HARMON & SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 McKenzie Avenue Post Office Box 2327 PANAMA CITY, FLORIDA 32402-2327

Daniel Harmon III TIMOTHY J. SLOAN* *ALSO MEMBER OF DISTRICT OF COLUM AND MISSOURI BARS LIMBIA

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TELEPHONE (904) 769-2501 FACSIMILE (904) 769-0824

May 14, 1998

800002525848-56 -05/15/98--01094--004 ****175.00 ****175.00

NJC

Florida Secretary of State Division of Corporations Trademark/Service Mark Registration P.O. Box 6327 Tallahassee, FL 32314

Corry, Aker & Edinger, O.D., P.A., a Florida corporation d/b/a Corry, Aker, Edinger, Jones & Fisher, P.A.

Gentlemen:

berry eye Clinic (42)

find enclosed an original Application Please Registration of a Trademark or Service Mark, together with three original samples of the use of that mark. I have also enclosed our check for \$175.00 to cover costs. After the mark has been properly registered, please forward confirmation to me at the letterhead address.

If you should have any questions or require any padditfonal

information or documentation, please do not hesitate to contact Very truly yours, HARMON & SLOAN, P.A Timothy TJS/da Name Enclosures Availability Dr. David Edinger Document Examiner NJC Updater NJC Updater Verifyer NJC Acknowledgement NJC H:\WPDOCS\NEWBERRY.EYE\SOS.LET W. P. Verifyer



May 19, 1998

TIMOTHY J. SLOAN 427 MCKENZIE AVENUE PANAMA CITY, FL 32401

SUBJECT: NEWBERRY EYE CLINIC

Ref. Number: W98000011354

We have received your document for NEWBERRY EYE CLINIC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

If the mark includes a logo or design, a brief written description must be provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 398A00027820

HARMON & SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 McKenzie Avenue Post Office Box 2327 PANAMA CITY, FLORIDA 32402-2327

DANIEL HARMON III TIMOTHY J. SLOAN* *ALSO MEMBER OF DISTRICT OF COLUMBIA AND MISSOURI BARS TELEPHONE (850) 769-2501 FACSIMILE (850) 769-0824

June 16, 1998

Ms. Nanette Causseaux Florida Secretary of State Division of Corporations Trademark/Service Mark Registration P.O. Box 6327 Tallahassee, FL 32314

Re: Newberry Eye Clinic

Reference Number W98000011354

Dear Ms. Causseaux:

Please find enclosed a copy of your letter to me dated May 19, 1998, together with the original Application for Registration of a Trademark or Service Mark, concerning the above-referenced matter. I have filled in the requested information in Part II, Paragraph 1(a) and (b). Please process the enclosed Application at your earliest opportunity, and forward confirmation thereof to me at the letterhead address.

Thank you for your attention to this matter. If you should have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,

HARMON & SLOAN, P.A.

Timothy J. Sloan

TJS/da

Enclosures

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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

Tallahassee, FL 32314	Name & address to whom acknowledgment should be sent:
	Timothy J. Sloan
	427 McKenzie Avenue
	Panama City, FL 32401
	(850) 769-2501
	Daytime Telephone number
	PART I
1. (a) Applicant's name: <u>Corry</u> , Aker & Edinge Corry, Aker, Edinge (b) Applicant's business address: <u>470 Harriso</u>	er, O.D., P.A., a Florida corporation, a/k/a er, Jones & Fisher, P.A. on Avenue
• • • • • • • • • • • • • • • • • • • •	y, Florida 32401
ranaila City	City/State/Zip
(c) Applicant's telephone number: (350)	
☐ Individual ☐ Corporation	☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partne	rship
If other than an individual,	
(1) Florida registration number:J06267	(2) Domicile State: Florida
(3) Federal Employer Identification Number:	59-2657206
2. (a) If the mark to be registered is a service mark (i.e., furniture moving services, diaper services)	, the services in connection with which the mark is used: es, house painting services, etc.)
Optometry and Opthalmology services	
(b) If the mark to be registered is a trademark the	ne goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue gr	
N/A	
(c) The mode or manner in which the mark is us	sed:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Billboards, newspaper advertisements,	television advertisements, brochures, business
cards	
	(Continued)
CR2E014(7/97)	(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

d) The class(es) in which goods or services fall:	
Advertising and Business (Class 35	
Miscellaneous (Class 42)	
·	PART II
1. Date first used by the applicant, predecessor,	or a related company (must include month, day and year):
(a) Date first used anywhere: December 1,	1983 (b) Date first used in Florida: December 1, 1983
	PART III
The mark to be registered is: (If logo/design i must be 25 words or less.)	is included, please give brief written description which
"Newberry Eye Clinic"	
2. DISCLAIMER (if applicable)	RIGHT TO USE THE TERM " _ "Newberry", "Eye", "Clinic"
NO CLAIM IS MADE TO THE EXCLUSIVE	" APART FROM THE MARK AS SHOWN.
I JAMES E. CORRY	, 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 no other person except a
likely to deceive or confuse or to be mistaken therefore	Florida either in the identical form or in such near resemblance as to be for. I make this affidavit and verification on my/the applicant's behalf. I
correct	and know the contents thereof and that the facts stated herein are true and
Corry, Aker & Ed corporation, a/k	linger, O.D., P.A., a Florida ./a Corry, Aker, Edinger, Jones & Fisher, P.A.
	ed or printed name of applicant
(James &	E Corre
Applicant's si	ignature or authorized/person's signature (List name and title) JAMES E. CORRY, President
STATE OF Florida	(List hante and the) of the second of the se
COUNTY OF Bay	EST E
10 lh 11 .	TAMES E CORDY
On this day of M(W) appeared before me,	, 19_98,JAMES E. CORRY
	hose identity I proved on the basis of
- ,	.]
	Karli M. Hammare
(Seal)	Notary Public Signature Notary Public Signature
	Notary's Printed Name
	My Congrussion Expires
<u>-</u>	FEE: \$87.50 per class
•	The Street Street



NEWBERRY EYE CLINIC

Since 1936

OUR MISSION:

To place our patients first as we advance our leadership position in comprehensive eye care, provided with compassion, excellence and value to the communities we serve.













Bret Fisher, M.D. James Corry, C.D. Anthony Aker, O.D. David Edinger, O.D. Mark Jones, O.D. Julie E. Young, O.D.

For an appointment or for more information, please call the office most convenient to you.

Panama City

PC Beach

Port St. Joe

Chipley