

70600000461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

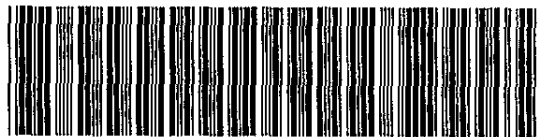
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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300068938683

03/30/06--01059--016 **87.50

W06-15603

corp listed
MD

SECRET
TALLAHASSEE, FLORIDA

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Special Instructions to Filing Officer:

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762/671 "Radiology Associates," "Gala"

"Mark to be used as a logo
or as words in conjunction
with its various partnerships"

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiology Associates of Ocala

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

Please return all correspondence concerning this matter to the following:

Mr. A. Duane Seabury, Administrator

Radiology Associates of Ocala, P.A.

PO Box 6200

Ocala, Florida 34478-6200

For further information concerning this matter, please call:

A. Duane Seabury, Administrator at (352) 671-4232

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

April 3, 2006

MR. A. DUANE SEABURY, ADMINISTRATOR
RADIOLOGY ASSOCIATES OF OCALA, P.A.
P.O. BOX 6200
OCALA, FL 34478-6200

SUBJECT: RADIOLOGY ASSOCIATES OF OCALA AND DESIGN OF THE
INITIALS "R, A, AND O" (PAGE ONE OF TWO)
Ref. Number: W06000015603

We have received your document for RADIOLOGY ASSOCIATES OF OCALA AND DESIGN OF THE INITIALS "R, A, AND O" (PAGE ONE OF TWO) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Class(es) (42) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (42).

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: "RADIOLOGY ASSOCIATES", "OCALA"

FURTHER INSTRUCTIONS CONTINUED ON PAGE TWO

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: 406A00022211



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2006

MR. A. DUANE SEABURY, ADMINISTRATOR
RADIOLOGY ASSOCIATES OF OCALA, P.A.
P.O. BOX 6200
OCALA, FL 34478-6200

SUBJECT: RADIOLOGY ASSOCIATES OF OCALA AND DESIGN OF THE
INITIALS "R, A, AND O" (PAGE TWO OF TWO)
Ref. Number: W06000015603

We have received your document for RADIOLOGY ASSOCIATES OF OCALA AND DESIGN OF THE INITIALS "R, A, AND O" (PAGE TWO OF TWO) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the mark includes a logo or design, a brief written description must be provided.

Part III of your application contains an informational statement. Informational statements are not registrable components. Please delete "MARK TO BE USED AS A LOGO OR AS WORDS IN CONJUNCTION WITH ITS VARIOUS PARTNERSHIPS" from Part III of the application.

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. 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: 706A00022211



**RADIOLOGY
ASSOCIATES**
OF OCALA, P.A.

*The Leader in Quality Medical
Imaging Since 1973*

P.O. Box 6200
Ocala, Florida 34478-6200
Telephone: 352-671-4300
Fax: 352-732-8010

■
Medical Imaging Center
1490 SE Magnolia Extension

Medical Imaging Center
at Windsor Oaks
(Located adjacent to the
Women's Imaging Center)
1901 SE 18th Avenue
Building 200A

Women's Imaging Center
1901 SE 18th Avenue
Building 200

TimberRidge Imaging Center
(Located inside the MRMC
Emergency Center)
9521 SW Highway 200

Center for Vascular Health
1901 SE 18th Avenue
Building 200A

■
Services

Open MRI • MRI
MR Angiography • CT (Cat Scan)
CT Angiography • Ultrasound
Pelvic Ultrasound • X-Ray
Digital Fluoroscopy
Nuclear Medicine Bone Scans
Nuclear Medicine Thyroid Scans
Mammography • Breast Ultrasound
DEXA (Osteoporosis Detection)
Breast Aspiration • Galactogram
Breast MRI • Breast Needle Localization
Ultrasound Guided Breast Biopsy
PET (Positron Emission Tomography)
Interventional and Neuroradiology
Vascular Screening
Arterial Segmental Pressure
Measurement
Varicose Vein Treatments

■
*All physicians are certified by the
American Board of Radiology.*

March 31, 2006

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

To Whom It May Concern:

Please find enclosed samples of the promotional material used in conjunction with our application for registration of the Radiology Associates of Ocala service mark. They were inadvertently left out of the original application and payment envelope.

Thank you for your assistance in this matter.

Sincerely,

A. Duane Seabury, MBA
Administrator
Radiology Associates of Ocala, P.A.

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:

Mr. Duane Seabury, Administrator
PO Box 6200
Ocala, Florida 34478-2770
(352) 671-4232

PART I

1. (a) Applicant's Name: Radiology Associates of Ocala

(b) Applicant's business address: PO Box 6200

Ocala, Florida 34478-6200

If different, Applicant's mailing address: _____

(c) Applicant's telephone number: (352) 671- 4232

Individual Corporation Joint Venture Other: _____

General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration/document number: 602079 (2) Domicile State: FL

(3) Federal Employer Identification Number: 59-1289802

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.)

Diagnostic Imaging Services - Including MRI, CT, X-Ray, Nuclear Medicine, Breast Imaging,
Vascular Imaging, Ultrasound, Fluoroscopy, DEXA, and Interventional studies performed at hospital
affiliations.

(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.)

N/A

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

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TALLAHASSEE, FLORIDA

brochures, etc.)

The service mark will be used on/in signage, brochures, promotional items, labels, business cards, letterhead, envelopes, newspaper advertisements, magazine advertisements, flyers, mailings, referral forms, internal paperwork, banners, display stands, as a logo, as words representative of a group of physicians, and in conjunction with any and all advertisement, marketing or public relations
Radiology Associates of Ocala, P.A. participates in.

(d) Class 42 Miscellaneous

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: May 7, 1970 (b) Date first used in Florida: May 7, 1970

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.)

Radiology Associates of Ocala, P.A. - Logo represents 3 letters; an R, A, and O. Mark to be used as
a logo

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

"Radiology Associates", "Ocala" " APART FROM THE MARK AS SHOWN.

I, Mark A. Yap, M.D., 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

Radiology Associates of Ocala

Typed or printed name of applicant

Mark A. Yap, M.D.

Managing Partner on behalf of Radiology Associates of Ocala

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TALLAHASSEE, FLORIDA

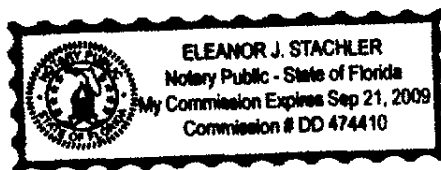
STATE OF Florida

COUNTY OF Marion

On this 11 day of April, 2006, MARK A. YAP personally appeared before me,

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

(Seal)



Eleanor J. Stachler
Notary Public Signature

ELEANOR J. STACHLER
Notary's Printed Name

My Commission Expires: Sept. 21, 2009

FEE: \$87.50 per class

Meet Our Team of Radiologists

Radiology Associates of Ocala, P.A. (RAO), is proud to offer a team of radiologists who specialize in the various fields of radiology, providing patients with quality medical imaging and patient care no other imaging center can offer in Marion County. With five affiliated offices for patient convenience; the Medical Imaging Center, Medical Imaging Center at Windsor Oaks, Women's Imaging Center, TimberRidge Imaging Center, and Center for Vascular Health offer a full range of technologically advanced outpatient imaging services accommodating patients of all ages. In addition, our radiologists are the exclusive providers for Munroe Regional Medical Center, Ocala Regional Medical Center, and West Marion Community Hospital.



Mark R.V. Willard, M.D.
*Diagnostic Radiology
Nuclear Medicine
Breast Imaging*



Fredric C. Wollett, M.D.
*Diagnostic Radiology
Breast Imaging*



Lance P. Trigg, M.D.
*Diagnostic Radiology
Breast Imaging
Vascular and
Interventional
Radiology**



John M. Cain, Jr., M.D.
Diagnostic Radiology



Mark A. Yap, M.D.
*Diagnostic Radiology
Vascular and
Interventional
Radiology**



Kerry B. Raduns, M.D.
*Diagnostic Radiology
Vascular and
Interventional
Radiology***



D. Mark Allen, M.D.
*Diagnostic Radiology
Nuclear Medicine
Magnetic Resonance
Imaging (MRI)*



Scott R. Kerns, M.D.
*Diagnostic Radiology
Vascular and
Interventional
Radiology***



David C. McKay, M.D.
*Diagnostic Radiology
Vascular and
Interventional
Radiology***



Rolando E. Prieto, M.D.
*Diagnostic Radiology
Vascular and
Interventional
Radiology***



Wendie K. Moore, M.D.
*Diagnostic Radiology
Musculoskeletal
Radiology**



Ralf R. Barckhausen, M.D.
*Diagnostic Radiology
Neuroradiology**



Caleb R. Rivera, M.D.
*Diagnostic Radiology
Vascular and
Interventional
Radiology**



Malcolm E. Williamson, M.D.
*Diagnostic Radiology
Neuroradiology**



Edson G. Cortes, M.D.
*Diagnostic Radiology
Musculoskeletal
Radiology**



John D. Boon, IV, M.D.
*Diagnostic Radiology
Musculoskeletal
Radiology**

* Board Certified in Vascular and Interventional Radiology
* Fellowship Trained



**RADIOLOGY
ASSOCIATES**
OF OCALA, P.A.

Medical Imaging Center-Magnolia Extension
1490 S.E. Magnolia Extension, Ocala, FL 34471

Medical Imaging Center at Windsor Oaks
1901 S.E. 18th Avenue, Bldg. 200A, Ocala, FL 34471

Women's Imaging Center
1901 S.E. 18th Avenue, Bldg. 200, Ocala, FL 34471

TimberRidge Imaging Center
(Located inside the MRMC Emergency Center)
9521 S.W. Highway 200, Ocala, FL 34481

Center for Vascular Health
1901 S.E. 18th Avenue, Bldg. 200A, Ocala, FL 34471

For more information, please call:

(352) 671-4300

www.raocala.com