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TALLAHASSEE, FLORIDA

BROAD AND CASSEL
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August 14, 2005

VIA EXPRESS MAIL

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

Attn: Karen Breyer

RE: **APPLICATION FOR THE RESERVATION OF A TRADEMARK FOR "BRIEF STRATEGIC FAMILY THERAPY (BSFT)"**

Dear Ms. Breyer:

Enclosed please find the following:

1. Application for the Registration of a Trademark for "BRIEF STRATEGIC FAMILY THERAPY (BSFT)" in Classes 41,16;

2. A check in the amount of $175.00 made payable to Florida Department of State representing payment of the applicable filing fees for the application; and

3. Duplicate of this cover letter and postage-paid return envelope.

Please confirm receipt of the enclosed documents by date stamping and returning the enclosed copy of this letter in the enclosed postage paid envelope. Please direct all communications concerning the enclosed applications to the undersigned.

Sincerely,

BROAD AND CASSEL

Gabrielle C. Bozza

Enclosures
GCB/md

FTL1\INTLPROP\196896.1
09999/9999

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:

Gabrielle C. Bozza, Esq.
100 S.E. Third Ave Suite 2700
Fort Lauderdale, FL 33394
(954) 745-5279
Daytime Telephone number

PART I

1. (a) Applicant's name: Olga E. Hervis, MSW, P.A. d/b/a Family Therapy Training Institute of Miami

(b) Applicant's business address: 2000 S. Dixie Highway, Suite 104
Miami, FL 33133
City/State/Zip

(c) Applicant's telephone number: (305) 859-2121

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,
(1) Florida registration number: F14404 ✓ (2) Domicile State: FL
(3) Federal Employer Identification Number: 592054883

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.)

counseling, therapy services and training/educational services related to therapy and counseling

(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.)

written materials, research, publications and literature related to counseling and training in the area of counseling

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

advertisements, brochures, printed materials

(Continued)

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

41, 16

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: 12/01/1981 (b) Date first used in Florida: 12/01/1981

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.)

Brief Strategic Family Therapy (BSFT)

English Translation

FILED
06 AUG 22 PM 12:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. DISCLAIMER (if applicable)

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

I, Gabrielle C. Bozza, *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*

Gabrielle C. Bozza
Typed or printed name of applicant

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

STATE OF Florida

COUNTY OF Broward

On this 9th day of August, 2006, Gabrielle C. Bozza personally appeared before me,

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

JENNYFER ARCIERO
MY COMMISSION # DD 359786
EXPIRES: October 4, 2008
Bonded Thru Notary Public Underwriters

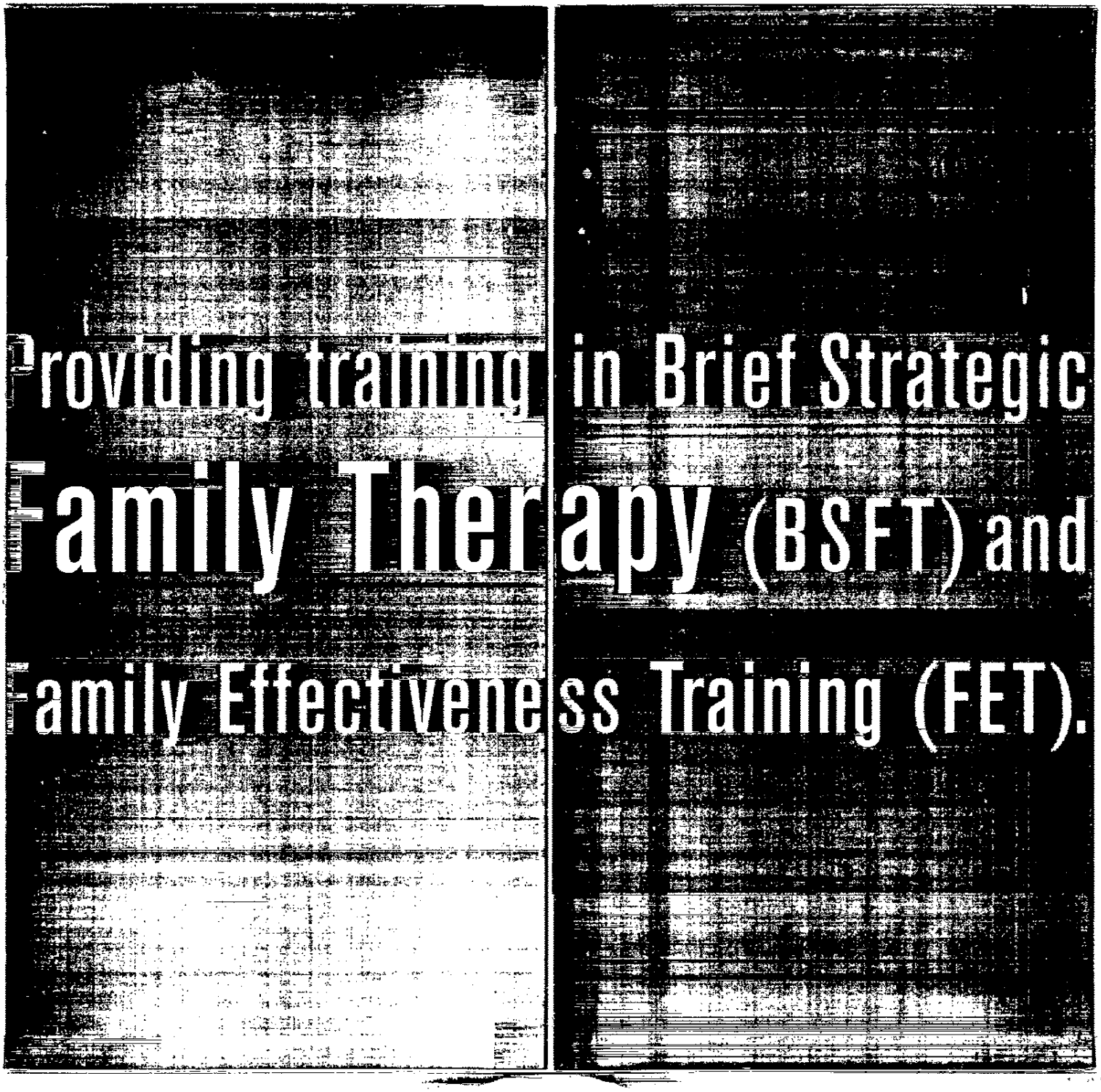
Jennyfer Arciero
Notary Public Signature

Jennifer Arciero
Notary's Printed Name

My Commission Expires: October 4, 2008

FEE: $87.50 per class

Specimen


Providing training in Brief Strategic
Family Therapy (BSFT) and
Family Effectiveness Training (FET).

National Institute on Drug Abuse

THERAPY MANUALS FOR DRUG ADDICTION

Manual 5

Brief Strategic Family Therapy for Adolescent Drug Abuse

U.S. Department of Health and Human Services
National Institutes of Health