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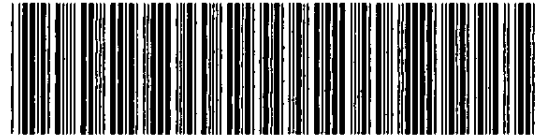
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TALLAHASSEE, FLORIDA

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M. THOMAS

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EXAMINER



Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

800 North Magnolia Avenue, Suite 1500
P.O. Box 2346 (ZIP 32802-2346)
Orlando, Florida 32803

407-841-1200
407-423-1831 Fax
www.deanmead.com

Attorneys and Counselors at Law

Orlando
Fort Pierce
Viera

CATHERINE T. JACZKANIN

407-428-5160
kjaczkanin@deanmead.com

August 28, 2008

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Central Florida Pulmonary Group, P.A.
Document No.: 544453

Dear Sir or Madam:

Enclosed are the original and one copy of an **Application for the Registration of a Trademark or Service Mark** for the above corporation, together with three original specimens of the logo, which we are submitting on behalf of our client, Central Florida Pulmonary Group, P.A. Also enclosed is our firm **check** in the amount of \$87.50 in payment of the filing fee.

Please send an acknowledgement of the filing to me at the above address.

Sincerely yours,

Catherine T. Jaczkanin,
Paralegal to Robert W. Mead, Jr.

/kj
Enclosures

cc: R. Milton Harris, Practice Administrator
without enclosures

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2008

DEAN MEAD EGERTON BLOODWORTH CAPOUANO & BOZARTH, P.A.
PO BOX 2346
ORLANDO, FL 32802-4346

SUBJECT: RECTANGULAR CHEST X-RAY OUTLINED IN GOLD, WITH
PULMONARY SYSTEM AND RED SKELETAL STRUCTURE
Ref. Number: W08000041123

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TALLAHASSEE, FLORIDA

We have received your document for RECTANGULAR CHEST X-RAY OUTLINED IN GOLD, WITH PULMONARY SYSTEM AND RED SKELETAL STRUCTURE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 208A00048699

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. 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: Central Florida Pulmonary Group, P.A.

(b) Owner's/Applicant's business address: 1109 East Ridgewood Street

Orlando, Florida 32803

City/State/Zip

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

City/State/Zip

(c) Owner's/Applicant's telephone number: (407) 841-1100

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: 544453

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-1760017

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

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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 advertising here:

Yellow page advertising, brochures, decals on marketing items, educational materials, business cards, letterhead, e-mail signatures

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for 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 - Medical Services

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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: _____

(b) Date first used in Florida: August 1, 1995

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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.)

Rectangular chest x-ray outlined in gold, with purple pulmonary system and red skeletal structure

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)" _____
" 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.

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SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, R. Milton Harris, 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.

Central Florida Pulmonary Group, P.A.
Typed or printed name of applicant

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

STATE OF FLORIDA

COUNTY OF ORANGE

On this 21st day of August, 2008, R. Milton Harris personally appeared before me,

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



(Seal)

[Signature]
Notary Public Signature
Suzanne M. McCain

Notary's Printed Name

My Commission Expires: 9-2-2011

FILING FEE: \$87.50 per class

kidney disease, nervous system disease, amputations, dental disease or complications of pregnancy.

A recent survey found that 39 percent of patients with diabetes do not examine their feet daily. Experts recommend that patients with diabetes perform a simple, visual check of their feet every day for cuts, bruises, sores or swelling, and practitioners are urged to examine their patients' feet during every office visit. In the U.S., an estimated 800,000 new cases of foot ulcers occur every year, and 86,000 diabetes patients undergo foot amputations.

Ulcers are the leading cause of lower extremity amputations. Foot problems caused by complications of diabetes include poor circulation, neuropathy and infection. According to the American Diabetes Association, up to one in four persons with diabetes who get a foot ulcer will eventually require a lower limb amputation and this percentage

goes up after an initial amputation.

That is why Parrish Medical Center's Diabetes Education Program works hand-in-hand with the Parrish Wound Healing Center, conveniently located on the medical center's campus in North Brevard County.

The Wound Healing Center offers thorough evaluations and comprehensive treatments.

Specialized assessments ensure that the right treatment plan is laid out:

- Transcutaneous oxygen monitoring (TcPO₂) determines the level of oxygenation available to the wound to promote healing.
- Doppler evaluation of pulses determines blood flow available to transport nutrients and medications to the wound.
- Vascular studies determine the status of your patient's veins and arteries in delivering and removing blood from the wound.

Patients receive comprehensive care using a variety of leading-edge techniques:

- Hyperbaric oxygen therapy (HBO), where patients breathe 100 percent oxygen at increased atmospheric pressures to increase the oxygen levels in body tissue to promote healing and fight infection.
- Wound dressings — wound care products are chosen based on each patient's needs. The proper dressing provides an optimal healing environment.
- Wound debridement is a minor surgical procedure that enhances the growth of healthy tissues in the wound by removing dead tissue.

WHEN TO REFER YOUR PATIENT TO THE PARRISH WOUND HEALING CENTER

Research has shown that correcting contributing factors, controlling infection and enhancing medical and nutritional status



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Our Physicians:

- | | |
|-----------------------------|-------------------------|
| Daniel Haim, M.D. | Daniel T. Layish, M.D. |
| Francisco J. Calimano, M.D. | Francisco J. Remy, M.D. |
| Ahmed Masood, M.D. | Aristo E. Rosado, M.D. |
| Syed I. Mobin, M.D. | |

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