

T14000000129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

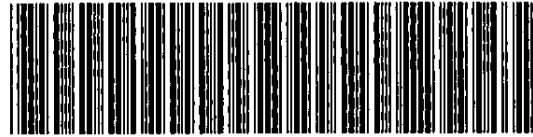
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T14-129

01/21/14--01046--008 **262.50

FILED
14 FEB -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PIC

FEB -5 2014

N. CAUSSEUX

COVER LETTER

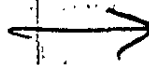
TO: Registration Section
Division of Corporations

SUBJECT: ~~Shino Sculpt~~ Frax-Sculpt

(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:



Richard Goren
8018 Valhalla Drive
Delray Beach, FL 33446

(Name of Person)

(Firm/Company)

Shino Bay Cosmetic Dermatology
& Laser Institute

(Address)

~~350 G. Lee Blvd Ste 110~~
~~Fort Lauderdale, FL 33301~~

(City/State and Zip Code)

For further information concerning this matter, please call:

Rich Goren

(Name of Person)

at

954 849 0662

(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

January 22, 2014

RICHARD GOREN
SHINO BAY COSMETIC DERMATOLOGY & LASER
8018 VALHALLA DRIVE
DELRAY BEACH, FL 33446

SUBJECT: STEM-SCALP, FRAX-SCULPT & STEM-SCULPT
Ref. Number: W14000004421

We have received your document for STEM-SCALP, FRAX-SCULPT & STEM-SCULPT and your check(s) totaling \$262.50. However, the document has not been filed and is being retained in this office for the following:

According to our records, the exact legal name of the owner/applicant is "SHINO BAY COSMETIC DERMATOLOGY & LASER INSTITUTE LLC". In lieu of returning your document, we have amended the owner's/applicant's name listed in #1(a) in Part I of the application to match our records.

In lieu of returning your document, we have corrected your document to reflect the appropriate class(es). Your mark falls under class(es) "44".

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.

These corrections must be made on all three applications.

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
Regulatory Specialist II Supervisor

Letter Number: 514A00001500

RECEIVED

14 FEB -4 AM 10:02



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2014

RICHARD GOREN
SHINO BAY COSMETIC DERMATOLOGY & LASER
8018 VALHALLA DRIVE
DELRAY BEACH, FL 33446

SUBJECT: STEM-SCALP, FRAX-SCULPT & STEM-SCULPT
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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 514A00001500

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

*Hello Nanette,
yes, this is all
okay. Sorry for
the errors. Here
is my approval
to make
all 3 corrections
✓
Richard Goren*

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB -5 AM 9:30
FILED

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: Shino Bay Cosmetic Dermatology & Laser Institute LLC
 (b) Owner's/Applicant's business address: Shino Bay Cosmetic Dermatology & Laser Institute

If different, Owner's/Applicant's mailing address: 350 E. Las Olas Blvd. Ste 110 Fort Lauderdale, FL 33301

(c) Owner's/Applicant's telephone number: (561) 849-0600

Richard Goren
8018 Valhalla Drive
Delray Beach, FL 33446

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

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input checked="" 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: FL
 (3) Federal Employer Identification Number: 20-2978191

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.)

Plastic Surgeries, Laser Assisted plastic surgeries
Laser scar prevention, Cosmetic laser treatment
Dermal fillers, BOTOX, Skin care sales
Evaluations & Surgery

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: ~~1/3/13~~

(b) Date first used in Florida: ~~1/3/13~~ 1/3/14

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.)

"Frax-Sculpt"

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) _____
"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, _____, 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.

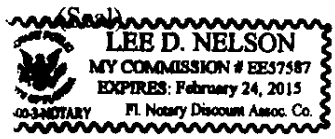
[Handwritten Signature]
Richard Goren
Typed or printed name of applicant
CEO
Applicant's signature
(List name and title)

STATE OF Florida
COUNTY OF Broward

On this 13 day of January, 2014, Richard Goren personally appeared before me,

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

[Handwritten Signature]
Notary Public Signature
Lee D. Nelson
Notary's Printed Name



My Commission Expires: 2/24/2015

FILING FEE: \$87.50 per class

OFFICIAL SPECIMEN

From: **Rich Goren** richgoren350@me.com
 Subject:
 Date: January 9, 2014 at 10:56 AM
 To:

OFFICIAL SPECIMEN

WE ARE THE #1 IN VOLUME OFFICE FOR SCULPTRA® AESTHETIC TREATMENTS IN THE ENTIRE UNITED STATES!



FROM COMPLETELY NON-SURGICAL TO PLASTIC SURGERY, SHINO BAY OFFERS YOU

AWARD-WINNING RESULTS.

"Shino Bay does it right! I love the doctors and staff here. This place is gorgeous. They always are happy and I enjoy coming here. All of my treatments have had excellent outcomes. I couldn't be happier!"

- James B.
Boca Raton FL

OUR PATIENT BEFORE TREATMENT



ASK ABOUT OUR **HOLIDAY SPECIALS**
CALL FOR DETAILS

New procedures!
Stem-Scalp
Stem-Scalp
Fraz-Sculpt

ASK OUR NAIL AND TANNING COSMETIC EXPERTS

WE'VE TRIPLED OUR PREMIER SPACE TO INCREASE YOUR LUXURY & COMFORT

Dr. Shino Bay Aguilera A world-renowned Cosmetic Dermatologist and #1 in volume in Sculptra® Aesthetic treatments in the entire United States, and his stellar staff of experts, including 2 plastic surgeons, make an outstanding team offering you the latest, most effective techniques with over 50 of the latest premier, constantly-upgraded, lasers and cosmetic technologies for your optimal results. He is dual board certified with a fellowship in Dermatology from the American College of Obstetrician/Gynecology and has



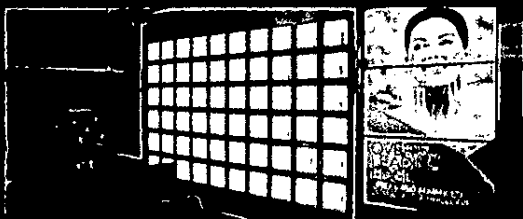
Dr. Shino Bay Aguilera
Board Certified Plastic Surgeon

over 17 years of on-going advanced training in Cosmetic Lasers and Aesthetic Medicine. He and his team are master artists at achieving your most natural looking enhancements



FOR A LIMITED TIME
50% NeoGraft OFF! Hair Transplants
Painless, Scalpless & Undetectable

We are also a leading-edge research center for aesthetic lasers, new dermal fillers, as well as the most advanced age-reversing and cosmetic enhancing therapies. Dr. Aguilera is also the top requested keynote speaker and trainer for Sculptra® Aesthetic for one of the world's leading laser manufacturers. With years of award-winning, world-class cosmetic enhancements, Dr. Aguilera and his team of highly-trained experts offer you a myriad of the world's best, optimally effective cosmetic solutions. From completely non-invasive or minimally-invasive to cosmetic surgery procedures, whatever you choose, all will inspire confidence and we are here to educate you on all of your treatment options, so you can choose your ideal treatment plan.



SHINO BAY
Dermatology
Plastic Surgery
& Tanning

CALL TODAY

TO SCHEDULE YOUR COMPLIMENTARY NON-SURGICAL CONSULTATION

954.765.3005

GROUND FLOOR, 145 OASIS BLVD., FT. LAUDERDALE