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13 JAN 18 AM 10:30  
STATE  
TALLAHASSEE, FLORIDA

JAN 22 2013

N. CAUSSEAU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**       X      DOCTOR'S CHOICE WEIGHT LOSS        
(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:

      Sidney W. Kilgore, Esq.        
(Name of Person)

      Sidney W. Kilgore, P.A.        
(Firm/Company)

      Post Office Box 1074        
(Address)

      Clearwater, Florida 33857-1074        
(City/State and Zip Code)

For further information concerning this matter, please call:

      Sidney W. Kilgore, Esq.       at (       727       )       543-4376        
(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

July 9, 2012

SIDNEY W. KILGORE, ESQUIRE  
SIDNEY W. KILGORE, P.A.  
P.O. BOX 1074  
CLEARWATER, FL 33757-1074

SUBJECT: DOCTOR'S CHOICE WEIGHT LOSS  
Ref. Number: W12000036101

We have received your document for DOCTOR'S CHOICE WEIGHT LOSS 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) "WEIGHT LOSS" 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: 912A00018329

Sidney W. Kilgore  
Sidney W. Kilgore, P.A.  
Post Office Box 1074  
Clearwater, Florida 33757-1074  
Tel. 727.543.4376  
E-mail: [sidneywkilgorepa@gmail.com](mailto:sidneywkilgorepa@gmail.com)

RECEIVED  
13 JAN 22 AM 6:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 January 2013

*Via facsimile transmission only to 850.245.6030*

Ms. Nanette Causseaux  
Trademark Section  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Service Mark: "Doctor's Choice Weight Loss" – Ref. No.  
W12000036101  
Applicant: Doctor's Choice Weight Loss, LLC

Dear Ms. Causseaux:

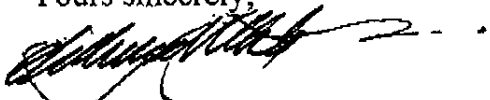
On 30 July 2012, I faxed you a letter, a copy of which is enclosed for your reference, agreeing to certain changes you had requested in various letters (Nos. 212A00018330, 912A00018325, and 912A00018329) on 9 July 2012 with respect to several trademark applications I had filed on behalf of my clients. In response, I received certificates for Trinity Urgent Care Ref. No. W12000036104, and for Trinity Urgent Care & Design of the Words within a Half Circle and with a Caduceus over the Second Letter "I" in "Trinity" next to three lines, Ref. No. W12000036088. I never did, however, receive a certificate for Doctor's Choice Weight Loss, Ref. No. W12000036101, although I indicated in my letter my agreement to disclaim the term "Weight Loss" as you had requested. I never received any further correspondence from you indicating that further action, information, or documentation would be required for registration or issuance of a trademark certificate.

Ms. Nanette Causseaux  
Trademark Section  
19 January 2013  
Page 2 of 2

In checking with the web site for the Florida Department of State, Division of Corporations, it appears that the mark for the word mark Doctor's Choice Weight Loss was never registered properly. I would ask that you kindly review your records and issue a certificate for the registration of this mark as soon as possible.

Should you have any questions or concerns, please feel free to contact me by telephone or e-mail. Thank you in advance for your assistance in resolving this issue.

Yours sincerely,



Sidney W. Kilgore

Enclosures: Letter Number 912A00018329  
Responsive letter to Nanette Causseaux dated 30 July 2013

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

FILED  
13 JAN 18 AM 10:30  
TALLAHASSEE, FLORIDA

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: Doctor's Choice Weight Loss, LLC

(b) Owner's/Applicant's business address: 10730 State Road 54 - Suite 104  
Trinity, Florida 34655  
City/State/Zip

If different, Owner's/Applicant's mailing address: -same as above-  
City/State/Zip

(c) Owner's/Applicant's telephone number: ( 727 ) 372-3888

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: L07000080521  
(2) Domicile State or Country: Florida  
(3) Federal Employer Identification Number: 611536136

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.)

Medically guided weight loss programs

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.)

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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:

Brochures, Business Cards

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**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:

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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

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**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: 23 October 2007

**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.)

DOCTOR'S CHOICE WEIGHT LOSS

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)" Weight Loss

\_\_\_\_\_"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, Peter Duic, 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.

Doctor's Choice Weight Loss, LLC

Typed or printed name of applicant

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

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me on this 18 day of JUNE 2012, PETER C. DUIC  
(Name of Individual Signing)

☐ who is personally known to me

☒ whose identity I proved on the basis of DL

D200-663-65-132-U



T- Lashtur  
Notary Public Signature

TANEA LASHTUR  
Notary's Printed Name

My Commission Expires: AUGUST 28, 2015

FILING FEE: \$87.50 per class

FILED  
13 JAN 18 AM 10:30  
TALLAHASSEE, FLORIDA

OFFICIAL SPECIMEN  
TM/SM REG.#

