

T190000001239

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

CORRECTION TO PART III PER  
CONVERSATION WITH  
CLAIRE MAGUIRE

11/5/2019

KS

W19-93190

Office Use Only



800335148968

10/01/19--01011--019 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 OCT 28 AM 12:10

FILED

K. SALY

NOV 5 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2019

CLAIRE MAGUIRE  
EDUCATIONAL DIMENSIONS  
1588 KENNESAW DR.  
CLERMONT, FL 34711

SUBJECT: DESIGN OF A CAPITAL "D" SHAPE IN BLACK. SUPERIMPOSED AND CENTERED ON THE "D" SHAPE ARE THREE HORIZONTAL PARALLELOGRAMS VERTICALLY ALIGNED. THE PARALLELOGRAMS ARE TRANSPARENT

Ref. Number: W19000093190

We have received your document for DESIGN OF A CAPITAL "D" SHAPE IN BLACK. SUPERIMPOSED AND CENTERED ON THE "D" SHAPE ARE THREE HORIZONTAL PARALLELOGRAMS VERTICALLY ALIGNED. THE PARALLELOGRAMS ARE TRANSPARENT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of space limitations, our computer system will not allow our office to list the detailed description you have provided in part III. Please amend part III to reflect a more basic description of 25 words or less. Note: If the detailed description is not revised, this office will update our computer system with a more basic description of the mark. The detailed description you provided will remain listed in part III of the application and will be available to the public via our website [www.sunbiz.org](http://www.sunbiz.org).

The description of the trademark or service mark, which is listed in Part III, cannot include such terms as and/or, with or without, sometimes includes, may be blue or white in color, etc. If your mark varies in color or individual components, then you must submit a separate application for each version of the mark. Please revise Part III of the enclosed application accordingly.

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.

2019 OCT 28 07:11:47

Karen A Saly  
Regulatory Specialist II

Letter Number: 619A00021690

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDUCATIONAL DIMENSIONS

(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:

Claire Maguire

(Name of Person)

Educational Dimensions

(Firm/Company)

1588 Kennesaw Drive

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Claire Maguire

(Name of Person)

at ( 352 ) 536-9015

(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.)

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

FILED  
OCT 28 AM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Educational Dimensions  
(b) Owner's/Applicant's business address: 1588 Kennesaw Drive  
Clermont, FL 34711  
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (352) 536-9015

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: G04145700127  
(2) Domicile State or Country: Florida  
(3) Federal Employer Identification Number: 45-2022521

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.)

Development of continuing nursing education (CNE) programs;  
approved provider of continuing nursing education credit

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:

The service mark is used in business cards, letterhead, on policy statements, on CNE documentation and on certificates of completion issued to CNE participants.

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:

Class 41: Education

## 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: May 1, 1995

(b) Date first used in Florida: May 24, 2004

## 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.)

Logo is capital D-shape, black-filled, with three transparent, vertically aligned and centered, horizontal parallelograms.

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) Educational

"APART FROM THE MARK AS SHOWN."

FILED  
19 OCT 28 AM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, Claire Maguire, 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.

Educational Dimensions

Typed or printed name of applicant

Claire Maguire

Applicant's signature  
(List name and title)

CLAIRE MAGUIRE PRESIDENT

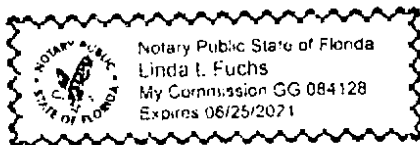
STATE OF Florida

COUNTY OF Lake

Sworn to and subscribed before me on this 27th day of September, 2019, Claire Maguire  
(Name of Individual Signing)

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

(Seal)



Linda L Fuchs  
Notary Public Signature  
Linda L Fuchs  
Notary's Printed Name

My Commission Expires: 6-25-2021

FILING FEE: \$87.50 per class





**Educational  
Dimensions**

is pleased to present a continuing nursing education activity

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# **TECHNIQUES IN ENDOUROLOGY: PERCUTANEOUS NEPHROLITHOTOMY**

**Faculty:** \_\_\_\_\_  
Territory Manager, Boston Scientific Endourology

## **OVERVIEW**

The treatment of ureteral calculi has evolved from invasive surgical procedure to minimally invasive modalities. In this continuing nursing education activity, the speaker will discuss indications for ureteroscopic stone retrieval and describe techniques and instrumentation.

## **TARGET AUDIENCE**

This education activity is intended primarily for RNs with a responsibility for or an interest in ureteroscopic procedures. The presentation will also be of interest to allied healthcare personnel and MDs involved in ureteroscopy.

## **LEARNER OBJECTIVES**

Upon completion of this educational activity, participants will be able to:

- 1) List indications for percutaneous nephrolithotomy
- 2) Discuss current techniques used in percutaneous nephrolithotomy

## **CONTACT HOURS**

Upon completion of the entire program, including any Q & A session generated, participants will be granted 1 contact hour CNE credit (or 1.2 contact hours in WV). No partial credit will be granted.

## **ACCREDITATION**

Educational Dimensions is approved by the California Board of Registered Nursing, Provider Number 08747, the District of Columbia Board of Nursing, Provider Number 50-574, the Florida Board of Registered Nursing, Provider Number 50-574, the Georgia Board of Nursing, Provider Number 50-574 and the West Virginia Board of Examiners for Registered Professional Nurses, Provider Number 50-26112.

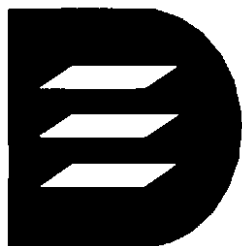
**Date & Time:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

## **DISCLOSURES**

1. Successful completion: Participants must register, attend the entire program, including resulting Q & A.
2. Conflict of interest: Planners disclose no conflict of interest. The speaker, as an employee of the commercial support entity, hereby discloses a conflict of interest. The speaker has signed a statement agreeing to present information fairly and without bias.
3. Commercial company support: Fees are underwritten by education funding provided by Boston Scientific.
4. Non-commercial company support: None.
5. Alternative/Complementary therapy: None.



## **Educational Dimensions**

**1588 Kennesaw Drive  
Clermont FL  
34711-6871**

**v: (352) 536 9015  
f: (509) 352 1634**

**clairemaguire@  
educationaldimensions.com**

**Continuing  
Education**

**Instructional  
Design**

**Educational  
Media**

# Certificate of Completion

«First\_Name» «Last\_Name»

«License»

NAME

LICENSE NUMBER

has been awarded «CH» contact hour for successful completion of

«Title»

«Location\_city\_state»

«Offering\_date»

Provider approved by the California Board of Registered Nursing, Provider number 08747,  
the District of Columbia Board of Nursing, Provider Number 50-574 and  
the Florida Board of Registered Nursing, Provider Number 50-574, the Georgia Board of Nursing, Provider Number 50-574 and  
the West Virginia Board of Examiners for Registered Professional Nurses, Provider Number 50-26112.

This certificate must be retained by the licensee for a period of eight years after course completion.  
Do not send to the Board of Nursing. It is the responsibility of the licensee to verify acceptance of contact hours for relicensure.

*Claire M Maguire*

**Claire M. Maguire, EdM, RN-BC, CNOR**



**Educational Dimensions**  
1588 Kennesaw Drive  
Clermont, FL 34711-6871