

T06000000 454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

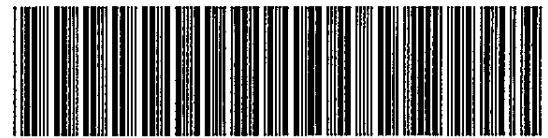
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
789/740/671
"Mobile X-RAY"

Office Use Only



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03/02/06--01US0--002 **\$1.50

T06-454
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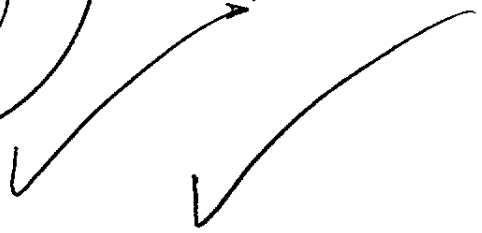
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 11 PM 1:09

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Mobile X-Ray

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Whitman

(Name of Person)

Allied Mobile X-Ray

(Firm/Company)

8360 west flagler st. suite # 207

(Address)

Miami, Florida 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Whitman

(Name of Person)

at (305) 220-0333

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

AARON WHITMAN
ALLIED MOBILE X-RAY
8360 WEST FLAGLER STREET, SUITE 207
MIAMI, FL 33144

SUBJECT: ALLIED MOBILE X-RAY AND DESIGN OF THE LETTERS "AMX"
WITH HORIZONTAL LINES RUNNING THROUGH AND EXTENDING TO THE
LEFT, UNDERSCORED BY THE WORDS "ALLIED MOBILE X-RAY"
Ref. Number: W06000010740

We have received your document for ALLIED MOBILE X-RAY AND DESIGN OF THE LETTERS "AMX" WITH HORIZONTAL LINES RUNNING THROUGH AND EXTENDING TO THE LEFT, UNDERSCORED BY THE WORDS "ALLIED MOBILE X-RAY" 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: "MOBILE X-RAY"

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: 106A00015383

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:

Allied Mobile X-Ray
8360 west Flagler st. suite # 207
Miami, Florida 33144
(305) 220-0333
Daytime Telephone number

PART I

1. (a) Applicant's name: Allied Mobile X-Ray, Inc.

(b) Applicant's business address: 8360 west Flagler st. suite # 207
Miami, Florida 33144
City/State/Zip

If different, Applicant's mailing address: _____
City/State/Zip

(c) Applicant's telephone number: (305) 220-0333
 Individual Corporation Joint Venture Other;
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration/document number: M42740 (2) Domicile State: Florida
(3) Federal Employer Identification Number: 59-2741893

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.)

Mobile, Portable health diagnostic 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 in brochures, business cards, trade publications, rolodex cards and miscellaneous promotional items, health documentation, company vehicles and employee uniforms.

(Continued)

d) The class(es) in which goods or services fall:
class 42 Miscellaneous (health services)

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 17, 1987 (b) Date first used in Florida: March 17, 1987

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.)
Allied Mobile X-Ray

Logo consists of the letters "AMX" with horizontal lines running through and extending to the left.
Underscored by the words "Allied Mobile X-Ray".

English Translation _____

2. DISCLAIMER (if applicable)

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

I, Aaron Whitman, 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

Allied Mobile X-Ray, Inc.

Typed or printed name of applicant

[Signature]
Applicant's Signature
(List name and title)

STATE OF Florida

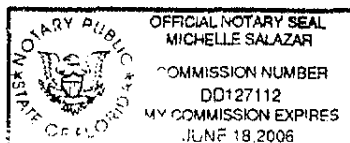
COUNTY OF dade

On this 17th day of March, 2006, Aaron whitman personally appeared before me,

who is personally known to me whose identity I proved on the basis of Florida Driver's License

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

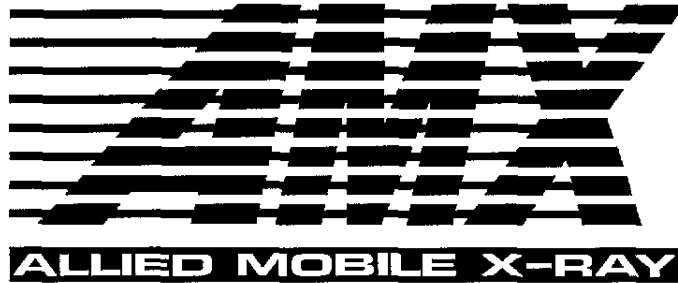
(Seal)



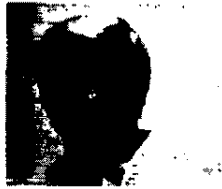
[Signature]
Notary Public Signature
MICHELLE SALAZAR
Notary's Printed Name

My Commission Expires: _____

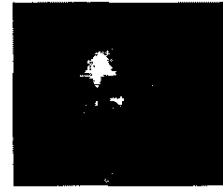
FEE: \$87.50 per class



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DION



AARON

As the owners of **Allied Mobile X-Ray**, we gladly extend our support for the Florida Health Care Association and the facilities that we serve. Providing the finest mobile diagnostic services possible has and will always be our mission. But more than that, we consider ourselves to be an *integrated component of each facility that receives our service*. That is why we have made it our business to understand your business, in every detail. Custom tailoring our services to the specific needs and requirements of each facility is a standard treatment at **Allied Mobile X-Ray**. We are always available to address your every need, personally, because when you need customer service, you will be talking to one of us, the owners.

X-RAY, EKG HOLTER & ULTRASOUND
- Member of the Florida Alliance of Portable X-ray Providers -

(305) 220-0333

Serving South Florida for 15 Years