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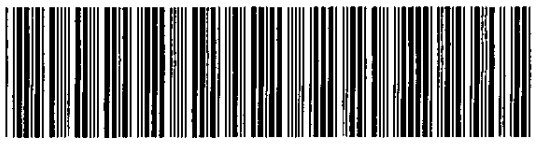

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W08-26527

FILED
08 JUN 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

JUN 16 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHM.D.
(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:

Stephen B. Sambol
(Name of Person)

Alvarez, Sambol, Winthrop & Madson, PA
(Firm/Company)

100 S. ORANGE AVE., SUITE 200
(Address)

Orlando, Florida 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen B. Sambol at (407) 210-2796
(Name of Person) (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.)

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A.

May 21, 2008

Jonathan L. Innes
Associate
jinnes@aswmpa.com

Registration Section
Florida Department of State/Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Private Health MD, P.A. (the "Company")
Our File No. 912.7629

Dear Sir or Madam:

Enclosed please find the following applications sent to your office for filing on behalf of the Company:

1. Application for Fictitious Name – PHM.D.
2. Application for the Registration of a Trademark and/or Service Mark.

The Company is applying for a trademark and service mark for classes 44, 41 and 10. Attached you will find at least six (6) samples of the Company's use of the mark including, but not limited to, business cards, envelopes, letterhead, and a picture of an outdoor advertisement.

We have also enclosed is the Company's check no. 287 in the amount of $312.50 sent as payment of the following applicable fees:

1. $50.00 Fictitious Name filing fee.
2. $87.50 Class 44 filing fee.
3. $87.50 Class 41 filing fee.
4. $87.50 Class 10 filing fee.

Thank you for your assistance with this matter. Please do not hesitate to contact our office if you have any questions or concerns regarding the enclosed.

Sincerely,

Jonathan L. Innes

JLI/kmn
Enclosure

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2008

STEPHEN B. SAMBOL, ESQUIRE
ALVAREZ, SAMBOL, ET AL.
100 S. ORANGE AVENUE, SUITE 200
ORLANDO, FL 32801

SUBJECT: PHM.D. M.D.
Ref. Number: W08000026527

We have received your document for PHM.D. M.D. and your check(s) totaling $312.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

You must list a more specific product in #2(b) in Part I of the application.

Because your mark falls under more than one class, you must submit three specimens for each class. Please provide three specimens for class(es) "10 AND 41".

We need three permanent specimens, **which may be the same or different.** TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please attach your specimens to a copy of this letter or to yourcorrected 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 three months from date of this letter.

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A.

June 12, 2008

Jonathan L. Innes
Associate
jinnes@aswmpa.com

Registration Section
Florida Department of State/Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
08 JUN 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: PHM.D. M.D.
Our File No. 912.7629

Dear Sir or Madam:

I am in receipt of your letter dated May 30, 2008 denying PHM.D. M.D.'s Application for the Registration of a Trademark or Service Mark (the "Application") for lack of information. Enclosed is your letter for your review.

Pursuant to your request, I have listed a more specific service in Part 1, Paragraph 2(a) of the Application. Please note that the request to be categorized under Class 10 has been removed, therefore, I have not completed the requested information in Part 1, Paragraph 2(b). Enclosed are the following specimens for categorization under Class 41:

1. Three (3) pamphlets;
2. Three (3) seminar notices; and
3. Three (3) educational materials.

Also enclosed are three (3) additional business cards and three (3) brochures as specimens for categorization under Class 44. Each specimen is in addition to the specimen previously sent to your office. I trust that this will allow you to complete the filing of the Application. If you have any questions or are in need of any further information, please do not hesitate to contact my office.

Sincerely,

Jonathan L. Innes

JLI/kmn
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

FILED
08 JUN 16 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: PRIVATE HEALTH MD, P.A.

(b) Owner's/Applicant's business address: 1850 GREENWICH AVE.

WINTER PARK FL 32789
City/State/Zip

If different, Owner's/Applicant's mailing address: _____

_____
City/State/Zip

(c) Owner's/Applicant's telephone number: (407) 645-2334

Check the appropriate box to indicate the Owner/Applicant is a(n):

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

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: P07000080392 ✓

(2) Domicile State or Country: FLORIDA, Orange County

(3) Federal Employer Identification Number: 26-0520626

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

~~Medical services and products, and Educational services~~ Medical services for general Internal Medicine, and Educational services, including, but not limited to, conducting seminars and sending pamphlets to the community regarding pertinent medical issues.

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

Letterhead, Business Cards, Envelopes, Postcards, Websites,

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is $87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

Class 44, Class 41, Class 10

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: 10/01/2007 (Website)

(b) Date first used in Florida: 10/01/2007

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

The letters "PHM.D." with "M.D" in superscript

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. DISCLAIMER STATEMENT (if applicable):
Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" M.D. _____ " APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, IVAN CASTRO, *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.*

Ivan Castro, President of PRIVATE HEALTH MD, P.A.
Typed or printed name of applicant

Applicant's signature
(List name and title)

FILED
08 JUN 16 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Orange

On this 15th day of May, 2008, Ivan J. Castro MD, personally appeared before me,

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

(Seal)

JENNIFER L. BLISH
Commission # DD 773138
My Commission Expires
March 27, 2012

Jennifer L Blish
Notary Public Signature

Jennifer L. Blish
Notary's Printed Name

My Commission Expires: March 27, 2012

FILING FEE: $87.50 per class

Class 41

PH[MD]

Dr. Ivan Castro
1850 Greenwich Ave
Winter Park, FL 32789
Ph 407-628-1081
FX 407-628-1806

SHINGLES

This is the first of my educational pieces. I hope to send these out periodically to further clarify pertinent topics of interest.

I receive numerous and frequent questions regarding the shingles vaccine and the disease. I have also seen several dramatic cases recently, which have encompassed all the information I will provide below.

Shingles is caused by a virus. It is called the Varicella-Zoster Virus (VZV). We are all familiar with chickenpox, which is the same virus. Even though many of us may not recall having had chickenpox, Americans ages 20 to 49 show a 95% to 99 % antibody evidence rate of previous VZV infection or exposure to chickenpox. Therefore one of the most common questions I hear is, "Can I get shingles if I have never had chickenpox?" The answer is yes; basically everyone over the age of 40 can get shingles.

Shingles (herpes zoster) occurs in about 30% of individuals over their lifetime. The incidence of shingles increases over the age of 50 and there are at least one million cases in the US every year. The VZV will lie dormant in a person's nerve root and become reactivated later in life. This reactivation is basically a shingles outbreak. The outbreak is almost always on just one side of the body and follows the distribution of the particular nerve affected. Before a rash can be seen, there is often skin sensitivity and/or pain. Shingles is difficult to diagnose until the rash becomes evident. Often only one day passes between the skin sensitivity and the rash. The skin outbreak is very characteristic and looks very similar to a poison ivy/poison oak rash. The involved area is red and with clear blisters. The blisters are usually scattered along the skin following the path of the nerve involved. Surprisingly, the degree of pain does not correlate with the severity of the rash. Is not really clear what triggers an outbreak of shingles and the theory of it occurring more commonly later in life may have to do with a decreasing immunity. Curiously, I have never read anywhere that an acute case of shingles is contagious, nor have I had a patient claiming to have gotten it from someone else. However, common sense causes me to advise people with an acute outbreak to avoid the immunocompromised and pregnant women.

As far as acute treatment is concerned, we have antiviral medications, such as Valtrex, Zovirax and Famvir that can be prescribed by an MD. These need to be administered within 72 hours of the appearance of the rash. Much like antibiotics for bacteria, these medications work by disrupting

replication of the virus. Beyond 72 hours, these medications have very little use. One of the benefits is in shortening the course of the shingles outbreak (which can last one to four weeks). The best reason to use these medications is to reduce the likelihood of postherpetic neuralgia (PHN). Postherpetic neuralgia is the most worrisome complication of a shingles outbreak. PHN consists of ongoing moderate to severe pain in the area of the rash, even beyond the resolution of the dermatitis. The most dreaded area for an outbreak of shingles is over the eye. This is not only because it is cosmetically unappealing, but it can produce extreme discomfort/pain and can actually cause damage of the eye and involved nerves. One long-term complication, as mentioned, includes postherpetic neuralgia, the pain of which can be extreme and result in debilitation and, ultimately, depression. Other complications include encephalitis (swelling of the brain and associated tissues), myelitis (swelling of the spinal cord), cranial nerve palsies (partial or complete paralysis of the nerves leading to the face), and peripheral nerve palsies (personally, I have never seen any of these). Repeated outbreaks of shingles are unlikely, but not impossible, mainly because it is thought that the first outbreak stimulates the immune system much like a vaccine. Logically, like with most diseases, it is best to try to prevent the problem in the first place. Hence, Zostavax, the shingles vaccine, was introduced.

The original VZV vaccine was developed to vaccinate children against chickenpox. The dose, however, was not strong enough to stimulate the adult immune system against shingles. In 2006 Zostavax was released after approval by the FDA. It contains twice as many plaque-forming units per dose as compared to the chickenpox vaccine and it is a live attenuated virus (weakened form of the original virus). It is approved for people older than 60 years, regardless of previous evidence of chickenpox. Over the age of 60, it appears to be about 50% effective in preventing shingles; however, we really need to look at a breakdown of the age groups involved. Between the ages of 60 to 69 the vaccine is 64% effective; in the 70 to 79 age group 41% effective; and lastly, in those over the age of 80, 18% effective. These are important figures as the vaccine at wholesale costs approximately $195, not to mention a markup by the people administering it, plus a possible additional nurse visit charge.

The side effects of the vaccine are few and include redness and swelling at the vaccine site as well as a shingles-like rash at the vaccination site. These rarely happen. A case of shingles, due to the vaccine, has not been reported, to my knowledge. Other factors that affect the risks to receiving the vaccine include pregnancy, active or untreated tuberculosis, and individuals with AIDS or receiving immunosuppressive therapy, including high doses or prolonged use of steroids or chemotherapy. At this time, a single vaccination is being recommended. There is not enough evidence yet to discern whether a repeat vaccination would be of additional benefit.

Another common question is whether or not health insurance covers the vaccination. The easiest answer is that it depends on your policy. For Medicare recipients, the vaccination is considered a Part D benefit, so only recipients who have enrolled for Part D benefits can consider coverage. Whether or not it is covered under your Part D benefits is policy-specific. This is also true for private pay health insurance, such as United Healthcare or Blue Cross Blue Shield. Individuals should consult their health benefits program to inquire about coverage as guidelines can differ among policies. The basic rule of thumb is that you will need to consider whether coverage is available through your health care plan or your prescription plan and inquire accordingly.

In conclusion, my recommendation would be to use the Zostavax for people aged of 60 to 80. If cost is not an issue, I would extend that recommendation beyond the age of 80 or in the case of someone who has already had an episode of shingles and wishes to try to prevent a repeat outbreak. Personally, over my 17 years of practice, I have seen many cases of shingles. Some have resulted in the dreaded post herpetic neuralgia with severe pain and depression and several severe cases involving the eye and surrounding area. Several have had damage to the eye nerves and one case was further complicated by a secondary bacterial cellulitis necessitating hospitalization. Almost all the cases I have seen of shingles with post herpetic neuralgia have resolved slowly, sometimes over several years, but not without some degree of suffering.

Ivan J. Castro, MD

Sources used: NEJM 352;22, June 2, 2005

NEJM 356;13, March 29, 2007

Product Approval Information – Licensing Action May 26, 2006