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W07-55438

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12/27 14

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Access MD, The Pers	
	(Mark to be registered)
The enclosed Trademark/Service Mark Application	ion, specimens and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	-
David I Habaina MD	
Paul J. Hobaica, MD	
(Name of Person)	
(Firm/Company)	
4000 Cilven Fey Drive	
4202 Silver Fox Drive	
(Address)	
Naples, FL 34119	
(City/State and Zip Cod	(e)
(0.0,70.0.0 0.0.0 0.0.0	- ,
For further information concerning this matter, p	aleace call
To further information concerning and matter, p	nease can.
Paul J. Hobaica	at (239) 825-6233
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section

P.O. Box 6327

Tallahassee, FL 32314

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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



November 9, 2007

PAUL J. HOBAICA, MD 4202 SILVER FOX DRIVE NAPLES, FL 34119

SUBJECT: ACCESS MD THE PERSONAL PHYSICIANS PROGRAM & DESIGN

OF THE "MD" WILL APPEAR TO BE IN A PHYSICIAN'S MEDICAL BAG

Ref. Number: W07000055438

We have received your document for ACCESS MD THE PERSONAL PHYSICIANS PROGRAM & DESIGN OF THE "MD" WILL APPEAR TO BE IN A PHYSICIAN'S MEDICAL BAG and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: "MD" "PHYSICIAN" "PROGRAM"

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, pleasecall (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

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Letter Number: 307A00065294

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:

PARI I
1. (a) Applicant's name: Paul J. Hobaica
(b) Applicant's business address: 4202 Silver Fox Drive
Naples, FL 34119
City/State/Zip
If different, Applicant's mailing address: 4202 Silver Fox Drive
Naples, FL 34119
City/State/Zip
(c) Applicant's telephone number: (239) 825-6233
☐ Individual ☐ Corporation ☐ Limited Liability Company
General Partnership Limited Partnership Union Other:
If other than an individual,
(1) Florida registration/document number: (2) Domicile State:
(3) Federal Employer Identification Number:
2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)
Healthcare
(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)
(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Business cards, newspaper advertisements, brochures, labels, medical literature,
letterhead
iottorriodd
d) The class(es) in which goods or services fall:
44
(Continued)

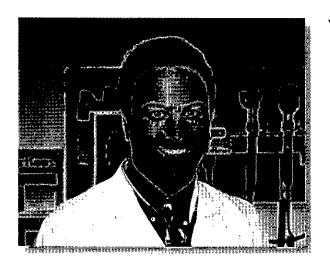
PART II
1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):
(a) Date first used anywhere: 2/1/04 (b) Date first used in Florida: 2/1/04
PART III 1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
Access MD
The Personal Physician Program
the "MD" above will appear to be a Physician's medical Bag
English Translation
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Physician Program (OD" APART FROM THE MARK AS SHOWN.
I,
COUNTY OF Collier On this day of November, 2007, Paul J. Hobai'ca personally appeared before me, who is personally known to me whose identity I proved on the basis of
EDWARD DICUPERO Notary Public - State of Fiorida My Commission Expires Mar 22, 2009 Commission # DD 409808 Bonded By National Notary Assn. Edward D. Commission Notary's Printed Name
My Commission Expires:

FILING FEE: \$87.50 per class



1713 SW Health Parkway, Suite 1, Naples, FL 34109 tel: (239) 593-9788 fax: (239) 597-6702 www.accessindnaples.com

Paul J. Hobaica, MD



"Medicine has changed dramatically in recent years. There is increasing pressure for doctors to be more efficient and to see more and more patients. The concept behind AccessMD brings back personalized service and a close doctor-patient relationship – the way medicine used to be practiced."

Dr. Paul Hobaica is Board Certified in Internal Medicine. A Massachusetts native, Dr. Hobaica served on the staff at the University of Massachusetts Medical Center from 1996 through 1999 when he relocated to Florida and joined the Emergency Department of Naples Community Hospital. The following year, he and Dr. Robert McGann opened the Naples Urgent Care clinic, which he serves as Medical Director. In 2003, Dr. Hobaica brought his expertise in internal medicine and emergency care and his extensive professional contacts to an entirely new medical enterprise as the founder of AccessMD. As an interesting complement to his professional background in urgent care, Dr. Hobaica also worked for a number of years as a firefighter and emergency medical technician. He lives in Naples with his wife MaiLea and their daughter.

Education:

St. George's University School of Medicine Doctor of Medicine 1996

University of Massachusetts Stonehill College Bridgewater State College Bachelor of Science 1988

Licenses and Affiliations:

Licensed MD – State of Florida Licensed MD – State of Massachusetts Board Certified – Internal Medicine 1999

American Medical Association American College of Physicians Florida Medical Society Collier County Medical Society Massachusetts Medical Society