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SUITE 200
TALLAHASSEE, FLORIDA 32308

March 26, 2002

**Ms. Diane Cushing
Registration Section
Florida Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399**

900005175299--7

-03/29/02--01002--027

***437.50 ***87.50

Re: Clinical Neuroscience Solutions, Inc. - Trade Mark/Service Mark and Trade Name Registration

Dear Ms. Cushing:


We represent Clinical Neuroscience Solutions, Inc. Thank you for seeing me yesterday morning and reviewing our proposed applications. Enclosed is one original of the Registration Applications we reviewed and three specimens for each of the twelve (12) separate applications for the Registration of a Trade Name and registration of a Service Mark.. These applications are submitted pursuant to Chapter 495, Florida Statutes for your action. Each application is filed for one classification pursuant to § 495.111, Florida Statutes.

We are registering six (6) Service Mark applications consisting of the following:

- ① Clinical Neuroscience Solutions, Inc. with Logo above it
2. Clinical Neuroscience Solutions, Inc. without Logo
3. CNS Healthcare Logo
4. CNS Healthcare Reverse Logo
5. CNS Healthcare
6. CNS Clinical Neuroscience Solutions

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TALLAHASSEE, FLORIDA

We are also registering six (6) Trade Name applications consisting of the following:

- | | | |
|-----|---|------|
| 7. | Clinical Neuroscience Solutions, Inc. with Logo above  | AUTH |
| 8. | Clinical Neuroscience Solutions, Inc. without Logo | |
| 9. | CNS Healthcare Logo | AUTH |
| 10. | CNS Healthcare Reverse Logo | |
| 11. | CNS Healthcare | CORP |

AUTHORIZATION BY PHONE TO

CORRE: Disclaimer

DATE 3/27/01

DOC. EXAM du

Ms. Diane Cushing, Registration Section
Florida Division of Corporations
March 26, 2002
Page Two

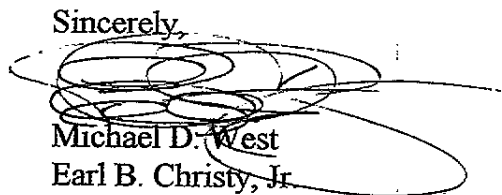
12. CNS Clinical Neuroscience Solutions

A check for the registration fee for all twelve applications in the total amount of \$1,050.00 is also enclosed. Please refer all questions or inquiries regarding these applications to our office. Our point of contact here in Tallahassee is:

Brad Christy
Telephone: 224-7091 ext 144

Thank you for your assistance.

Sincerely,



Michael D. West
Earl B. Christy, Jr.

Enclosures
2348.5877
BY HAND DELIVERY

**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, Florida 32314

Earl B. Christy, Jr.
Huey, Guilday, Tucker, Schwartz &
Williams, P.A.
1983 Centre Pointe Boulevard
Post Office box 12500
Tallahassee, Florida 32317

PART I

1. (a) Applicant's Name: Clinical Neuroscience Solutions, Inc.
- (b) Applicant's Business Address: 5401 S. Kirkman Road, Suite 480
Orlando, Florida 32819
- (c) Applicant's telephone number: (407-903-1680)

X - corporation making application

If other than an individual,

- (1) Florida registration number: P99000036930; (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 593602109

2. (a) If the mark to be registered is a service mark, the service in connection with which the mark is used: The conduct, management and administration of clinical trial studies; recruiting clinical trial subjects; advertise clinical trial requirements

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: Clinical Trial Study reports; formal records of individual results; formal petitions for certification of drug or medication tested and certified under the Clinical Trial Study

(c) The mode or manner in which the mark is used: On the corporate internet web site; on all labels; decals; newspaper advertisements; brochures; formal clinical trial study documentation; all correspondence identifying the author of Clinical Trial Study Result Reports and certifications; public location markers; instruction pamphlets, directives, procedure forms; formal waiver of liability records; all reports and filings with federal and state agencies reflecting progress and completion of a study, certification of study results and release of final conclusion.

(d) The class in which goods or services fall: Class 42, Miscellaneous

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PART II

1. Date first used by the applicant, predecessor, or a related company:

(a) Date first used anywhere: Aug 30, 2001 (b) Date first used in Florida: Aug 30, 2001.

PART III

1. The service mark to be registered is: (Clinical Neuroscience Solutions, Inc. with Logo above it) A rectangle containing the following: a silhouette of a human head facing to the reader's left, containing three black squares arranged in a triangle. The head faces the white semi-script letters (in a black background) "CNS" in large letters with the word "Healthcare" in small letters directly below also in white. The remaining portion of the rectangle starting at the back of the head is purple. Centered under the rectangle are two lines of text "Clinical Neuroscience" on the first line and "Solutions, Inc." on the second line.

2. DISCLAIMER:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM
"HEALTHCARE" APART FROM THE MARK AS SHOWN.

"Clinical Neuroscience Solutions, Inc."

I, Earl B. Christy, Jr., 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.

Earl B. Christy, Jr., Attorney for Clinical Neuroscience Solutions, Inc.

(Applicant's signature, Name and Title)

STATE OF FLORIDA
COUNTY OF LEON

Before me, the undersigned authority, personally appeared Earl B. Christy, Jr., in his capacity as Attorney for Clinical Neuroscience Solutions, Inc. who was sworn and who executed the foregoing Application for the Registration of a Trademark or Service Mark acknowledged before me that he executed said instrument for the purpose therein expressed on this the 26 day of February, 2002.

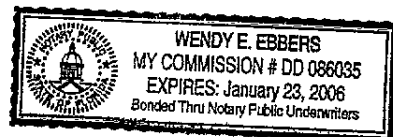
March

[Signature]

NOTARY PUBLIC STATE OF FLORIDA AT LARGE

[Print, type or stamp name, commission number and expiration date.]

Personally Known ☒ OR Produced Identification ☐
Type of Identification Produced _____



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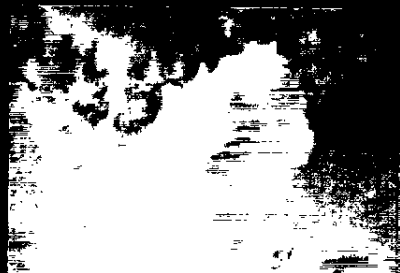
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*Committed to
Patient Care*

*The Advancement
of Medical Research*

Patient
Resource
Guide



CNS Healthcare

CNS
HEALTHCARE

