

T11497

Requestor's Name	
Address	
City/State/Zip	Phone #

600002791266--0
-03/01/99--01152--006
*****96.25 *****96.25

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RENEWAL

Name	T11497
Availability	T11497
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials

Florida Department of State, Katherine Harris, Secretary of State
MARK RENEWAL APPLICATION

January 29, 1999

RICHARD MAYRON, M.D.,
5000 BLDG., SUITE 201,
210 JUPITER LAKES BLVD.,
JUPITER, FL., 33458

Mark Registered: MODERN TREATMENT WITH OLD FASHIONED CARE
Registration Number: T11497

Date Filed: 07/28/1989 Renewal Date: 07/28/1999
Class(es): 2-0035

FILED
99 MAR -1 PM 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

" THE MARK IS STILL IN USE WITHIN THE
STATE OF FLORIDA "

If applicant is a corporation, enter state of incorporation: _____

I, RICHARD MAYRON, M.D., being sworn, depose and say that I am the
OWNER of the applicant herein, and make this affidavit and

verification in _____ behalf, and I have read the above and foregoing application and know the contents thereof and that the facts stated herein are true and correct.

Name of business in which mark is filed, if any

Signed

Richard Mayron owner
Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 25th day of February, 19 99

Carol M. Haber
Signature of Notary Public

(Notary Seal)
My commission expires: _____



CAROL M. HABER
My Commission CC538235
Expires Mar. 07, 2000

3/7/2000

See reverse side for instructions.

CR2E005 (7-91)

FILED
99 MAR -1 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA