

T01000000.556

Registered Name

Address

City/State/Zip

Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 24 AM 9:43

Office Use Only

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

- 1. S.p.o.r.t. Clinic (42)
(Corporation Name) (Document #) **600004077686--0**
-04/25/01--01077--001
*******87.50 *****87.50**
- 2. _____
(Corporation Name) (Document #)
- 3. 789/2930/749/671
(Corporation Name) (Document #)
- 4. S.p.o.r.t. T01-556
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

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

(Handwritten circled 'e')

(Handwritten 'nc')

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

(Handwritten W01-10159)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 4, 2001

CHARLES SHAPIRO
3850 SHERIDAN STREET
HOLLYWOOD, FL 33021

SUBJECT: S.P.O.R.T. CLINIC
Ref. Number: W01000010159

We have received your document for S.P.O.R.T. CLINIC 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 must disclaim the term(s) S.P.O.R.T. in addition to the term(s) already disclaimed. Please amend # 2 in Part III accordingly.

We need three permanent specimens, which may be the same or different. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 101A00026572



CHARLES SHAPIRO, M.Ed., RPT
Physical Therapist, Founder

MAY 15, 2001

NANETTE CAUSSEAU
CORPORATE SPECIALIST SUPERVISOR
REGISTRATION SECTION
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE FL 32399

SUBJECT: S.P.O.R.T. CLINIC
Ref. Number: **W01000010159**
Letter Number: 101A00026572

DEAR MS. CAUSSEAU:

As per the instructions provided in your letter of May 4, 2001, referenced above (copy attached), #2 in Part III of the attached APPLICATION FOR REGISTRATION OF A TRADEMARK OR SERVICE, Pursuant to Chapter 495, FLORIDA STATUTES has been amended to disclaim the term S.P.O.R.T. in addition to the term CLINIC that had already been disclaimed.

Also, 3 business cards are stapled to the application to meet the requirement of submitting 3 permanent specimens that list the services being rendered by the service mark that appears.

Please call me collect at 954-989-5255 with any questions that would delay the processing of the application or prevent the filing from being registered.

Thank you for your assistance with completing the procedure to get our service mark filing completed. Your help has been greatly appreciated.

Sincerely,

Ann Shapiro
Secretary-treasurer
Charles Shapiro & Associates, Inc.
dba/ S.P.O.R.T. CLINIC

The S.P.O.R.T. Clinic

- 18690 N.W. 2nd Avenue • Miami, Florida 33169 • (305) 652-2005 • Fax (305) 652-1741
- 3850 Sheridan Street • Hollywood, Florida 33021 • (954) 989-5255 • Fax (954) 962-6445
- 1201 N. Federal Hwy., Suite 2B • Ft. Lauderdale, Florida 33304 • (954) 566-1260 • Fax (954) 563-7009

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:

CHARLES M. SHAPIRO
3850 SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021
(954) 989-5255
Daytime Telephone number

PART I

1. (a) Applicant's name: CHARLES SHAPIRO & ASSOCIATES, INC.

(b) Applicant's business address: 3850 SHERIDAN STREET

HOLLYWOOD, FLORIDA 33021
City/State/Zip

(c) Applicant's telephone number: (954) 989-5255

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 644611 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 59-1952279

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.)

Sports Medicine, physical therapy and rehabilitation,
cardio fitness, rehabilitative consulting

(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.)

Advertising, promotional materials, signs, business cards, appointment cards,
letterheads, etc.

(Continued)

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

#42

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: JANUARY, 1981 (b) Date first used in Florida: JANUARY, 1981

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.)

S.P.O.R.T. CLINIC

English Translation S.P.O.R.T. CLINIC

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " S.P.O.R.T. ", ALSO "CLINIC " " APART FROM THE MARK AS SHOWN.

I, CHARLES SHAPIRO, 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

CHARLES SHAPIRO & ASSOCIATES, INC.

Typed or printed name of applicant

Charles Shapiro, President

Applicant's signature or authorized person's signature

CHARLES SHAPIRO (List name and title) PRESIDENT

STATE OF Florida

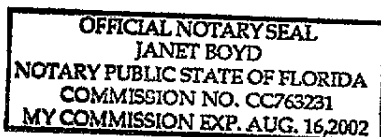
COUNTY OF Broward

On this 24 day of April, 19 2001, personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of

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(Seal)



Janet Boyd

Notary Public Signature

JANET BOYD

Notary's Printed Name

My Commission Expires: 8/16/02

FEE: \$87.50 per class



S.P.O.R.T. Clinic

- Sports Medicine • Physical Therapy and Rehabilitation
- Cardio-Fitness • Business and Industrial Consultants

- | | | |
|--|----------------------------|------------------|
| <input type="checkbox"/> 4109 N. Federal Highway | • Ft. Lauderdale, FL 33308 | • (954) 566-1260 |
| <input type="checkbox"/> 18690 N.W. 2nd Avenue | • Miami, FL 33169 | • (305) 652-2005 |
| <input type="checkbox"/> 3850 Sheridan Street | • Hollywood, FL 33021 | • (954) 989-5255 |

RICK GACH, MPT
Physical Therapist