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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

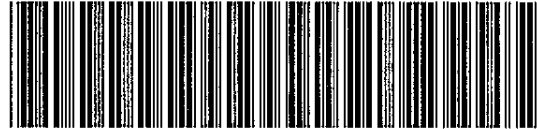
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

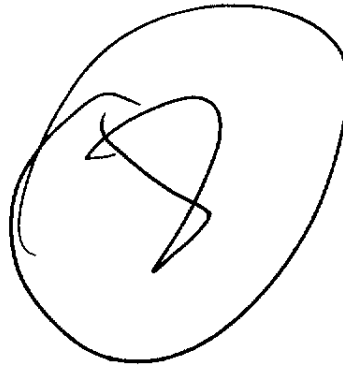
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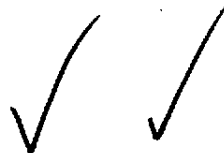
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -9 PM 2:29

~~W04-37720~~

T04-1555





FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 13, 2004

ERIC D. ISICOFF, ESQUIRE
1101 BRICKELL AVENUE, SUITE 800 SOUTH
MIAMI, FL 33024

SUBJECT: VEIN AND VASCULAR CENTER OF SOUTH FLORIDA
Ref. Number: W04000037720

We have received your document for VEIN AND VASCULAR CENTER OF SOUTH FLORIDA and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have reviewed your application and have determined that the information inserted in Part III is merely a tradename or fictitious name. Therefore, we are enclosing a Fictitious Name Registration Packet for you to complete and return to this office. The fee to register a fictitious name is \$50. If the check(s) submitted to cover the registration of your mark was retained in this office, please return the completed fictitious name application to the attention of the examiner indicated below so your money will be properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 004A00059059

ISICOFF, RAGATZ & KOENIGSBERG, P.A.

ATTORNEYS AT LAW

1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI, FLORIDA 33131
TEL: 305.373.3232
FAX: 305.373.3233
e-mail: schwartz@irlaw.com

November 10, 2004

Nanette Causseaux
Document Specialist Supervisor
Registration Section
Department of State
409 E. Gaines Street
Tallahassee, Florida 32399

VIA FEDEX

Re: Application of: Susan B. Fox
Mark: VEIN AND VASCULAR CENTER OF SOUTH FLORIDA
Class: 35

Dear Ms. Causseaux:

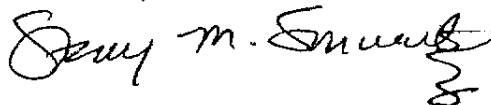
We are in receipt of your letter dated October 13, 2004, regarding the above referenced trademark application. This letter will answer some questions raised in your prior correspondence.

Your letter states that the trademark application was not filed because after reviewing the application, it was determined that the information inserted in Part III is merely a tradename or fictitious name. The name "VEIN AND VASCULAR CENTER OF SOUTH FLORIDA" is being used in connection with advertising and marketing of medical services. The applicant currently uses this mark to identify and distinguish the services of her company from those of her competitors. This mark is in use and identifies the applicant as the source of the services provided therewith.

We hope that this resolves any confusion regarding the trademark application filed with the State of Florida for this mark. Should you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

ISICOFF, RAGATZ & KOENIGSBERG, P.A.



Stacy M. Schwartz
For the Firm

Enclosures

G:\FOX\Corr\Gsp Fl Dept of State ltr wpd



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 19, 2004

ERIC D. ISICOFF, ESQUIRE
1101 BRICKELL AVENUE, SUITE 800 SOUTH
MIAMI, FL 33131

SUBJECT: VEIN AND VASCULAR CENTER OF SOUTH FLORIDA AND
DESIGN
Ref. Number: W04000037720

We have received your document for VEIN AND VASCULAR CENTER OF SOUTH FLORIDA AND DESIGN and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As discussed, please amend Part III of the application to include the design.

Please amend the disclaimer statement to include: "VEIN AND VASCULAR CENTER" and "SOUTH FLORIDA."

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 804A00066027

ISICOFF, RAGATZ & KOENIGSBERG, P.A.

ATTORNEYS AT LAW

1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI, FLORIDA 33131
TEL: 305.373.3232
FAX: 305.373.3233
e-mail: schwartz@irlaw.com

December 7, 2004

Brenda Tadlock
Senior Section Administrator
Registration Section
Department of State
409 E. Gaines Street
Tallahassee, Florida 32399

VIA FEDEX

Re: Application of: Susan B. Fox
Mark: Vein and Vascular Center of South Florida and Design
Ref. No.: W04000037720
Class: 42

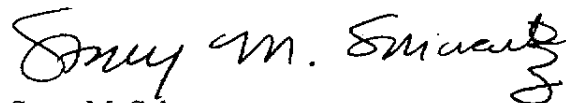
Dear Ms. Tadlock:

We are in receipt of your letter dated November 19, 2004, regarding the above referenced trademark application. Enclosed please find an amended trademark application with all the changes suggested in your letter.

Should you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

ISICOFF, RAGATZ & KOENIGSBERG, P.A.



Stacy M. Schwartz
For the Firm

Enclosures

G:\FOX\Corr\esp FI Dept of State ltr wpd

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:

Eric D. Isicoff, Esq.

1101 Brickell Avenue, Suite 800 South

Miami, Florida 33131

(305) 373-3232

Daytime Telephone number

PART I

1. (a) Applicant's name: Susan B. Fox

(b) Applicant's business address: 2261 North University Drive, Suite 200

Pembroke Pines, Florida 33024

(c) Applicant's telephone number: (954) 983-8346 City/State/Zip

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

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____

(3) Federal Employer Identification Number: _____

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.)
advertisement, brochures, letterhead, signage and any other mode or manner customary to the
trade used in connection with medical services

(Continued)

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

42

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: 06/01/2004 (b) Date first used in Florida: 06/01/2004

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.)

VEIN AND VASCULAR CENTER OF SOUTH FLORIDA and design. The design is a stylized human being.

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " VEIN AND VASCULAR CENTER" and "SOUTH FLORIDA " APART FROM THE MARK AS SHOWN.

I, 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

SUSAN B. FOX

Typed or printed name of applicant

[Signature]

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 DEC -9 PM 2:29

STATE OF Florida

COUNTY OF DADE

On this 28 day of September, 04, SUSAN B FOX personally appeared before me,

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

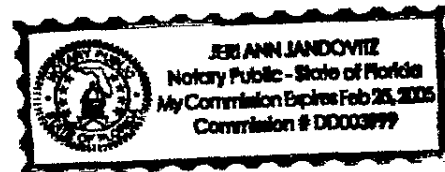
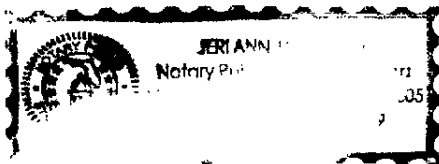
FDL F200 78270 3110

[Signature] Notary Public Signature Jeni A JANDOVITZ Notary's Printed Name

My Commission Expires: Feb 25 2005

FEE: \$87.50 per class

(Seal)





Vein and Vascular Center of South Florida
2261 N. University Drive, Suite 200
Pembroke Pines, FL 33024
www.vein and vascular.com

*Younger,
More
Beautiful
Legs*



The Treatment of Varicose
Veins and Spider Veins

