710912

Requestor's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent RENEWAL Domestication Dissolution/Withdrawal

<u> </u>	Other
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	OTHER FILINGS
	Annual Report
	Fictitious Name

Name Reservation

REGISTRATION/ QUALIFICATION
 Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Merger

	3				
Name — Availability	110912				
Document Examiner	NJC				
Updater	NJC				
Updater Verifyer	NJC ;				
Acknowledgement NJC					
W. P. Verify	er NJC				

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State MARK RENEWAL APPLICATION

October 30, 1998

SUNCOAST EYE CENTER, LAWRENCE A. SEIGEL, (0777) 2 M.D., P.A., A FLA. CORP., 14003 LAKE SHORE BLVD., HUDSON, FL., 34667

Mark Registered: SUNCOAST EYE CENTER AND DESIGN OF GEOMETRIC SHAM PE A SOLID-FILLED IN CIRCLE WITH A SEMI-CIRULAR

Registration Number: T10912

Date Filed: 04/24/1989 Class(es): 2-0042

Renewal Date: 04/24/1999

Renewal Statement Pursuant to Chapter 495.071 (Below you must state the mark is still in use within the State of Florida or the reason for its nonuse.)

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The mark is still in	use within the State of Florida.			
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	the state of the s			
	·	SS	5 F	
If applicant is a corporation, e	enter state of incorporation:Florida	HO		
		7.0		
I, Lawrence A. Seigel	, being sworn, depose and say that I am the	SZ.	Ġ	
President	of the applicant harrin, and make this afficien	EE.		•
2 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of the applicant herein, and make this affida	ivit-and	1	
verification init's	behalf, and I have read	the at	nove and	
foregoing application and kn	ow the contents thereof and that the facts stated	herein	are true	
and correct.				
	Cungoogh Eve Control I A.	a . :		
	Suncoast Eye Center, Lawrence A. Name of business in which mark is file	Seig	el, M.D	P.A.
	value of basiless in which mark is the	u, n an	у	
Signed	Laurene & Ry			-
	Applicant, or authorized officer (give tit	le)	***	. _ *
Subscribed and awarn to hat	with the	-		
				m
OFFICIAL NOTARY SEAL	Allborn M. Kosla			
Debora A. Kaplan	Signature of Notary Public			4 5—
COMMISSION No. CC494339				
(NOTATY SHAISSION EXP. 10/08/1999	# . }			
My commission expires:	108 lag			

See reverse side for instructions.

CR2E005 (7-91)