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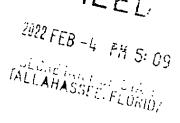
COVER LETTER

TO:	Registration Section Division of Corporations				
<i>-</i>	BRAVERA MEDICAL GROUP				
SUBJI	BJECT: (Mark to be registered)				
The en	aclosed Trademark/Service Mark Applica	ation, specimens and t	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the follow	ring:		
Jennit	er Kovalcik				
	(Name of Person)				
CHSI	PSC, LLC				
	(Firm/Company)		_		
4000	Meridian Boulevard				
	(Address)				
Frank	din, TN 37067				
	(City/State and Zip C	ode)			
For fu	arther information concerning this matter	, please call:			
Jenni	fer Kovalcik	615 at (465-7106		
	(Name of Person)	(Area Coo	de & Daytime Telephone Number)		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

(<u>NOTE</u>: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

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

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 TO:



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: CHSPSC, LLC
(b) Owner's/Applicant's business address: 4000 Meridian Boulevard
Franklin, TN 37067
City/State/Zip
If different, Owner's/Applicant's mailing address:
City/State/Zip
(c) Owner's/Applicant's telephone number: (615) 465-7106
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: M15000000841
(2) Domicile State or Country: Delaware
(3) Federal Employer Identification Number: 51-0335957
2. (a) <u>SERVICE MARK:</u> 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.)
Health Care Services; medical services

2. (b) <u>TRADEMARK</u> : 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:
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:
Signage, Advertising/Marketing, Websites, and Social Media
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) <u>FEE(S) AND CLASS(ES)</u> : 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

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.				
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: PART III				
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 mark consists of the words "BRAVERA MEDICAL GROUP" in standard characters, without any claim to a particular font,				
stylization, or color.				
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)" MEDICAL GROUP				
" 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:

/, W. Bradley Cash	being sworn, denose and say that La	un the owner and the applicant berein
I. W. Bradley Cash or that I am authorized to sign on behalf of the or related company has registered this mark in this or in such near resemblance as to be likely, whe mistake or to deceive. I make this affidavit and v application and know the contents thereof and the	state or has the right to use such mark in Flori n applied to the goods or services of such othe verification on my/the applicant's behalf. I furt	ida either in the identical form thereof er person to cause confusion, to cause ther acknowledge that I have read the
	W. Bradley Cash Typed or printed name of applicant Applicant's signature (List name and title)	TALLAHASSECTELOSIO
STATE OF TENNESSEE COUNTY OF WILLIAMSON		0 10 0 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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IMPORTANT INFORMATION REGARDING COVID-19



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Our Mission

About Us



Locations
Ready for your visit? Click here to find out the location of and directions to our office

Learn More



Bravera Medical Group is expanding to meet our community's growing needs. We provide primary care and participate in online scheduling and telehealth options. Same-day and next-day appointments are often specialty healthcare services as well as onsite lab and imaging at some locations. Some providers available. Most insurance plans, including Medicare, are accepted.

about 700 physicians on the combined active medical staff. Covering Citrus and Hernando Counties, our Bravera Medical Group is affiliated with a regional healthcare network composed of three hospitals and care network includes the following hospital locations to better serve you:

- Bravera Health Brooksville
- Bravera Health Seven Rivers
- Bravera Health Spring Hill

If you are looking for providers in Port Charlotte, Punta Gorda or Venice, click here.

