T04000000849

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(Document Number)

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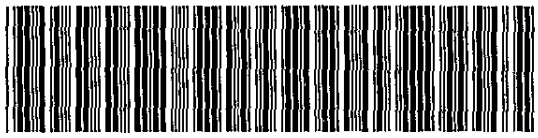

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W04-21914
T04-849

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ ✓

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 8, 2004

ALBA LAW, P.A.
4711 S.W. 8 STREET
MIAMI, FL 33134

SUBJECT: THE SCRUB DOCTOR AND DESIGN OF CADUCEUS
Ref. Number: W04000021914

We have received your document for THE SCRUB DOCTOR AND DESIGN OF CADUCEUS and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: "DOCTOR", "DESIGN OF CADUCEUS"

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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
Document Specialist Supervisor

Letter Number: 104A00038769

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:

Alba Law, P.A.
4711 S.W. 8 Street
Miami, FL 33134
(305) 648-2522
Daytime Telephone number

PART I

1. (a) Applicant's name: The Scrub Doctor, Inc.

(b) Applicant's business address: 6268 San Michel Way
Delray Beach, FL 33484
City/State/Zip

(c) Applicant's telephone number: (561) 638-5146

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

If other than an individual,

(1) Florida registration number: P03000099428 ✓ (2) Domicile State: FL

(3) Federal Employer Identification Number: 731687209

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.)

(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.)

Clothing - medical uniforms, scrubs, t-shirts

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Clothing - label, seal, inscription, design, stamp, insignia, and/or monogram.

(Continued)

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

Class 25

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: 12/08/03 (b) Date first used in Florida: 12/08/03

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.)

The (cursive above left)

Scrub Doctor (cursive below left)

Symbol of Caduceus (middle right)

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Doctor", "Design of Caduceus" APART FROM THE MARK AS SHOWN.

I, Neil Pincus, *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*

Neil Pincus
Typed or printed name of applicant

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -2 PM 2:13

STATE OF Florida

COUNTY OF Palm Beach

On this 21 day of May, 2004, Neil Pincus personally appeared before me,

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

(Seal)

MARIA SCHACHINGER
Notary Public - State of Florida
My Commission Expires Jan 31, 2005
Commission # CC997926

Maria Schachinger
Notary Public Signature

MARIA Schachinger
Notary's Printed Name

My Commission Expires: 1/31/05