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SECRETARY OF STATE
TALLAHASSEE FLORIDA

GASSMAN, BATES & ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES **†
KENNETH J. CROTTY ***

- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN
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- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL. M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829
GassmanBatesLawGroup.com

October 12, 2007

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

RE: M.G.S., L.L.C.

Dear Sir/Madam:

Attached for filing please find 2 Applications for the Registration of a Trademark or Service Mark.

Please also find attached 2 checks in the amounts of \$87.50 for applicable filing fees.

Please acknowledge receipt of this filing by returning a date-stamped copy of this letter in the enclosed, self-addressed stamped envelope.

If you should have any questions with respect to this matter, please do not hesitate to contact me.

Best personal regards,



Alan S. Gassman

ASG:rjs
Enclosures
SASE

cc: Christina Bertso (w/encls.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2007

ALAN S. GASSMAN, ESQUIRE
GASSMAN, BATES & ASSOCIATES, P.A.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

SUBJECT: CESAR A. LARA MD CENTER FOR WEIGHT MANAGEMENT &
SLOGAN "YOUR BEST MEDICINE FOR WEIGHT LOSS" AND DESIGN OF
TORSO

Ref. Number: W07000052222

We have received your document for CESAR A. LARA MD CENTER FOR WEIGHT MANAGEMENT & SLOGAN "YOUR BEST MEDICINE FOR WEIGHT LOSS" AND DESIGN OF TORSO 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: "MD," "CENTER," "WEIGHT MANAGEMENT," "WEIGHT LOSS"

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 007A00061989

GASSMAN, BATES & ASSOCIATES, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES **†
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CLEARWATER, FL 33756
PHONE: (727) 442-1200
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GassmanBatesLawGroup.com

November 1, 2007

Nanette Causseaux
Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: M.G.S., L.L.C.

Dear Ms. Causseaux:

Pursuant to the attached correspondence of October 22, 2007, we have updated the Applications for the Registration of a Trademark or Service Mark as requested and are returning these documents for filing.

As discussed in your correspondence, you are in receipt of our two checks in the amount of \$87.50 each for filing fees.

Please contact Tina Arvin of my office if you have any questions on the attached.

Best personal regards,



Alan S. Gassman

ASG:rjs
Enclosure

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

PART I

1. (a) Applicant's name: M.G.S., L.L.C.
(b) Applicant's business address: 1217 Ewing Avenue
Clearwater, FL 33756
City/State/Zip

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

(c) Applicant's telephone number: (_____) _____
 Individual Corporation Joint Venture Limited Liability Company
 General Partnership Limited Partnership Union Other: _____

If other than an individual,
(1) Florida registration/document number: L05000065916 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 203216915

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.)

Services relating to medical weight loss

(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 specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Signs, newspaper advertisements, brochures, business cards, labels and website

d) The class(es) in which goods or services fall:
44

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: 9/1/2007 (b) Date first used in Florida: 9/1/2007

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.)

"Cesar A. Lara MD center for weight management - your best medicine for weight loss" with picture of torso.

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "MD, Center, Weight Management, and Weight Loss" APART FROM THE MARK AS SHOWN.

I, Cesar Lara, MD

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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.

Cesar Lara, MD

Typed or printed name of applicant

Applicant's signature
(List name and title)

FILED
07 NOV - 7 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF FLORIDA

COUNTY OF PINELLAS

On this 1st day of OCTOBER 2007, CESAR LARA, MD personally appeared before me,

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

Notary Public Signature

CHRISTINA BERTSOS

Notary's Printed Name


(Seal)

CHRISTINA BERTSOS
Notary Public, State of Florida
My Comm. Expires July 18, 2009
No. DD452266

My Commission Expires: July 18, 2009

FEE: \$87.50 per class

CÉSAR A. LARA M.D.
CENTER FOR
WEIGHT MANAGEMENT



CesarLaraMD.com

727 787 LARA | 727-446-3021
2323 Curlew Road | 1217 Ewing Avenue
Dunedin, FL 34698 | Clearwater, FL 33756