

T03000001393

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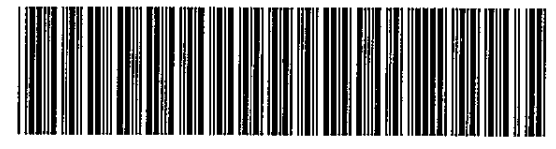
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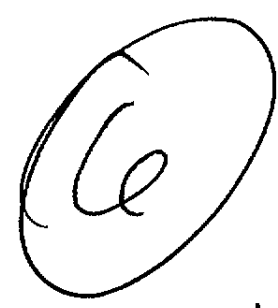
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FF \$87.50



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SECRETARY OF CORPORATIONS
DIVISION
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Need correct name of app
~~W03-29190~~
T03-1393
✓✓

ORTHOPEDIC SURGERY

Tom C. Haney, M.D.
KNEE SURGERY
SPORTS MEDICINE

Wm. D. Henderson, Jr., M.D.
KNEE SURGERY
SPORTS MEDICINE

Robert L. Thornberry, M.D.
HIP & KNEE SURGERY
SPORTS MEDICINE

Charles H. Wingo, M.D.
CERVICAL, THORACIC &
LUMBAR SURGERY

Donald M. Dewey, M.D., C.P.O.
FOOT AND ANKLE SURGERY
PEDIATRIC ORTHOPEDICS

Steve E. Jordan, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Mark E. Fahey, M.D.
ORTHOPEDIC SURGERY

D. Christian Berg, M.D.
HAND AND UPPER EXTREMITIES

Garrison A. Rolle, M.D.
KNEE SURGERY
SPORTS MEDICINE

William H. Thompson, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Floyd R. Jaggars, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Andrew M. Wong, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Andrew H. Borom, M.D.
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David A. Bellamy, M.D.
ORTHOPEDIC SURGERY

Thomas M. Park, M.D.
CERVICAL, THORACIC &
LUMBAR SURGERY

ORTHOPEDIC MEDICINE

Kris D. Stowers, M.D.
MUSCULOSKELETAL &
SPORTS MEDICINE

Gregg A. Alexander, M.D.
MUSCULOSKELETAL MEDICINE
DISORDERS OF THE SPINE

NEUROLOGY

Richard E. Blackburn, M.D.
ADULT NEUROLOGY

Stan J. Whitney, M.D.
ADULT NEUROLOGY



3334 CAPITAL MEDICAL BOULEVARD, STE. 400
P.O. BOX 13100 • TALLAHASSEE, FL 32317-3100
(850) 877-8174 • FAX (850) 877-5636

September 22, 2003

Division of Corporations

Attn: Department for Registration of a Trademark or Service Mark

Regarding: Application for a Trademark

To Whom It May Concern,

With this letter you will find four trademarks we wish to register notarized and dated September 22, 2003. This is the second time we sent you these applications. We believe the first time we sent them they were lost in the mail along with a check for \$350.00 (ck #1644, dated July 30, 2003). We have stopped payment on that check and reissued a new one, which is attached, along with our new applications. I have also sent copies of the original applications we filled out and notarized, dated July 9, 2003.

We would greatly appreciate it if someone will inform us once you receive this letter to confirm it made it to you safely.

Thanking you in advance,

A handwritten signature in cursive script that reads 'Lindsey Houser'.

Lindsey Houser
Tallahassee Orthopedic Clinic
Accounting Department
Phone: 850-219-1932 x2011



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 9, 2003

LINDSEY HOUSER
TALLAHASSEE ORTHOPEDIC CLINIC
P.O. BOX 13100
TALLAHASSEE, FL 32317-3100

SUBJECT: TALLAHASSEE ORTHOPEDIC CLINIC
Ref. Number: W03000029190

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

#1(a) of Part I must contain the name of the owner as identified in the records of the Florida Department of State. Please refer to enclosed computer printout and amend the name accordingly.

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

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

9/22/2003

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:

Kelby Tardi
3334 Capital Medical Blvd
Tallahassee FL 32308
(850) 219-1916
Daytime Telephone number

PART I

1. (a) Applicant's name: Tallahassee Orthopedic Clinic III, P.C.

(b) Applicant's business address: 3334 Capital Medical Blvd
Tallahassee FL 32308
City/State/Zip

(c) Applicant's telephone number: (850) 219-1932

- Individual
- Corporation
- Joint Venture
- Other: LLC
- General Partnership
- Limited Partnership
- Union

If other than an individual,

(1) Florida registration number: L99-5614 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 593598056

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.)

Medical Services

(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.)

Its our name used on everything: signs, letterhead, labels, etc.

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

Class 42 - Misc

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: March 1, 1973 (b) Date first used in Florida: March 1, 1973

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.)

"Tallahassee Orthopedic Clinic"

English Translation _____

2. DISCLAIMER (if applicable)

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

I, KELBY TARDI, 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

KELBY TARDI

Typed or printed name of applicant

Kelby Tardi

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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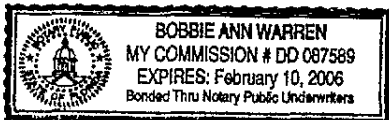
STATE OF Florida

COUNTY OF Leon

On this 22nd day of September, 2003, Kelby Tardi personally appeared before me,

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

(Seal)



Bobbie Ann Warren
Notary Public Signature

Bobbie Ann Warren
Notary's Printed Name

My Commission Expires: February 10, 2006

FEE: \$87.50 per class



Tallahassee Orthopedic Clinic
Tallahassee Sports Medicine
Orthopedic Surgery

Bobbie Warren
Operations Manager

3334 Capital Medical Blvd., Suite 400
Tallahassee, FL 32308

(850) 219-1948
FAX (850) 942-4029
E-Mail: bawtoc@aol.com