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WB-25836

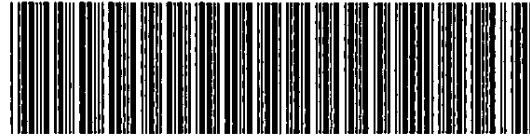
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T13-499

04/28/13--01002--007 **262.50

FILED
13 MAY 15 AM 11:30
CLERK OF COURT
STATE OF CONNECTICUT

MAY 15 2013

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTYWIDE CONCUSSION 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:

David K. Friedland

(Name of Person)

Friedland Vining, P.A.

(Firm/Company)

1500 San Remo Ave., Suite 200

(Address)

Coral Gables, Florida 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

David K. Friedland

305 777-1720

at ()

(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

May 2, 2013

DAVID K. FRIEDLAND, ESQUIRE
FRIEDLAND VINING, P.A.
1500 SAN REMO AVENUE, SUITE 200
CORAL GABLES, FL 33146

SUBJECT: COUNTYWIDE CONCUSSION CARE
Ref. Number: W13000025836

We have received your document for COUNTYWIDE CONCUSSION CARE and your check(s) totaling \$262.50. 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) "CONCUSSION" "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.

In lieu of returning your document, we have corrected your document to reflect the appropriate class(es). Your mark falls under class(es) "25 & 41".

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.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention 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



May 13, 2013

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

VIA FAX ONLY
(850) 245-6030

Re: State of Florida Trademark Application for **COUNTYWIDE CONCUSSION CARE**
Ref. No. W13000025836
Our File: 03011-8410

Dear Ms. Causseaux:

We write in response to your May 2, 2013 letter regarding the captioned trademark application. Per your earlier conversation with my office, please amend the application to reflect Classes 35, 41 and 44. In addition, we confirm the correction in the disclaimer statement in the application (i.e., disclaiming the terms "CONCUSSION" and "CARE").

Please let us know if you require any additional information.

Very truly yours,

FRIEDLAND VINING

By: David K. Friedland

RECEIVED
13 MAY 13 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1500 San Remo Ave. • Suite 200
Coral Gables • Florida • 33146
P 305.777.1720 • F 305.456.4922

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 MAY 15 AM 11:30
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: Countywide Concussion Care LLC

(b) Owner's/Applicant's business address: 4321 Santa Maria St.

Coral Gables, Florida 33146

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):

☐ 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: L13000010349 ✓

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: None

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.)

Promoting public awareness of sports safety and the prevention of sports injuries, the treatment of

concussions and other traumatic head injuries, and the need for the passage of sports concussion

legislation; Educational services, namely, conducting seminars and workshops in the field of

concussion diagnosis, treatment and management; Providing a website featuring information and research regarding cognitive sports injuries prevention and treatment. Page 1 of 4

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:

Website

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:

35, 41 and 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 2011

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.)

COUNTYWIDE CONCUSSION CARE

Provide the English translation of any and all terms listed #1 above, when applicable: N/A

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)"

Concussion, 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, Adam M. Goldstein, 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.

ADAM M. GOLDSTEIN

Typed or printed name of applicant

Adam M. Goldstein, member

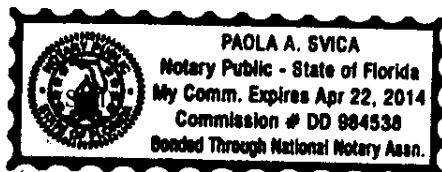
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Miami-Dade

Sworn to and subscribed before me on this 18th day of March, 2013, Adam M. Goldstein
(Name of Individual Signing)

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



Paola A. Svica

Notary Public Signature

PAOLA A. SVICA

Notary's Printed Name

My Commission Expires: April 22, 2014

FILING FEE: \$87.50 per class

FILED
13 MAY 15 AM 11:30
TALLAHASSEE, FLORIDA



COUNTYWIDE
CONCUSSION CARE

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- [Updates »](#)
- [Research](#)
- [About Us](#)
- [Contact Us](#)

About Us



Behind Miami Project President Marc Buoniconti, center, are from left, Claude Grubair, athletic director; Adam Goldstein, parent; Ellen Mocerri, head of Ransom; David Goldstein, student; Gillian Hotz, Ph.D., and Cheryl Goldstein, parent.

Thank you for visiting Countywide Concussion Care. My name is David Goldstein. I am a volunteer of the KiDZ Neuroscience Center at the Miami Project to Cure Paralysis. I am also a spokesperson for the Brain Injury Association of Florida's statewide Mind Your Brain Campaign to raise public awareness about concussions and to push for passage of the sports concussion legislation. I am dedicated to improving awareness and treatment of concussions.

I know first-hand the importance of concussion awareness and prevention, as well as making sure that people who have sustained a head injury get access to the right medical treatment as soon as possible.

I've played soccer practically my whole life. It's a big part of my life, and I can't imagine soccer not being part of my daily routine. But last year I thought I might not ever get to play soccer again. In January of 2010, I had a head-to-head collision with another soccer player going for a header during the district finals for my school team.

As a freshman, I did not expect to play in the district final, but our senior starting defender tore his ACL and,

I was put in the game against our school rival. The instant the collision happened, my hands went right to my head, and I knew that things weren't right. I was very concerned, as I had sustained two concussions in the previous three years playing soccer. However, I was playing in the biggest game of my life, and I kept playing until the end of the game.

What I realize now is that I shouldn't have kept playing.

After the game, my head was killing me. The next day, I had a practice for my club soccer team. I didn't feel well; I was having headaches and felt nauseated and exhausted. My parents thought I was getting sick before the school game and that I had overexerted myself at the school game because they didn't see the collision. But I felt that I really needed to practice with my club team, because my club coach would not accept that I was hurt in a school game. I scrimmaged for two hours against older players. After the scrimmage, I collapsed under the excruciating pain. I started thinking that maybe I had a concussion, but by then it was too late. It was a big mistake to play in the scrimmage.

My parents started taking me to different doctors and it was really discouraging because some of them told me I couldn't play soccer ever again while others said I just needed to wait until I felt better. My head hurt so badly that every day I had to sleep a couple periods at the nurse's office at school. My nausea lasted for three weeks, but my other symptoms such as the horrible headache, balance problems, sensitivity to light, sensitivity to sound, and fatigue persisted. I struggled to keep my grades up.

After several months of trying to find answers, I continued to experience relentless headaches. Eventually, someone suggested we try the University of Miami's and the Miami Project to Cure Paralysis Concussion Clinic. Dr. Gillian Hotz and Dr. Kester Nedd performed different tests on me than what the other doctors had done and found out that my inner ear had been affected from the injury and that's why my balance was off. Through UM's expertise on treating sports-related concussions, I eventually stopped having symptoms. They also introduced me to the ImPACT Test, a computer program that uses a baseline testing system to diagnose concussion.

The ImPACT Test is the only concussion test of its kind. All it requires is a qualified administrator (Dr. Hotz), software, a computer, a keyboard, and a mouse. It tests reflexes, memory, and mental speed by giving tests and grading the score. The ImPACT Test only takes twenty to thirty minutes. A baseline test is taken before the sports season starts, and another test is taken after a trauma to the head. The administrator then analyzes the information from these tests in order to properly protect the athlete. The test consists of several sections, for example in one in which either a blue square or a red circle is repeatedly flashed on the screen. If a blue square is shown, the test taker presses "p" on the keyboard, where as if a red circle is shown, the test taker presses "q" on the keyboard. This section simply but accurately tests reflexes, and shows how helpful the ImPACT test is in diagnosing concussions.

After being shown how beneficial the ImPACT could be, I wanted it to be brought to my school. I felt that my classmates should be protected from what happened to me. Dr. Hotz did a PowerPoint presentation for my school's athletic director, trainer, and some coaches, and everyone in the room was excited to bring ImPACT to Ransom Everglades School. In this meeting, the athletic director stated his desire for the school to donate money to a public school because of the public schools have large athletic programs but tight budgets.

This idea of providing education and ImPACT testing to public high schools snowballed into my project, Countywide Concussion Care. For the past several months I have been working to provide ImPACT Testing

and concussion education the public high schools of Miami Dade County.

I kicked off Countywide Concussion Care with an assembly at my school. Dr. Hotz agreed to come and teach the students about what a concussion is and the risks of concussion. Dr. Hotz is the head of the KiDZ Neuroscience Center at the Miami Project to Cure Paralysis, so she helped me get Marc Buonoconti, president of the Miami Project to Cure Paralysis and cover story subject for the August 24, 2009 edition of *Sports Illustrated*, to speak at the assembly about the importance of preventing neurological injuries. I told my story in front of my peers, announced my goal of raising \$20,000 dollars for the year in order to get the project going, and started a raffle fundraiser. At the end of this school fundraiser, I had raised \$8,000. I continued my efforts to raise money via solicitations.

My initial goal has become a reality. I have raised over \$35,000 aimed towards preventing the damage of concussions in high school athletics. I spoke in front of the PE teacher of the public schools of Miami Dade County and informed of my story and concussions. I spoke in front of the athletic directors and athletic trainers of Miami Dade County about my story in a meeting in which it was announced that the public schools would be IMPACT Tested for Spring Football of this school year and Boys Soccer, Girls Soccer, and Football next Fall. As the concussion prevention program continues to become an established entity, more and more sports will be able to be incorporated in the program. This is important because concussions can occur in any sport, such as volleyball and sailing. This year thousands of Florida high school athletes in a wide variety of sports have been IMPACT tested. Two thousand of those athletes were football players.

I also was a spokesperson for the effort to pass Youth Concussion Legislation that unanimously passed through both houses of the Florida Legislature this year. Over the past two years, I have visited Tallahassee and met with several State Senators and Representatives to promote the bill, telling them my story and the importance of concussion education and management. In September, Governor Rick Scott paid a visit to the Miami Project to Cure Paralysis to sign the bill into law.

Sen. Anitere Flores of Miami and Rep. Ronald Renuart of Ponte Vedra Beach sponsored the bill to protect young athletes (HB291, SB256). The Florida High School Athletic Association (FHSAA) is now required to adopt policies informing youth athletes and parents of the nature and risk of head injuries. Athletes also need a parental consent form before practicing or competing. Players sustaining a suspected head injury are immediately suspended from play until receiving clearance from a qualified medical professional. The Brain Injury Association of Florida, National Football League, FHSAA, and a statewide Sports Concussion Task Force of medical experts, athletic officials and health care providers supported the bill.

Today, I am a smarter player, I know how to reduce the risk, and I am not reckless. I wear a rugby helmet when I practice or play. I know the signs of concussion. I have the support of concussion specialists. But I learned the hard way and it didn't have to be that way. I had never had to suffer the way I did.

That's why I support the sports concussion legislation — because it is about education and trying to prevent serious or permanent brain damage by keeping an injured player from going back in the game too soon. I was one of the lucky ones. I am aware of other athletes that have not been so fortunate. Schools, coaches, parents and players should support this legislation because it can mean the difference between staying out for just a game or being out of play forever with problems that affect your overall quality of life.

Once again, thank you very much for visiting Countywide Concussion Care. If you wish to donate, which would be much appreciated, or if you have any questions please contact me. Thank you.