

T01000000228

Donald Ray Revis, Jr. M.D.  
Requester's Name

2500 N. Federal Hwy., Ste 301  
Address

Ft. Lauderdale, FL 33305  
City/State/Zip Phone #

Office Use Only

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

- 1. South Florida Plastic Surgery Associates  
(Corporation Name) (Document #) 100003706261--8  
& des. (42) -02/15/01--01103--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
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TALLAHASSEE, FLORIDA

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**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Name	<input type="checkbox"/>	Domestication
Availability	<input type="checkbox"/>	Other
Document Examiner		DCC
Updater	<input type="checkbox"/>	Annual Report
	<input type="checkbox"/>	Fictitious Name
Updater Verifier		DCC
Acknowledgement		DCC
W. P. Verifier		DCC
CR2E031(7/97)		

Examiner's Initials

T01000000228

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:

Donald Ray Revis, Jr., MD  
2500 N. Federal Hwy., Suite 301  
Ft. Lauderdale, FL 33305  
(954) 630-2009  
Daytime Telephone number

PART I

1. (a) Applicant's name: Donald Ray Revis, Jr., M.D.

(b) Applicant's business address: 2500 N. Federal Hwy., Suite 301  
Ft. Lauderdale, FL 33305

(c) Applicant's telephone number: (954) 630-2009 City/State/Zip

Individual  Corporation  Joint Venture  Other:  
 General Partnership  Limited Partnership  Union

If other than an individual,

(1) Florida registration number 000000049261 (2) Domicile State: FL

(3) Federal Employer Identification Number: 65-1017237

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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.)

plastic surgery services, skin care services

(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 mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

newspaper advertisements, business cards, bags

d) The class(es) in which goods or services fall:

Class 42 miscellaneous

**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 must be 25 words or less.)

Line drawing of a bust of a Greek statue framed  
by the words "South Florida Plastic Surgery Associates"

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "South Florida Plastic Surgery Associates" APART FROM THE MARK AS SHOWN.

I, Donald Ray Revis, Jr., MD, 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 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

Donald Ray Revis, Jr., MD (owner/president)  
Typed or printed name of applicant

[Signature]  
Applicant's signature or authorized person's signature  
(List name and title)

STATE OF Florida

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

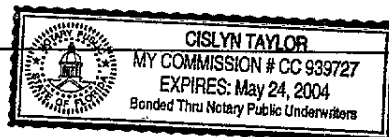
(Seal)

Judlyn Lugh  
Notary Public Signature

CISLYN TAYLOR  
Notary's Printed Name

My Commission Expires:

FEE: \$87.50 per class



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TALLAHASSEE FLORIDA

*South Florida*



*Plastic Surgery  
Associates*

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

*2300 N. Federal Highway, Suite 301  
 Ft. Lauderdale, FL 33305  
(954) 630-2009*

*[www.southfloridaplasticsurgery.com](http://www.southfloridaplasticsurgery.com)*