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~~005-33590~~

T05-1003





FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 13, 2005

MARK A. SMITH, D.C.  
1536 SE 14TH STREET  
CAPE CORAL, FL 33990

SUBJECT: DESIGN OF CIRCLE ENCOMPASSING "ICP&R"  
Ref. Number: W05000033590

*705-1003*

We have received your document for DESIGN OF CIRCLE ENCOMPASSING "ICP&R". 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. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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: 205A00046303

**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:

Mark A. Smith, D.C.

1536 SE 14th Street

Cape Coral, FL 33990

( 239 ) 772-3232

Daytime Telephone number

**PART I**

1. (a) Applicant's name: Island Coast Pain & Rehabilitation Associates, Inc.

(b) Applicant's business address: 1536 SE 14th Street

Cape Coral, FL 33990

City/State/Zip

(c) Applicant's telephone number: ( 239 ) 772-3232

Individual

Corporation

Joint Venture

Other: \_\_\_\_\_

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: P99000073111 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0942073

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.)

healthcare 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.)  
stationery, labels, newspaper advertisements, brochures, window and sign advertisements

(Continued)

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

Class 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: 10/01/1999 (b) Date first used in Florida: 10/01/1999

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.)  
A circle encompassing icp&r

English Translation n/a

2. DISCLAIMER (if applicable)

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

I, Mark A. Smith, D.C. 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

Mark A. Smith, D.C.

Typed or printed name of applicant

[Handwritten signature]

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

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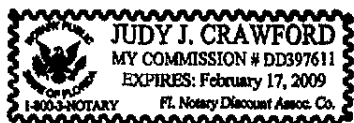
STATE OF Florida

COUNTY OF Lee

On this 27th day of April, 2005, Mark A. Smith, D.C. personally appeared before me,

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

(Seal)



[Handwritten signature]  
Notary Public Signature  
Judy J. Crawford

Notary's Printed Name

My Commission Expires: 02/17/2009

FEE: \$87.50 per class



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**772-3232**

1536 SE 14th Street (@ Del Prado Blvd.)



**island  
coast pain &  
rehabilitation associates, inc.**

**ERICA A. SEWELL, D.O.**

Medical Director

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Cape Coral, FL 33990  
(239) 772-3232

403-B Joan Avenue N  
Lehigh Acres, FL 33971  
(239) 369-1555

Fax (239) 458-3272 + [icpr-online.com](http://icpr-online.com)