Requester's Name 3500 N. Federal Hay. Ste 301 Address Ft. Lauderdale, Ft. 33305 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

2. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time Certified Copy SSAPY STAPY	1S	uth Floric	tat	lastic i	Surg	ery F	1 <u>65</u> 0	ocio	ates
2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time Certificate of Setting Plank Plan	(Cor	poration Name) LOS. (42)	(Document #)	10	00037 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*06 ; 01 <u></u> 0	26: 1103-	<u>1</u> 8 002_
(Corporation Name) (Document #) 4	2			(Document #)		*****	7.5U —	冰冰冰冰	*87.5 0
(Corporation Name) (Document #) 4									
Walk in Pick up time Certified Copy STAR STAR STAR STAR STAR STAR STAR STAR		poration Name)		(Document #)	<u>i</u>			-	-
Walk in Pick up time Certified Copy SAR JO LED Mail out Will wait Photocopy Certificate of States PROPERTY CONTINUES NEW FILINGS Profit Resignation of R.A., Officer/Director Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Document Ther Filings Examiner DCC Updater Annual Report Limited Partnership Reinstatement Verifyer DCC Acknowledgement DCC W. P. Verifyer DCC Examiner's Initials	4.						TAT IS	0	
Walk in	(Corp	poration Name)		(Document #)	·		CRE		.*
NEW FILINGS Profit Not for Profit Limited Liability Name Domestication Availability DocumeroTHER FILINGS Examiner Doc Updater Updater Verifyer Doc Acknowledgement Doc W. P. Verifyer Doc Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	Walk in	Pick up time _			Cer	tified Copy	TAR ASS		□
Profit	☐ Mail out	☐ Will wait		Photocopy	☐ Cer	tificate of	States	7	Ö
Not for Profit	NEW FILINGS		<u>AM</u>	<u>IENDMENTS</u>			STATE LORID/	2	
Limited Liability Name Domestication Availability Other Document THER FILINGS Examiner Updater Annual Report Fictitious Name Updater Verifyer DCC Acknowledgement DCC W. P. Verifyer DCC Limited Liability Dissolution/Withdrawal Dissolution/Withdr	_	-			Λ Office	- pr/Director			
Availability Other Documero THER FILINGS Examiner DCC Updater Annual Report Updater Fictitious Name Updater Verifyer DCC W. P. Verifyer DCC Documero THER FILINGS REGISTRATION/QUALIFICATION REGISTRATION/QUALIFICATION Limited Partnership Reinstatement Trademark Other Examiner's Initials	Limited Liabil	lity	ğ	Change of Regist	ered Agen				-
Updater Annual Report Updater Fictitious Name Updater Verifyer DCC Acknowledgement DCC W. P. Verifyer DCC Examiner's Initials		l			drawal				
Updater Verifyer DCC Acknowledgement DCC W. P. Verifyer DCC Reinstatement Trademark Other Examiner's Initials	Document THER FILING Examiner DCC	<u>s</u>	RE	GISTRATION/Q	UALIFIC	CATION			
Updater Verifyer DCC Acknowledgement DCC W. P. Verifyer DCC Reinstatement Trademark Other Examiner's Initials	Updater Annual Repor	t ne		. •	vin.				
Acknowledgement DCC W. P. Verifyer DCC Examiner's Initials	Updater			Reinstatement	пр	-			
Acknowledgement DCC W. P. Verifyer DCC Examiner's Initials					å	÷			
W. P. Verifyer DCC Examiner's Initials	Acknowledgement DCC				<u> </u>				
	W. P. Verifyer DCC CR2F031(7/97)				Exam	iner's Init	ials		

T010000000 229

· /

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

Name & address to whom acknowledgment should be sent:

	95	4,630-2	009							
Daytime Telephone number										
1 (a) A	PART	1 .>- —								
1. (a) Applicant's name:	onale Ray Rei	115, JR., M.7),							
(b) Applicant's business add	tress: <u>2500 N. Fe</u>	deral Huy.	Suite 301							
	Ft. Lauder mber: (954) 630-	dale, FL	33305							
(c) Applicant's telephone nu	mber: <u>(954) 630 - a</u>	2009 City/State/Zip	OI F							
	Corporation	☐Joint Venture	Other:							
☐ General Partnership			SSE 5							
If other than an individual,	60000000000000000000000000000000000000	<u>.</u>	PH CD							
(1) Florida registration number	boom was	(2) Domicile State:	FL GR							
If other than an individual, (1) Florida registration number (3) Federal Employer Identifica	tion Number: <u>65-10/</u>	7237	NIE 26							
2. (a) If the mark to be register	ed is a service mark, the service	es in connection with								
(i.e., furniture moving se	rvices, diaper services, house p	ainting services, etc.)	nen die mark is used;							
Plastic surge	ery services, st	kin care ce	2							
/	1	- TOUR SE	ruces							
		/								
(b) If the mark to be registered	ed is a trademark, the goods in	connection with which t	he mark is used:							
(i.e., ladies sportswear, ca	t food, barbecue grills, shoe lac	es, etc.)	in the contract of the co							
() Tri										
(c) The mode or manner in w	hich the mark is used:(i.e., labe	els, decals, newspaper ac	lvertisements, brochures, etc.)							
newspaper	alvertisements, e	business care	ls, bags							
			>, 0.9 >							
	(Continued)		<u> </u>							
	Continuou	ı								

37

d) The class(es) in which goods or services fall:
Class 42 misuellancons
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: 10/01/2000 (b) Date first used in Florida: 10/01/2000
PART III
1. The mark to be registered is: (If logo/design is included, please give brief written description which
Line drawing of a bust of a Greek Statue framed
1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.) Line drawing of a bust of a Greek Statue framed by the words "South Florida Plastic Surgery Associates"
THE P
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " South Proxila 5
Plastic Surgery Associates "APART FROM THE MARK ASSHOWN.
I, Donald Ray Revis, Je., MD, being sworn, depose and say that I am the Ewner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person accept a
applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a
related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. 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
Danall D. Paus To my Comment
Donald Ray Revis, Ja., MD (Owner president) Typed or printed name of applicant
2226
Applicant's signature of authorized person's signature
STATE OF Florida (List name and title)
COUNTY OF Broward
On this 13th day of February, 2001, Donald Ray Revis, JR., MD personally appeared before me, who is personally known to me whose identity I proved on the basis of Drivers License
who is personally known to me whose identity I proved on the basis of
whose identity I proved on the basis of Ottoos Cicence
Notary Public Signature
(Seal)
(Seal) CISLYM TAYWA. Notary's Printed Name
My Commission Expires: CISLYN TAYLOR
FEE: \$87.50 per class MY COMMISSION # CC 939727 EXPIRES: May 24, 2004 Bonded Thru Notary Public Underwitters

South Horica

Plastic Surgery
Associates

Don R. Revis, Jr., M.D., P.A. Nesthetic Surgery-Face, Eyes, Breast and Body

> 2500 X. Tederal Highway, Suile 301 H. Bauderdale, TG 33305 (954) 630-2009

www.southfloridaplasticsurgery.com