

T10052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TM/SM OWNER NAME CHANGE

T10052

N. CAUSSEAU

AUG 18 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_

Eye Care For You!  
(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Debby Kaplan  
(Contact Person)

Suncoast Eye Center, P.A.  
(Firm/Company)

14003 Lakeshore Blvd.  
(Address)

Hudson, FL 34667  
(City, State and Zip Code)

For further information concerning this matter, please call:

Debby Kaplan  
(Name of Contact Person)

at ( 727 ) 868-9442  
(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:



\$50 Filing Fee and Certificate of  
Registration (Free of Charge)



\$102.50 Filing Fee, Certified Copy,  
and Certificate of Registration (Free  
of Charge)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**CERTIFICATE OF CHANGE OF NAME  
OF THE REGISTRANT OR APPLICANT OF A  
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: Eye Care For You!
2. Registration Number: T10052
3. Date of Registration: 11/10/1988
4. a. Name of owner as it appears on the trademark/service mark registration:  
Suncoast Eye Center, Lawrence A. Seigel, M.D.,  
P.A.  
b. Address of owner as it appears on the trademark/service mark registration:  
14003 Lakeshore Blvd.  
Hudson, FL 34667
5. a. New name of owner:  
Suncoast Eye Center, P.A. #62810  
b. New mailing address, if applicable:  
Same -  
14003 Lakeshore Blvd.  
Hudson, FL 34667

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SIGNATURE:**

Owner's Signature: \_\_\_\_\_

Typed/Printed Name of Person Signing: \_\_\_\_\_

*Lawrence A. Seigel*  
Lawrence A. Seigel

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Florida  
Pasco

On this \_\_\_\_\_

4<sup>th</sup>

day of \_\_\_\_\_

August

, 20 \_\_\_\_\_

08

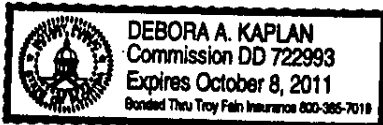
*Lawrence A. Seigel*

(Enter Name of Person Signing Above)

Personally appeared before me, ☒ who is personally known to me or ☐ whose identity I

proved on the basis of \_\_\_\_\_

(Seal)



*Debora A. Kaplan*

Notary Public's Signature

*Debora A. Kaplan*

Notary Public's Printed Name

My Commission Expires: \_\_\_\_\_

October 8, 2011

(Attach additional sheet if necessary)

Filing fee:

\$50.00

Certificate of Registration:

Issued Free of Charge

Certified Copy (optional):

\$52.50