

111000000340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

W11-1762

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

789 / 747 / 676 / 6618
35437 6260

Office Use Only



600190009046

111-340

01/10/11--01043--018 **87.50

Same AS
pending w/usp to
85130386, 85156989

FILED
SECTION 4
TALLAHASSEE, FLORIDA

11 APR 12 AM 11:55

01/10/11--01043--018 **87.50

N. CAUSSEAU

APR 12 2011

EXAMINER

COVER LETTER

111-340

TO: Registration Section
Division of Corporations

SUBJECT: IHOSPITAL

(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:

Joseph W. Staley; Clark A. D. Wilson

(Name of Person)

GARDNER GROFF GREENWALD & VILLANUEVA, P.C.

(Firm/Company)

2018 POWERS FERRY ROAD, SUITE 800

(Address)

ATLANTA, GEORGIA 30339

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph W. Staley

(Name of Person)

at (770) 984-2300

(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.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2011

JOSEPH W. STALEY & CLARK A.D. WILSON
GARDNER, GROFF, GREENWALD & VILLANUEVA P
2018 POWERS FERRY ROAD, SUITE 800
ATLANTA, GA 30339

SUBJECT: IHOSPITAL
Ref. Number: W11000001762

We have received your document for IHOSPITAL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) "35 & 37" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "35 & 37".

There is a balance due of \$87.50.

The description of the good(s) and/or service(s) listed in #2(a) and/or (b) in Part I of the application must be 25 words or less.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 311A00000947

ARTHUR A. GARDNER
BRADLEY K. GROFF
JOHN W. GREENWALD
LAWRENCE A. VILLANUEVA, Ph.D.

GARDNER GROFF

GARDNER GROFF GREENWALD & VILLANUEVA, PC

PATENT, TRADEMARK AND COPYRIGHT LAW AND RELATED MATTERS EXCLUSIVELY

MICHELLE E. KANDCER
JOSEPH W. STALEY

CLARK A.D. WILSON
ROBERT E. STACHLER II
BRETT BARTEL, M.S.

April 7, 2011

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via Federal Express
Tracking No.: 794622747685

Re: Florida State Trademark Application
Mark: IHOSPITAL
Our File No.: 3103.3-040
Your File No.: W11000001762

Dear Sirs:

In response to the letter requesting correction dated January 11, 2011, enclosed please find an amended application, a check for the requisite fee of \$87.50, the application as originally filed, and a copy of the letter from the Florida Department of State. This response is believed to be timely as it is filed within three months of the date of the letter. Please call me if there are any questions or concerns.

Very truly yours,



Clark A.D. Wilson
For the Firm

CAW:ecb
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

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.

FILED
11 APR 12 PM 11:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(a) Owner's/Applicant's name: IHOSPITAL, LLC

(b) Owner's/Applicant's business address: 4530 W. KENNEDY BLVD

TAMPA, FLORIDA 33609

City/State/Zip

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

City/State/Zip

(c) Owner's/Applicant's telephone number: (____) _____

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Union | <input type="checkbox"/> 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: L09000123299

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 271640891

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.)

Installation, maintenance, and repair of hardware and software related to electronics; retail and on-line
store services featuring accessories, warranties, installation, maintenance and repair

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:

newspaper & magazines (print ads), news (multiple stories on iHospital and expert segments), uniforms (embroidered on scrubs), radio (advertising and several mentions/testimonials by radio personalities), business cards, store signs, menu board, websites (advertising banners)

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:

Classes 35 and 37

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: 04/15/2010

(b) Date first used in Florida: 04/15/2010

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.)

IHOSPITAL

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.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Ross Newman, 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.

IHOSPITAL, LLC

Typed or printed name of applicant

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

STATE OF Georgia

COUNTY OF Fulton

Sworn to and subscribed before me on this 1st day of April 2011, ROSS Newman
(Name of Individual Signing)

☐ who is personally known to me

☒ whose identity I proved on the basis of Florida Drivers License

[Signature]
Notary Public Signature

LAUREN KING
Notary's Printed Name

My Commission Expires: _____

FILING FEE: \$87.50 per class

LAUREN KING
NOTARY PUBLIC
FULTON COUNTY, GEORGIA
MY COMMISSION EXPIRES JANUARY 6, 2013

OFFICIAL SPECIMEN

iHospital - Apple iPhone iPad iPod Mac Repair Tampa, FL - Windows Internet Explorer

http://theiphonhospital.com/about.html

File Edit View Favorites Tools Help

Snagit

iHospital - Apple iPhone iPad iPod Mac Repair Tampa, FL

iHospital

About Us Repairs Refurbishment Testimonials Contact Us Media Coverage Send us your Device

About Us

iHospital was founded by Dr. Ross Newman, D.D.* with one basic idea; provide a large range of repairs and services on Apple iDevices and Computers with exemplary knowledge and customer service in a one-stop-shop atmosphere. Rather than repairing every make and model of electronic devices, iHospital has trained all of it's iHospital Doctors to focus on one family of products, Apple. We have also ensured that all repairs are done Same Day, some are done in a matter of minutes. This concept has proven to be the most successful and rewarding experience for both our customers and the iHospital family. We go above and beyond when performing any service or repair by forming relationships with each and every one of our customers for life. iHospital uses only the highest quality of original OEM parts for all repairs backed with a One-year Warranty**. Hard drives are replaced with new, not refurbished, high-speed hard drives and RAM(Memory) is replaced with only the highest quality of new RAM. We are experts in Data Recovery and can transfer your data from a damaged or failing hard drive to a new hard drive or computer.

iHospital doesn't only repair devices but also upgrades these devices and offers a full range of accessories for them. Why should you have to buy a new computer or iDevice if it can be reconditioned or upgraded? The good news is that you don't. iHospital Doctors can upgrade most computers to the same specs newer computers are being sold with, sometimes even better.

* Doctor of iDevices



Our stores also carry a large selection of cases and accessories. We want to prevent you from breaking your device again so we have stocked some of the best cases available. Long lines and wait times are a thing of the past here at the iHospital!

** Most repairs are covered under the one-year warranty. However, some repairs are unable to be warranted such as water damage, external damage, software, batteries and headphone jacks. See our [legal page](#) for more info.

Hospital

4530 W. Kennedy Blvd
Tampa, Florida

(813) 841-7000

Monday thru Friday: 9am - 6pm
Saturday: 11am - 5pm Sunday: Closed

Copyright © 2010 The iHospital. About Us · Repairs · Refurbishment · Testimonials · Contact Us · Legal · Media Coverage · Send us your Device