

T0400000/555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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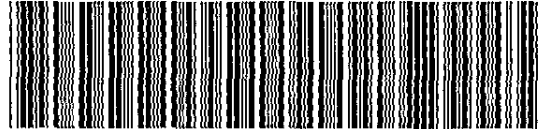
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T04-1555



Capellation TM

**ISICOFF, RAGATZ & KOENIGSBERG**

ATTORNEYS AT LAW

1200 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FLORIDA 33131  
TEL: 305.373.3232  
FAX: 305.373.3233  
e-mail: schwartz@irlaw.com

October 20, 2005

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

**VIA FEDEX**

T04-1555

**Re: Registration No.: T04000001555**  
**Registration Date: December 9, 2004**  
**Mark: VEIN AND VASCULAR CENTER OF SOUTH FLORIDA AND**  
**DESIGN OF STYLIZED HUMAN BEING**  
**Class: 35**

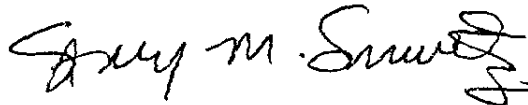
Dear Ms. Causseaux:

Pursuant to Section 495.101(2), *Florida Statutes*, Registrant, Susan B. Fox, requests that the Florida Department of State cancel **Registration No. T04000001555** for the mark "Vein and Vascular Center of South Florida and Design of Stylized Human Being."

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

Sincerely,

ISICOFF, RAGATZ & KOENIGSBERG



Stacy M. Schwartz  
For the Firm

cc: Susan B. Fox  
G:\FOX\Feldbaum\Corresp\Sms.FI Dept of State Cancellation.wpd



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 25, 2005

STACY M. SCHWARTZ, ESQUIRE  
ISICOFF RAGATZ & KOENIGSBERG  
1200 BRICKELL AVENUE, SUITE 1900  
MIAMI, FL 33131

SUBJECT: VEIN AND VASCULAR CENTER OF SOUTH FLORIDA AND  
DESIGN OF STYLIZED HUMAN BEING  
Ref. Number: T04000001555

The attached application for "VOLUTARY CANCELLATION" must be completed. It must be signed by "SUSAN B. FOX" and her signature notarized. The filing fee is \$35.00.

There is a balance due of \$35.00.

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: 605A00064417

**ISICOFF, RAGATZ & KOENIGSBERG**

ATTORNEYS AT LAW

1200 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FLORIDA 33131  
TEL: 305.373.3232  
FAX: 305.373.3233

e-mail: schwartz@irlaw.com

November 29, 2005

Nanette Causseaux  
Document Specialist Supervisor  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**VIA FEDEX**

**RE: Application of: Susan Fox Vein, P.A.  
Mark: Vein and Vascular Center of South Florida and Design of Stylized  
Human Being  
Ref. No.: T04000001555  
Date of Registration: December 9, 2004**

Dear Ms. Causseaux:

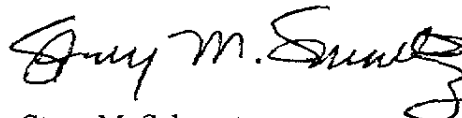
Enclosed please find the following items for filing with the Department of State:

1. Duly signed and notarized Application for the Cancellation of the above referenced mark;
2. A check in the amount of \$35.00 payable to the Department of State to cover the cost of the filing fee; and
3. A copy of your letter dated October 25, 2005.

Please feel free to contact this office if you have any questions or comments regarding the above.

Sincerely,

ISICOFF, RAGATZ & KOENIGSBERG



Stacy M. Schwartz  
For the Firm

Enclosures

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### APPLICATION FOR THE CANCELLATION OF A TRADE OR SERVICE MARK PURSUANT TO SECTION 495.101, FLORIDA STATUTES

Pursuant to the provisions of section 495.101, Florida Statutes, the undersigned hereby submits this application to cancel the following trademark and/or service mark registration on file with the Florida Department of State:

MARK TO BE CANCELLED: VEIN AND VASCULAR CENTER OF SOUTH FLORIDA AND DESIGN OF  
STYLIZED HUMAN BEING

REGISTRATION NUMBER: T04000001555

DATE OF REGISTRATION: 12/9/2004

I, SUSAN FOX, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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 FOX  
Typed or Printed Name of Owner


[Signature]  
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA  
COUNTY OF BROWARD

**FILED**  
05 DEC -6 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

On this 21 day of NOV, 2005  
personally appeared before me,

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

 Francine Varela  
My Commission DD258640  
Expires October 30, 2007

Francine Varela  
Notary Public's Signature  
FRANCINE VARECA  
Notary Public's Printed Name

FILING FEE: \$35  
CERTIFIED COPY: \$52.50 (Optional)  
CR1E077(5/96)