

102000000816

Requester's Name

DIVISION OF REVENUE

02 JUL -9 AM 9:51

Address

City/State/Zip

Phone #

Office Use Only

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

1. Medic Pager Inc (9)
789 (Corporation Name) (Document #)
2. 747 (9)
747 (Corporation Name) (Document #)
3. 749
749 (Corporation Name) (Document #) T02-816
4. 671
671 (Corporation Name) (Document #) W02-17051

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

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

(5)

AMENDMENTS

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

500005692625-1
-06/05/02--01052--001
*****87.50 *****87.50

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 12, 2002

WALTER SMITH
3800 S. OCEAN DR. #217
HOLLYWOOD, FL 33019

SUBJECT: MEDIC PAGER
Ref. Number: W02000017051

We have received your document for MEDIC PAGER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (9) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (9).

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) 245-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 002A00038464

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:

Walter Smith
3800 S. Ocean Dr.
217 Hollywood, FL 33019
(954) 457-7009
Daytime Telephone number

PART I

1. (a) Applicant's name: Walter Smith
- (b) Applicant's business address: 3800 S. Ocean Dr. Suite 217
Hollywood, FL 33019
City/State/Zip
- (c) Applicant's telephone number: (954) 457-7009
- ☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration number: PO2000022978 (2) Domicile State: Florida
- (3) Federal Employer Identification Number: NA

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.)

Pager communication Services / Notification System
WS class 38

- (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.)

business cards, all advertising
customery to the trade

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

Class 10

Class 38

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: 3/09/2002 (b) Date first used in Florida: 3/09/2002

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.)

Medic Pager Inc.

02 JUL -9 AM 9:55
SECTION 110
DIVISION OF CONSUMER PROTECTION

English Translation

2. DISCLAIMER (if applicable)

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

I, Walter Smith, 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

Walter Smith

Typed or printed name of applicant

Walter Smith

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

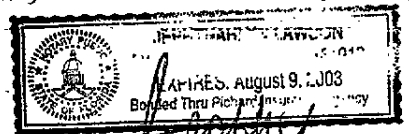
Walter Smith Amended

Walter Smith

on 7/3/02

STATE OF Florida

COUNTY OF Broward



On this 28th day of May, 2002, Walter Smith personally

☒ who is personally known to me ☐ whose identity I proved on the basis of



(Seal)

Notary Public Signature

Notary's Printed Name

MedicPager Inc.

Living Longer and Healthier with HIV/AIDS

Walter Smith

Sales/Distributor

3800 S Ocean Drive

Suite 217

Hollywood, FL 33019

Phone: 954 457-7009

Fax: 954 457-8009

E-mail: medicalpager@hotmail.com

Website: Medicpager.com