

T13 000000499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

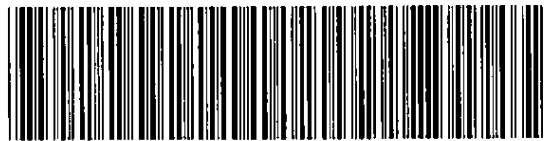
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/31/23--01003--031 **262.50

2023 APR - 7 PM 1:34

FILED
APR 7
2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTYWIDE CONCUSSION CARE

(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen 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.

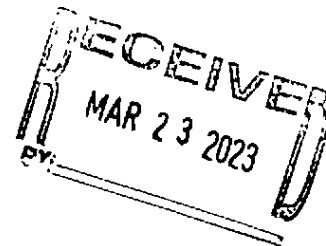
(Firm/Company)

6619 SOUTH DIXIE HIGHWAY #157

(Address)

MIAMI, FL 33143

(City/State and Zip Code)



For further information concerning this matter, please call:

DAVID K. FRIEDLAND 305 777-1725

(Name of Person) at () (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COUNTYWIDE CONCUSSION CARE LLC

4321 SANTA MARIA STREET

CORAL GABLES, FL 33146

1) Mark Registered: COUNTYWIDE CONCUSSION CARE

2) Registration Number: T13000000499

3) Date Filed: 05/15/2013 4.) Renewal Date: 05/15/2023 5.) Class(es) Filed: 35, 41, 44

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

MARK REMAINS IN USE IN FLORIDA

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: FLORIDA

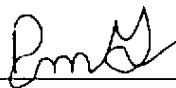
Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75

(Optional)

COUNTYWIDE CONCUSSION CARE LLC

Typed or Printed Name of Owner



Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

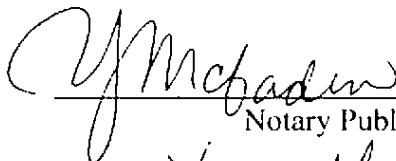
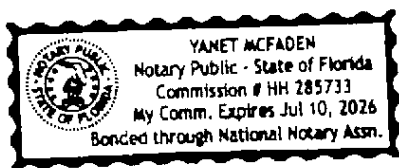
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 6 day of March, 2023 by (David M Goldstein).

numeric date

month

year

name of person making statement



Notary Public's Signature

Janet McFaden

Notary Public's Printed Name

Personally Known ☐ OR Produced Identification ☒ FL Driver License

Type of Identification Produced: _____



COUNTYWIDE CONCUSSION CARE





COUNTYWIDE
CONCUSSION CARE



Get in Touch. Get Involved.

We would love to support you in replicating our program in your hometown!

Please reach out if you have a passion for concussion management and want to put a system in place locally that is proven to benefit youth athletes!

Contact US

Name

Email Address

Message

15 • 3 •

SEND

