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Laura Staples, Esq.
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November 20, 2001

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Florida Trademark Application for Marlin Medical Group Limited Partnership

Dear Sir or Madam:

Enclosed for filing, please find the trademark application for Marlin Medical Group Limited Partnership and the following additional documents:

- a) November 1st Letter re: Reservation of Florida Trademark
- b) Check # 1098 for \$87.50
- c) Specimen #1 – Brochure
- d) Specimen #2 – Flyer
- e) Specimen #3 – Business Card

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-11/30/01--01072--005
*****87.50 *****87.50

My contact information is as follows:

Marlin Medical Group, LP
Attn: Laura Staples, Esq.
3600 W. Commerce Boulevard
Kissimmee, FL 34741

Daytime phone #: 407-251-
Fax #: 407-251-2047
Email: lstaples@marliness.net

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Name	Laura Staples
Availability	
Document Examiner	DCC
Undater	DCC
Registerer	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

S. TAX _____
 FILING 87.50
 R. AGENT FEE _____

 K. _____
 BALANCE DUE _____
 REFUND _____

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:

Laura Staples, Esq.
3600 Commerce Boulevard
Kissimmee, FL 34741
407) 251-2043
Daytime Telephone number

PART I

1. (a) Applicant's name:

Marlin Medical Group Limited Partnership

(b) Applicant's business address:

6177 Lake Ellenor Drive
Orlando, Florida 32809
City/State/Zip

(c) Applicant's telephone number:

(407)816-5200

Individual ___ Corporation ___ Joint Venture ___ Other: ___ General Partnership
Limited Partnership X Union ___

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TALLAHASSEE, FLORIDA

If other than an individual,

1. Florida registration number: B01000000205
2. Federal Employer Identification Number: 88-0443762
3. Domicile State: Nevada

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: Reseller of third party diabetic supplies and equipment

(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.)
N/A

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.): labels, direct mail materials, newspaper and magazine advertisements, brochures, various marketing materials.

(d) The class(es) in which goods or services fall: 35

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: 10/9/2001 (b) Date first used in Florida: 10/4/2001

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.) Marlin Medical Group, L.P. & design of caduceus on left side, with the words Marlin Medical Group spelled vertically on right side; word Marlin uses a prescription symbol as the letter "R."

English Translation

N/A

2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERMS "Marlin Medical Group, caduceus design, prescription symbol, L.P." APART FROM THE MARK AS SHOWN.

I, Michael Dowling, 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

Michael J. Dowling

Typed or printed name of applicant

Chief Operating Officer, Marlin Medical Group Limited Partnership
Applicant's signature or authorized person's signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 27 PM 1:04

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STATE OF FLORIDA
COUNTY OF ORANGE

On this 8 day of NOVEMBER 2001, Michael J. Dowling

personally appeared before me, who is personally known to me or whose identity I

proved on the basis of _____

Notary Public Signature: Ruthi Seward

Notary's Printed Name: Ruthi SEWARD

(Seal)

My Commission Expires: _____



Ruthi Seward
My Commission CC751724
Expires June 16, 2002



**MARLIN
MEDICAL
GROUP, LP**TM

*Your Personal Resource for
Diabetic Products*

