

109000000865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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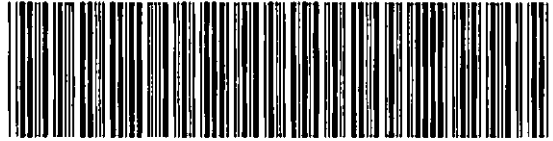
(Business Entity Name)

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04/08/19--01003--008 *\$67.50

FILED
19 APR -3 PM 12:39
SECURITY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR - 9 2019



Patent, Trademark & Copyright Law

"Since 1959"

Registered Patent Attorneys
Trial and Appellate Counsel
Website: malloylaw.com

Miami Office

2800 S.W. Third Avenue
Miami, Florida 33129
Telephone (305) 858-8000

Boca Raton Office

6751 N. Federal Hwy. Ste. 300
Boca Raton, Florida 33487
Telephone: (561) 243-1000

Jacksonville Office

10752 Deerwood Pk. Blvd. Ste. 100
Jacksonville, Florida 32256
Telephone: (904) 240-6000

April 1, 2019

Via First Class Mail

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

RECEIVED

APR 03 2019

Attn: Karen Sally

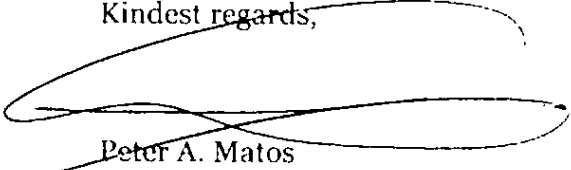
Re: Florida Trademark Renewal Application -
Mark: "VEIN & VASCULAR CENTER OF SOUTH FLORIDA" (AND DESIGN)
Reg. No: T09000000865
Filed: August 10, 2009
Our Ref.: 6043.8221.18

Dear Ms. Sally:

Enclosed please find a Trademark Renewal Application to be filed with the Secretary of State to keep the above-referenced trademark registration alive for an additional 5-year period.

Also enclosed is our check in the amount of \$87.50 to cover the appropriate filing fee.

Kindest regards,



Peter A. Matos

Partner

pmatos@malloylaw.com

Reply to: Miami Office

PM/vv
Attachment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VEIN & VASCULAR CENTER OF SOUTH FLORIDA & 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:

Peter A. Matos

(Name of Person)

Malloy & Malloy, P.L.

(Firm/Company)

2800 S.W. 3rd Avenue

(Address)

Miami, Florida 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter A. Matos

(Name of Person)

at (**305**) **858-8000**

(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:

DAVID M. FELDBAUM, MD, PA
2205 N. University Drive
Pembroke Pines, FL

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

19 APR -3 PM 12:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1) Mark Registered: VEIN & VASCULAR CENTER OF SOUTH FLORIDA & DESIGN
2) Registration Number: T09000000865
3) Date Filed: 08/10/2009 4.) Renewal Date: 08/10/2019 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: FL

DAVID M. FELDBAUM, MD

Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

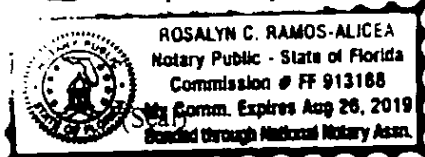
STATE OF Florida

COUNTY OF Broward

Sworn to and subscribed before me on this 20 day of March, 2019, David Feldbaum
(Name of Individual Signing)

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



Fee: \$87.50 Per Class

Certificate of Renewal : \$8.75 (Optional)

CR2E005 (1/11)

Notary Public's Signature

Notary Public's Printed Name

Phone: (954) 964-6684 | info@floridavascular.com



VEIN & VASCULAR CENTER
OF SOUTH FLORIDA

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Vein & Vascular Treatment and Surger

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Welcome to the Vein & Vascular Center of South Florida

We offer state-of-the-art management for all vascular disorders in vascular and endovascular surgery. Every member of the Vein & Vascular Center team is a dedicated professional committed to putting our patients first. We will work hard to ensure that you receive quality care in a professional environment.

Our Services

Find out about our vein center performing EVLT, TriVex and sclerotherapy.

[MORE INFO](#)

- Vein Center

- Vascular Surgery

- Interventional Services

- Vascular Laboratory

For Patients

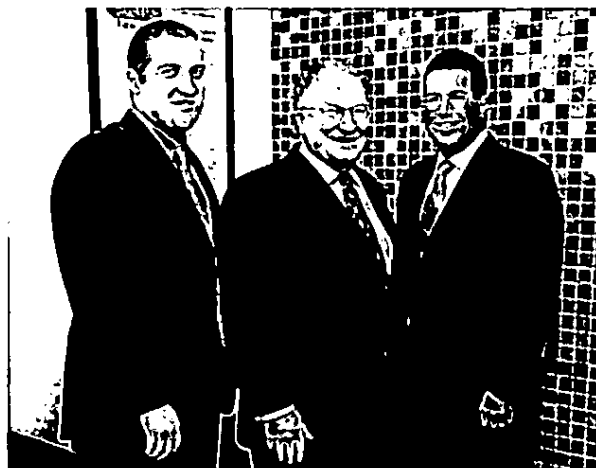
All the resources to make your visit with us pleasant and well prepared.

[MORE INFO](#)

For Physicians

Read about our expertise, how to refer your patients and current events or programs.

[MORE INFO](#)



Contact Us

Phone: (954) 964-6684
Email: info@FloridaVascular.com

Meet Our Physicians

Locations

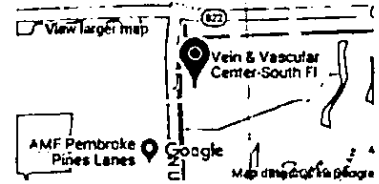
2205 N. University Drive
Pembroke Pines FL 33024

Hours of Operation:
Mon - Fri: 8:30AM - 5PM

David M. Feldbaum, MD, FACS
Rodrigo B. Fonseca, MD
Horacio H. Schlaen, MD, FACS



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