T12000000855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

W12-43744

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

855/6371/6584
Tx1 Home Care
2563/6260

Office Use Only

000238526500

T12-855

08/21/12--01006--008 **87.50

FILED
12 AUG 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX
AUG 31 2012
EXAMINER

Trenam Kemker
ATTORNEYS

Please reply to:
P O Box 1102
Tampa, FL 33601-1102
Direct Line: (813) 227-7431
hkattan@trenam.com

August 17, 2012

VIA FEDEX
798770330163

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

RE: BAYSHORE HOME CARE
Our File No. 03-4296

Dear Sir/Madam,

Enclosed please find an original and one copy of the service mark application for BAYSHORE HOME CARE, three specimens, and a check made payable to the Florida Department of State in the amount of $87.50.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Heather Schwarz Kattan

HSK/vls
Enclosures

cc: Client

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAYSHORE HOME CARE
(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:

Heather Schwarz Kattan, Esquire
(Name of Person)

Trenam Kemker
(Firm/Company)

101 E. Kennedy Boulevard, Suite 2700
(Address)

Tampa, Florida 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Schwarz Kattan, Esquire at (813) 223-7474
(Name of Person) (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

August 22, 2012

HEATHER SCHWARZ KATTAN, ESQUIRE
TRENAM KEMKER ATTORNEYS
P.O. BOX 1102
TAMPA, FL 33601-1102

SUBJECT: BAYSHORE HOME CARE
Ref. Number: W12000043744

We have received your document for BAYSHORE HOME CARE and your check(s) totaling $87.50. However, the document has not been filed and is being retained in this office for the following:

In lieu of returning your document, we have corrected the disclaimer statement on your document. We have inserted the term(s) "HOME CARE"in your disclaimer statement. A disclaimed term is still considered part of your mark. You simply do not claim the exclusive right to the use of the disclaimed term(s) apart from your mark.

Please notify this office in writing if you would like this office to proceed with your filing.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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) 245-6051.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 312A00021580

Trenam Kemker
ATTORNEYS

Please reply to:
P.O. Box 1102
Tampa, FL 33601-1102
Direct Line: (813) 227-7451
hkattan@trenam.com

August 30, 2012

FILED
12 AUG 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIA FACSIMILE
(850) 245-6030

Ms. Nanette Causseaux
Document Specialist Supervisor
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: BAYSHORE HOME CARE
Your Ref. Number: W12000043744

Dear Ms. Causseaux,

We hereby authorize you to add the disclaimer "HOME CARE" to the application per your letter dated August 22, 2012.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Heather Schwarz Kattan

HSK/vls

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

FILED
12 AUG 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(a) Owner's/Applicant's name: Bayshore Health & Homemaker Services, Inc.

(b) Owner's/Applicant's business address: 2430 West Bay Drive

Largo, Florida 33770
City/State/Zip

If different, Owner's/Applicant's mailing address: Post Office Box 1462

Largo, Florida 33779
City/State/Zip

(c) Owner's/Applicant's telephone number: (727) 586-0044

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

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ 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: J64706

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 592833315

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.)

Home health care services.

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:

The mark is being used on business cards, brochures, flyers, pamphlets, newspaper advertisements, on the Internet, and on the Applicant's website.

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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:

Class 44

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: _____

(b) Date first used in Florida: August 1, 2012

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.)

BAYSHORE HOME CARE

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)" Home Care " 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, Suzanne A. Johnson *, 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.*

Suzanne A. Johnson, Vice President
Typed or printed name of applicant

Suzanne A Johnson
Applicant's signature
(List name and title)

FILED
12 AUG 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Pinellas

On this 15th day of August, 2012, Suzanne A. Johnson personally appeared before me,

☑ who is personally known to me ☐ whose identity I proved on the basis of _____.

(Seal)

PAMELA J. ATKINSON
MY COMMISSION # EE 013686
EXPIRES: October 18, 2014
Bonded Thru Budget Notary Services

Pamela J. Atkinson
Notary Public Signature

Pamela J. Atkinson
Notary's Printed Name

My Commission Expires: Oct. 18, 2014

FILING FEE: $87.50 per class

Bayshore HOME CARE

The Atkinson family founded Bayshore Home Care in 1986 dedicated to providing reasonable and exceptional healthcare services in the home.

FRIENDLY.

- Maintaining family values
- Building caring relationships
- Bringing every aspect of healthcare home

RELIABLE.

- Licensed by the Agency for Health Care Administration in the State of Florida
- Members of both the Home Care Association of Florida and the National Association of Home Care

COMPASSIONATE.

- Meeting the daily needs of loved ones
- Providing peace of mind
- Available 24 hours a day, from as little as a single hour to full time care

✓ HOMEMAKER & COMPANION SERVICES
✓ HOME HEALTH AIDE SERVICES
✓ MEDICATION MANAGEMENT
✓ PATIENT ADVOCACY & CARE MANAGEMENT

WHAT WILL BAYSHORE DO FOR ME?

HOMEMAKER & COMPANION SERVICES

- Companionship
- Laundry & Light Housekeeping
- Transportation, Errands and Shopping
- Meal Preparation
- Pet Care

HOME HEALTH AIDE SERVICES

- Bathing Assistance
- Personal Care Assistance
- Respite Care

MEDICATION MANAGEMENT SERVICES

- Supervision
- Friendly Reminders
- Weekly Medication Setup by a Nurse
- Nurse Verifies Medications with Physicians

PATIENT ADVOCACY & CARE MANAGEMENT

- Medical Expertise
- Care Oversight
- Transition Management
- Maintain On-going Communication between Family, Health, Legal and Financial Representatives.

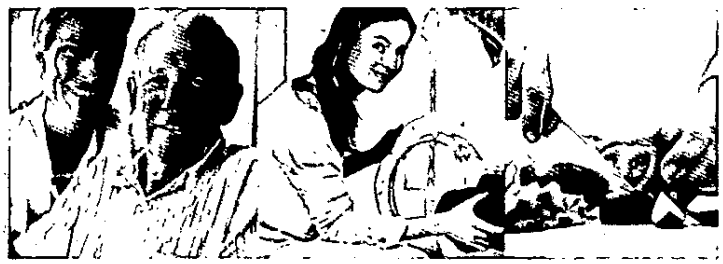
Preferred Office Locations:

☐ St. Petersburg
P 727.322.2366
License # HHA20174095

☐ Largo/Clearwater
P 727.586.0044
License # HHA20174095

☐ Hillsborough
P 813.207.0044
License # HHA299991613

☐ Pasco
P 727.939.0044
License # HHA299991207



Bayshore HOME CARE

Call 800.335.2150 *or visit us online at* bayshorehomecare.com

WHAT WILL BAYSHORE DO FOR ME?

HOMEMAKER & COMPANION SERVICES
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License # HHA20174095

☐ Hillsborough
P 813.207.0044
License # HHA299991613

☐ Pasco
P 727.939.0044
License # HHA299991207

Bayshore HOME CARE

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