

T23000000940

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

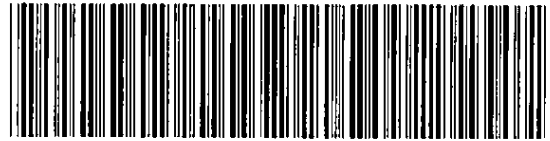
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W23-121741

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FILED  
OCT 17 2023  
K. SALY

K. SALY

OCT 18 2023

10/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2023

DR. AARON SCHAMBACK / GREAT SMILE DENTAL  
AARON SCHAMBACK, D.M.D., P.A.  
155 SW PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34984

SUBJECT: GREAT SMILE DENTAL  
Ref. Number: W23000121741

We have received your document for GREAT SMILE DENTAL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

You must list a more specific service in #2(a) in Part I of the application.

Class(es) 44 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 44.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "DENTAL"

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 923A00020646



GREAT SMILE  
DENTAL

October 12, 2023

Ms. Karen Saly  
Florida Department of State

RE: Great Smile Dental W23000121741

Thank you for your clarification on application. Attached are the corrected pages and original application.

Please let me know if anything else is needed.

Sincerely,  
Natasha Klaassen  
772-333-8292  
[nklaassen@greatsmiledental.com](mailto:nklaassen@greatsmiledental.com)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Great Smile Dental  
(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:

Dr. Aaron Schamback  
(Name of Person)

Aaron Schamback DMD PA  
DBA Great Smile Dental  
(Firm/Company)

155 SW Port St Lucie Blvd  
(Address)

Port St Lucie FL 34984  
(City/State and Zip Code)

For further information concerning this matter, please call:

Natasha Klaassen at ( 772 ) 333-8292  
(Name of Person) (Area Code & 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

(NOTE: 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

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: Aaron Schamball DMD PA  
(b) Owner's/Applicant's business address: DBA Great Smile Dental  
155 SW POA Stacie Blvd  
POA St Lucie, FL 34984  
City/State/Zip

If different, Owner's/Applicant's mailing address: (same)  
City/State/Zip

(c) Owner's/Applicant's telephone number: (561) 707-1974

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: P02000090417  
(2) Domicile State or Country: Florida  
(3) Federal Employer Identification Number: 06116-55005

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.)

We are a dental office:  
- teeth cleaning - gum surgery - periodontics - whitening  
- crowns - root canals - bridges  
- orthodontics - extractions - crown lengthening  
- dentures - x-rays - clear aligners

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.)

N/A

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:

Marketing - website, signage, flyers, business cards

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:

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.**

(a) Date first used in other state or country, if applicable: N/A

(b) Date first used in Florida: 9/9/02

## 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.)

Great Smile Dental

Provide the English translation of any and all terms listed #1 above, when applicable: N/A

### 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) "Dental"

" 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, Aaron Schambaur, 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.

Aaron Schambaur  
Typed or printed name of applicant  
[Signature]  
Applicant's signature  
(List name and title)

STATE OF FLORIDA  
COUNTY OF St. Lucie

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 20th day of August, 2022 by (Aaron Schambaur).  
numeric date                      month                      year                      name of person making statement



[Signature]  
Notary Public's Signature  
Natasha Klaassen  
Notary Public's Printed Name

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL ID# 5512-013-74-227-0

FILING FEE: \$87.50 per class



# Benefits

Low Monthly Payments

Help With Over-100  
Procedures

No Restrictions On  
Existing Conditions

No Waiting Periods

Coverage For You  
And Your Family

No Annual Maximums

No Paperwork To File

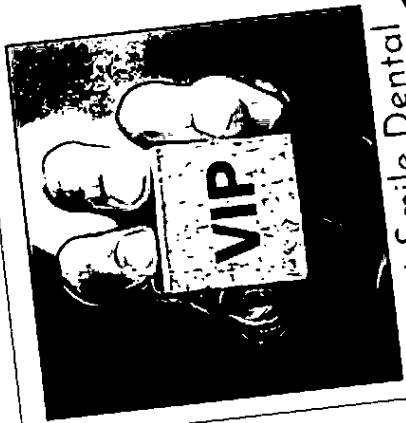
Access To All  
Of Our Doctors



*Feel Confident With Great Smile Dental*



*Feel Confident With Great Smile Dental*



Great Smile Dental  
VIP REWARDS

**3**

Referrals &  
You Become A  
VIP!

For Each Person Referred This Year,  
You Will Receive The Following

- 1** REFERRAL = \$10
- 2** REFERRALS = \$25
- 3** REFERRALS = \$50

## Great Smile Dental Savings Plan



**CALL (772) 621-5446  
To Schedule Today!**

155 SW Port St. Lucie Blvd  
Port St. Lucie, FL 34984

[www.GreatSmileDental.com](http://www.GreatSmileDental.com)

[www.GreatSmileDental.com](http://www.GreatSmileDental.com)  
155 SW Port St. Lucie Blvd  
Port St. Lucie, FL 34984  
(772) 621-5446



GREATSMILEDENTAL.COM  
PORT ST. LUCIE, FL 34984  
155 SW PORT ST. LUCIE BLVD  
(772) 924-0182

*Feel Confident with Great Smile Dental*  
REFERRING PERSON'S NAME \_\_\_\_\_

*Care Enough to Share*



NEW PATIENT OFFER

NO OUT OF POCKET CONSULTATION

This entitles you to a complimentary Oral Exam (ADA Code D0120),  
\* Radiographs (ADA Code D0274), and a consultation with the doctor

Dr. Aaron Schamback, DMD

PERIODONTIST  
Dr. Justin Schwartz, DMD  
Dr. Lauren Steinberg, DMD

ORAL AND MAXILLOFACIAL SURGEON  
Dr. Jason Snieh, DMD, MD

ENDODONTIST  
Dr. Jayson Hartman, DMD

ORTHODONTIST  
Dr. Christopher West, DMD

COSMETIC AND GENERAL DENTIST  
Dr. Jachyn Harden, DMD  
Dr. Judith Delgado, DDS  
Dr. Katherine Brattebo, DMD  
Dr. Hakan Kinaci, DMD



GREAT SMILE  
DENTAL

*Feel Confident with  
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155 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984  
INFO@GREATSMILEDENTAL.COM  
GREATSMILEDENTAL.COM  
(772) 924-0178 • FAX: (772) 398-0939

## OUR PROVEN PROCESS

**Our Core Focus:** Provide optimal care to our patients in an environment that allows dental professionals to be their best.

**Our Core Values:** Show Enthusiasm | Ownership Thinking | Always Educate | Persistence

**Our Guarantee:** 12 Month Guarantee with Regular Hygiene Visits

