

T14000000828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

W14-43059

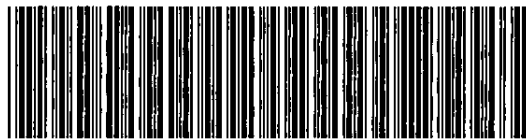
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100261931191

07/14/14--01010--016 **87.50

T14-828

FILED
14 JUL 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2014

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pines West Chiropractic
(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. Joseph Buckley
(Name of Person)

Pines West Chiropractic
(Firm/Company)

18501 Pines Boulevard #104
(Address)

Pembroke Pines, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Squillante at (954) 432-3343
(Name of Person) (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.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2014

DR. JOSEPH BUCKLEY
PINES WEST CHIROPRACTIC
18501 PINES BLVD., #104
PEMBROKE PINES, FL 33029

SUBJECT: PINES WEST CHIROPRACTIC & DESIGN OF WHITE
BACKGROUND WITH NAVY BLUE LETTERING, A PIRAL COLUMN WITH
SHADINGS OF BLUE & SLOGAN "LIVE HEALTHY BE HAPPY"
Ref. Number: W14000043059

We have received your document for PINES WEST CHIROPRACTIC & DESIGN OF WHITE BACKGROUND WITH NAVY BLUE LETTERING, A PIRAL COLUMN WITH SHADINGS OF BLUE & SLOGAN "LIVE HEALTHY BE HAPPY" 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.

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: "CHIROPRACTIC"

You have disclaimed a term or terms that do not need to be disclaimed. Please remove the following term(s) from the disclaimer statement: "LIVE HEALTHY BE HAPPY".

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

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

FILED
JUL 28 PM 12:01
TALLAHASSEE, FLORIDA

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: Pines West Chiropractic, Inc.

(b) Owner's/Applicant's business address: 18501 Pines Blvd, Ste 104
Pembroke Pines, FL 33029
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (954) 432-3343

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: P 96 0000 81045

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 65-0705019

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.)

Chiropractic Services
Massage Services

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:

Business Cards, newspaper ads, flyers, pamphlet,
Specialty Items

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" - Medical Services

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: _____

(b) Date first used in Florida: 2-22-2006

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.)

Pines West Chiropractic - White background, navy blue lettering

a spinal column with shadings of blue

Pines West Chiropractic "Live Healthy Be Happy"

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) "Chiropractic
" 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, Joseph Buckley, 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.

Joseph Buckley
Typed or printed name of applicant

Joseph Buckley
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Broward

On this 7th day of July, 2014, Dr. Joseph Buckley personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Seal)

E. Sheritha Bradshaw
Notary Public Signature

E. SHERITHA BRADSHAW
Notary's Printed Name

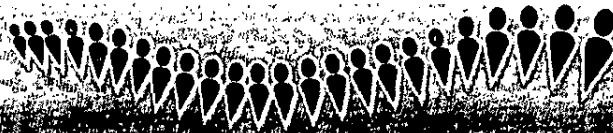
My Commission Expires: 10/20/2014

FILING FEE: \$87.50 per class



SHERITHA BRADSHAW
MY COMMISSION # EE 033634
EXPIRES: October 23, 2014
Bonded Thru Budget Notary Services

FILED
14 JUL 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



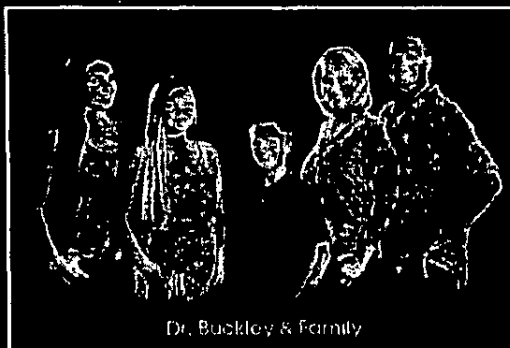
PINES WEST

18501 Pines Blvd., Suite 104 • Pembroke Pines

West of McDonalds in the 3-story white building.

Dr. Joseph M. Buckley • Dr. Damian Martinez

LIVE HEALTHY BE HAPPY!



Dr. Buckley & Family



**Neck & Back Pain
Headaches/Migraines
Arthritis**

Physical Therapy

Chiropractic Care



Auto Accident Injuries

Sports Injuries

Slip and Fall Injuries

Whiplash & Neck Injuries

Hand & Wrist Injuries

Leg & Foot Injuries

SERVING SOUTH FLORIDA SINCE 1992

\$7700

\$300+ Value

**Includes Exam,
All X-Rays Needed
and First Adjustment.**

First adjustment on 2nd visit. Valid with only 1 patient. This combined with other offers.
Does not apply to Federal Plans, Workers Comp, Personal Injury or Auto Accidents. Expires 10/29/2011

The patient and any other persons responsible for payment of the right to pay, shall pay out of his/her pocket for treatment which is performed as a result of and which is paid for by the patient or the person who is responsible for payment of the service or treatment of the patient.

OFFICIAL SPECIMEN
TM/SM REG.#

