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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

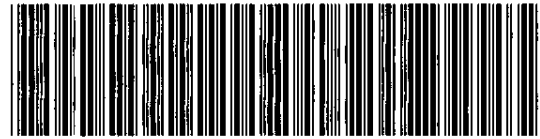
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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RENEWAL

111497

FILED  
09 MAR -5 AM 8:02  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

N. CAUSSEAU

MAR 11 2009

EXAMINER

Florida Department of State, Kurt S. Browning, Secretary of State  
MARK RENEWAL APPLICATION

January 30, 2009

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

FILED  
09 MAR -5 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1) Mark Registered: MODERN TREATMENT WITH OLD FASHIONED CARE
- 2) Registration Number: T11497
- 3) Date Filed: 07/28/1989 4) Renewal Date: 07/28/2009
- 5) Class(es): 2-0035

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

This mark is still in use within the state of Florida

If applicant is a corporation, enter state of incorporation: Florida D/A

I, Richard Mayron, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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.

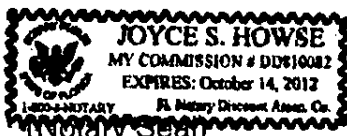
Richard Mayron

Typed or Printed Name of Owner

Signed

Richard Mayron  
Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 20 day of Feb, 2009.



Joyce S. Howse  
Signature of Notary Public

My commission expires: 10-14-2012

See reverse side for instructions.

CR2E005 (7-91)

# OFFICIAL SPECIMEN

TM/SM REG. # \_\_\_\_\_

ACCREDITED DERMATOLOGY CENTER  
*MODERN TREATMENT WITH OLD FASHIONED CARE*

**RICHARD MAYRON, M.D., P.A.**  
BOARD CERTIFIED DERMATOLOGIST  
DIPLOMATE, AMERICAN BOARD OF DERMATOLOGY

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(ACROSS FROM JUPITER HOSPITAL) (561) 743-1414