T03000000838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

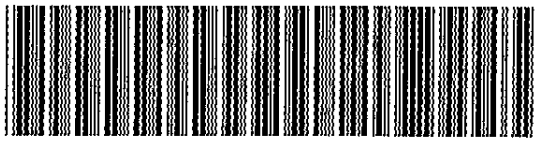
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900020772549

07/02/03--01013--008 **87.50

T03-838

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -2 PM 2:58

√√

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 18, 2003

JOSHUA RUSKIN
5383 NOB HILL ROAD
SUNRISE, FL 33351

SUBJECT: DEPENDABLE MEDICAL SUPPLY, INC. & SLOGAN: "AS SURE AS THE SUN RISES, YOU CAN DEPEND ON US"
Ref. Number: W03000017462

We have received your document for DEPENDABLE MEDICAL SUPPLY, INC. & SLOGAN: "AS SURE AS THE SUN RISES, YOU CAN DEPEND ON US", however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $87.50.

Class(es) (35) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (35).

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: MEDICAL SUPPLY

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: 703A00037548

Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

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

1. Dependable Medical Supply, (Corporation Name) (Document #)
2. Inc. & slogan "As sure As (Corporation Name) (Document #)
3. the sun rises, you can depend on (Corporation Name) (Document #)
4. us" (35) (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

747 (35)
685/2927/740
Medical Supply

W03-17462

✓✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -2 PM 2:58

Examiner's Initials	

CR2E031(1/95)

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:

Joshua Ruskin
5383 Nob Hill Road
Sunrise, FL 33351
(954) 746 4640
Daytime Telephone number

PART I

1. (a) Applicant's name: Dependable Medical Supply, Inc.

(b) Applicant's business address: 5383 Nob Hill Road
Sunrise, FL 33351
City/State/Zip

(c) Applicant's telephone number: (954) 746 4640

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,
(1) Florida registration number: P94-12443 (2) Domicile State: _____
(3) Federal Employer Identification Number: 65-0499608

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.)

Name recognition for medical supply and equipment provided to clients

(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.)

Labels, Decals, Newspapers, brochures, Advertising, and signage

(Continued)

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

Class # 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: October 2002 (b) Date first used in Florida: October 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.)

Dependable Medical Supply, Inc & "As sure as the sun rises, you can depend on u

English Translation N/A

2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Medical Supply " APART FROM THE MARK AS SHOWN.

I, Joshua Ruskin *, 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*

Joshua Ruskin
Typed or printed name of applicant

[signature], President
Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Miami-Dade

JACQUELINE A. CULLIMORE
NOTARY PUBLIC STATE OF FLORIDA
My Comm Exp. 1/26/04
No. CC 0905354
[ ] Personally Known [ ] Other I.D.

On this 5 day of June, 2003, Joshua Ruskin personally appeared before me,

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

JACQUELINE A. CULLIMORE
NOTARY PUBLIC STATE OF FLORIDA
My Comm Exp. 1/26/04
No. CC 0905354
[ ] Personally Known [ ] Other I.D.
(Seal)

Jacqueline A. Cullimore
Notary Public Signature

Jacqueline A. Cullimore
Notary's Printed Name

My Commission Expires: 1-26-2004

03 JUN -2 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE: $87.50 per class

DEPENDABLE MEDICAL SUPPLY, INC.

As sure as the sun rises, you can depend on us.

(954) 746-4660

1 (800) 609-4655

Dayna L. Johnson
Operations Manager

DEPENDABLE MEDICAL SUPPLY, INC.

As sure as the sun rises, you can depend on us.

DME • O2 • PHARMACY • HOME MODS

5383 Nob Hill Road • Sunrise, Florida 33351
Phone: 954-746-4660 • Fax: 954-746-5381 • 800-609-4655