

# T0800000028

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*2880*  
789/747 / 2927 /  
(44)  
762/6260

Office Use Only

Called tried to leave message cut me off 12/28/07 up  
Called 1/8/08 spoke w/joyce. she mark to be in "e-Telmed" up



400110692554

10/12/07--01037--027 \*\*175.00

*T08-28*  
*e-telmed ✓*  
*✓ corp list med*  
*Part III*  
*W07-51453*

FILED  
08 JAN -8 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*367A 000 61090*

N. CAUSSEAU

JAN 8 2008

EXAMINER


October 10, 2007

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

Re: Trademark/Service Mark Applications for  
e-TelMD, Inc. and e-TelMed, Inc.

Please forward all necessary correspondences to Joyce Bucierka, 5485 Wiles Rd.  
Suite 405, Coconut Creek, FL 32314. I may also be reached at 954-984-2929 or  
[Jbucierka@etelmed.com](mailto:Jbucierka@etelmed.com).

Regards,

  
Joyce Bucierka  
e-TelMed, Inc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** e-TelMD, Inc.

(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:

Lancelot James

(Name of Person)

e-TelMD, Inc.

(Firm/Company)

5485 Wiles Road, Suite 405

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Joyce Bucierka

(Name of Person)

at ( 954 ) 984-2929

(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

**(NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2007

LANCELOT JAMES  
E-TELMED, INC.  
4613 UNIVERSITY DRIVE, SUITE 415  
CORAL SPRINGS, FL 33067

SUBJECT: PART III INCOMPLETE (E-TELMED)  
Ref. Number: W07000051453

We have received your document for PART III INCOMPLETE (E-TELMED) and your check(s) totaling \$175.00. 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.

Class(es) (44) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (44).

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

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 attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

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

December 17, 2007

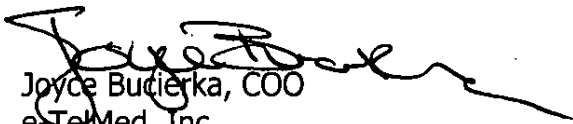
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Ref. Number W07000051453  
eTelMed, Inc.

Attached please find corrections to the above referenced application with attachments included.

Please do not hesitate to contact me either by telephone or electronic mail if you have any additional questions or if anything further is needed. I have also enclosed an application for TH Photography that was mistakenly send to us.

Kind Regards,



Joyce Bucierka, COO  
e-TelMed, Inc.  
954-984-2929  
Jbucierka@etelmed.com

**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: e-Telemed, inc.  
(b) Applicant's business address: 5485 Wiles Road, Suite 405  
Coconut Creek, FL 33073  
City/State/Zip

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

- (c) Applicant's telephone number: (954) 984-2929  
 Individual     Corporation     Joint Venture     Limited Liability Company  
 General Partnership     Limited Partnership     Union     Other: \_\_\_\_\_

If other than an individual,

- (1) Florida registration/document number: P07000067526    (2) Domicile State: Florida  
(3) Federal Employer Identification Number: 26-0316370

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.)

Telemedicine Clinical Services Provider Group

- (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.)

Branding, Advertising in brochures to potential clients, etc.

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

44

(Continued)

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: June 8, 2007 (b) Date first used in Florida: June 8, 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.)

E-TeImed

FILED  
JAN -8 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

English Translation \_\_\_\_\_

2. DISCLAIMER (if applicable)

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

I, Lance James, 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.

Lance James

Typed or printed name of applicant

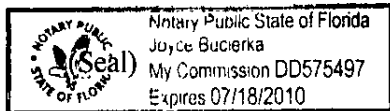
[Signature]  
Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Broward

On this 19th day of June, 2007, \_\_\_\_\_ personally appeared before me,

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



[Signature]  
Notary Public Signature  
Joyce Bucierka  
Notary's Printed Name

My Commission Expires: 07/18/2010

FILING FEE: \$87.50 per class

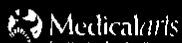
# -Telmed



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ur patients from anywhere with live video tele-consultation  
ogy that links you with your physician and pharmacy  
medical record keeping and 24hr access to patient profile

ultation call: 1.866.929.9196 or [info@etelmed.com](mailto:info@etelmed.com)



The Sankofa Group