T0200000313

HUEY, GUILDAY, TUCKER, SCHWARTZ & WILLIAMS, P.A.

MAIN OFFICE:
1983 CENTRE POINTE BOULEVARD
SUITE 200 TALLAHASSEE, FLORIDA 32308

ATTORNEYS AND COUNSELORS AT LAW

TALLAHASSEE, FLORIDA 32317-2500 www.hueylaw.com

TEL: (850) 224-7091 FAX: (850) 222-2593 GOVERNMENTAL AFFAIRS OFFICE: 201 SOUTH MONROE STREET SUITE 200 TALLAHASSEE, FLORIDA 32301

March 26, 2002

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

100005175301---5 -03/29/02--01002--027 *****437.50 *****87.50

DOC. EXAM

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 re	gistering six (6) Service Mark applications cons	isting of the	following:	02	
Name Availabili ty	1. 2 3 4	Cl C) & Cl	inical Neuroscience Solutions, Inc. with Logo ab inical Neuroscience Solutions, Inc. without Logo IS Healthcare Logo IS Healthcare Reverse Logo IS Healthcare	oove it	CRETARY OF STATE AHASSEE, FLORIDA	MAR 26 PM 1:	FILED
Document Examina Updarer	6. ₩e	CN DCC	IS Clinical Neuroscience Solutions so registering six (6) Trade Name applications co	onsisting of		ယ္ ng:	
Updater Verifyer Acknowledgeme	7. 8. 9. ento.	Cli CN	nical Neuroscience Solutions, Inc. with Logo above it nical Neuroscience Solutions, Inc. without Logo School School Healthcare Logo AUTHORIZATION		<i>Obrid</i> h Ation by F		GAVE _
W. P. Verlfyer	11.	DUEN	S Healthcare	CORRECT_	<u>disclo</u>	<u>im</u>	<u>~~~</u>

T0200000313

5 50000

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

Page 1 of 2

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."

2. DISCLAIMER:

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

New Oscionce, Solutions, Fic."

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 Lad day of February, 2002.

NOTÁRY 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

WENDY E. EBBERS
MY COMMISSION # DD 086035
EXPIRES: January 23, 2006
Bonded Thru Notary Public Underwriters

FILEU

Committed to Patient Care The Advancement of Medical Research Patient Resource Guide **SNS Healthcare**