exemplary clinical quality
- Turnkey international staffing partnership delivering stability and reliability

Avant is a Joint Commission accredited staffing agency and founding member of the American Association of International Healthcare Recruitment (AAIHR).



About Avant

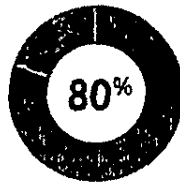
Avant Healthcare Professionals is the premier staffing specialist for internationally educated registered nurses, physical therapists and occupational therapists. Since 2003, We have helped clients improve the continuity of their care, fill hard-to-find specialties, and increase patient satisfaction, revenue and HCAHPS scores

We recruit from more than 60 countries around the world and have placed more than 1,500 healthcare professionals throughout the U.S. in acute and post-acute settings.

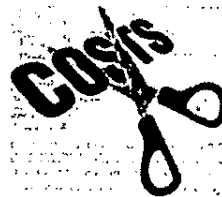
Avant Healthcare Professionals places registered nurses in all specialties in facilities across the United States.

Benefits of Avant

- Reduce staffing costs and provide long-term stability
- Improve patient outcomes and HCAHPS scores
- All inclusive rates
- Superior clinical and transitional programs and support
- 60-day, no-fee cancellation policy with no upfront or conversion costs



Over 80% of our healthcare professionals convert to our clients' full-time staff.



Immediate cost savings compared to travel nurses.



60-day, no-fee cancellation policy with no upfront or conversion costs.



Improve patient outcomes and build an expert core staff.

The Avant Difference: Unsurpassed Clinical & Transitional Support

We offer personalized clinical and cultural orientation for qualified candidates as they transition to their new healthcare team and new home in the United States.

Our unique and innovative philosophy insures return on investment through retention and increased satisfaction for both the candidate and the healthcare provider.

To learn more about Avant, call **(888) 681-2999**, email clients@avanthealthcare.com or visit AvantHealthcare.com.

An Avant Nurse's American Dream: The story of Augustine Christopher and his journey of becoming a nurse in the United States.

See the video



calling Registered Nurses far and wide - Come to the US


Avant has rewarding positions for Registered Nurses throughout the USA. We are seeking qualified RNs for a variety of specialties in our comprehensive and integrated program.



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An Avant Nurse's



his journey of becoming a nurse in the United States with Avant Healthcare Professionals. Augustine completed the Avant cultural and clinical transitions programs in May 2016 and is currently living his American dream in the state of Maine.

Are you an RN, PT or OT ready to start your dream?
[Apply online today](#)

An Avant Nurse's American Dream

Click here to watch a short video about our program.

1:14

TESTIMONIALS

What would have been 2 years if I had staff of doctors like Alice. I've been able to take my staff and our transition to permanent staff. I used to work with them full-time and they succeed and that is the difference.

Robert Willey, MD, FCC-SUP, Regional Director for Professional Services






WHAT'S NEW

Challenged by a nursing shortage?

THE AVANT HEALTHCARE PROFESSIONALS GROUP HAS A SOLUTION FOR YOU. We are currently seeking qualified nurses for various specialties in our comprehensive and integrated program. We are currently seeking qualified nurses for various specialties in our comprehensive and integrated program.

AVANT HEALTHCARE PROFESSIONALS GROUP HAS A SOLUTION FOR YOU. We are currently seeking qualified nurses for various specialties in our comprehensive and integrated program.

AWARDS & ACCOLADES

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For Job Seekers

For Clients

1-800-691-8338 Toll Free in U.S.
1-202-477-7615 (Fax)

Monday through Friday 8:00 am to 5:00 pm EST

JOINT COMMISSION CERTIFICATION

Avant's Joint Commission Accredited Scoring Agency. The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns regarding compliance with a Joint Commission certified organization by calling 1-800-691-8338 or sending complaints to complaints@jointcommission.org

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