

T 1300000078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

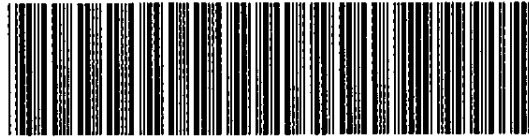
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Roseann GAN
AUTHORIZATION BY PHONE TO
SECRETARY disclaimer
DATE 8/6/13
100. EXAM

Office Use Only



600250216706

08/02/13--01025--014 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG - 2 PM 1:05

FILED

N. Ouligan AUG - 6 2013

LAW OFFICES OF BRIAN S. STEINBERGER, P.A.

Registered Patent Attorneys

101 Brevard Avenue Cocoa, Florida 32922
Phone (321) 633-5080 Fax (321) 633-9322
Email brianss@vol.com

Brian S. Steinberger (Member FL, PA Bars)*

Phyllis K. Wood (Member FL Bar)*

Frances L. Olmsted (Member NY Bar Only)* of Counsel

Dr. Yi Li, Registered Patent Agent

* Registered Patent Attorney

July 29, 2013

Via Certified Mail, Return Receipt Requested

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: FLORIDA STATE TRADEMARK APPLICATION
Trademark: Cocoa Chiropractic Center (Class 44)
Attorney Docket No.: PC-3184T.FL


To Whom It May Concern:

The enclosed trademark application, specimens and fee for one class of use are submitted for filing. The trademark is "Cocoa Chiropractic Center" in class 44.

A check in the amount of \$87.50 is enclosed. Also enclosed are specimens showing the mark "Cocoa Chiropractic Center" in use.

If there are any questions regarding this application, please contact the undersigned at (321) 633-5080.

Sincerely,


Brian S. Steinberger
BSS/ra
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cocoa Chiropractic Center
(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:

Brian S. Steinberger
(Name of Person)

Law Offices of Brian S. Steinberger, P.A.
(Firm/Company)

101 Brevard Avenue
(Address)

Cocoa, FL 32922
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Steinberger at (321) 633-5080
(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.)

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

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: Dr. Paul Lombardi

(b) Owner's/Applicant's business address: 111 North Fiske Blvd.

Cocoa, Florida 32922

City/State/Zip

If different, Owner's/Applicant's mailing address: _____

City/State/Zip

(c) Owner's/Applicant's telephone number: 321, 636-6090

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

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Union | <input type="checkbox"/> 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: _____

(2) Domicile State or Country: _____

(3) Federal Employer Identification Number: _____

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.)

Medical services for human beings which usually involves manipulation of the spinal column and other body structures; massage, customized stretches and exercises; class IV laser therapy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG -2 PM 1:05

FILED

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:

Yellow page ads; business cards; brochures; website; signage

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:

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: January 28, 1999
- (b) Date first used in Florida: January 28, 1999

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.)

Cocoa Chiropractic Center

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) Chiropractic Center

"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:

Dr. Paul Lombardi, individual

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.

Dr. Paul Lombardi

Typed or printed name of applicant

Dr. Paul Lombardi

Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Brevard

Sworn to and subscribed before me on this 27 day of July, 2013 Dr. Paul Lombardi

(Name of Individual Signing)

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

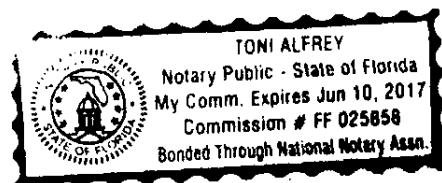
(Seal)

Toni Alfrey
Notary Public Signature

Notary's Printed Name

My Commission Expires: Jun 10, 2017

FILING FEE: \$87.50 per class



FILED
2013 AUG -2 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T13000000778

COCOA CHIROPRACTIC CENTER

Experience You Can Trust

DR. PAUL M. LOMBARDI
Chiropractic Orthopedist

PROVIDING QUALITY CARE

Auto Accidents • Workers' Comp.
Impairment & Disability Evaluations • Neck & Back Problems
Headaches • Musculoskeletal Disorders • Class 4 Laser Treatments

MOST INSURANCE ACCEPTED

Florida Chiropractic Association - Past Director
Brevard County Chiropractic Society - Past President
111 NORTH FISKE BLVD., COCOA, FL 32922

636-6090

www.cocochiropractic.com
Same Location For 31 Years

UNITED healthcare
PILLSbury
ALLIANCE
Cigna
Aetna
HUMANA
Acuity
InTouch