

TO 8000000434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

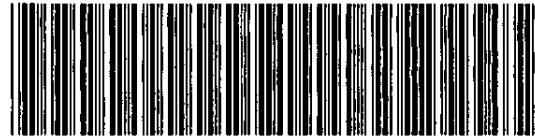
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700244076557

**Renewal
TOB-434**

700244076557
02/04/13--01065--012 **\$6.25 ✓

13 FEB -4 AM 10:30
STATE
TALLAHASSEE, FLORIDA

FILED

FEB -5 2013
N. CAUSSEAUX

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: High Definition Lasik and Design
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David P. Hathaway
(Name of Person)

Dean Mead
(Firm/Company)

800 N. Magnolia Ave., Suite 1500
(Address)

Orlando, Florida 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

David P. Hathaway at (407) 428-5124
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

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

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Filutowski Eye Institute, P.A.
1070 Greenwood Blvd.
Lake Mary, FL 32746

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

FILED
FEB -4 AM 10:30
TALLAHASSEE, FLORIDA

- 1) Mark Registered: High Definition Lasik and Design
2) Registration Number: T08000000434
3) Date Filed: 04/07/08 4.) Renewal Date: 04/07/13 5.) Class(es) Filed: 44

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use in Florida.

- 7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.
8) If applicant is a business entity, enter the state of incorporation/formation/organization: Florida

Konrad W. Filutowski, M.D.

Typed or Printed Name of Owner

Konrad W. Filutowski (M. D.)
Owner's Signature or Authorized Person's Signature

STATE OF Florida
COUNTY OF Seminole

Sworn to and subscribed before me on this 18 day of Jan, 2013, Konrad W. Filutowski, M.D.
(Name of Individual Signing)

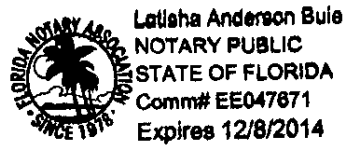
[X] who is personally known to me [] whose identity I proved on the basis of

(Seal)

Latisha Anderson Buie
Notary Public's Signature

Latisha Anderson Buie
Notary Public's Printed Name

Fee: \$87.50 Per Class
Certificate of Renewal : \$8.75 (Optional)
CR2E005 (1/11)





New Year-
New You!

CALL NOW!

SAVE \$5000

24MONTH NO INTEREST FINANCING if paid within the promotional period
for qualified patients, minimum monthly payments required.

HIGH DEFINITION
LASIKSM

Dr. Filutowski and Dr. Hampsey are two of Orlando/Daytona's most experienced LASIK surgeons, having performed more than 48,000 procedures.

FILUTOWSKI
CATARACT & LASIK
INSTITUTE
★ ★ ★ ★ ★
VISION FOR LIFE

We welcome new patients!

800.EYE.EXAM | FilutowskiEye.com

Orlando | Lake Mary | Daytona