T14000000630

(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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04/10/24--01019--007 **87.50

FILED
2024 APR 10 PM 1:48
TALLAHASSEE, FLORIDA

K. SALY

APR 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVA PHARMACY
(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:

Scott D. Smiley
(Name of Person)

The Concept Law Group, P.A.
(Firm/Company)

6400 N. Andrews Ave. Suite #500
(Address)

Fort Lauderdale, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott D. Smiley at (754) 300-1500
(Name of Person) (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.)

CR2E005 (1/20)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

NOVA PHARMACY CORP.

950 1ST ST STE 103, Winter Haven FL 33880

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

1) Mark Registered: NOVA PHARMACY

FILED
2024 APR 10 PM 1:10
TALLAHASSEE, FLORIDA

2) Registration Number: T14000000630

3) Date Filed: 06/12/2014 4.) Renewal Date: 6/12/2024 5.) Class(es) Filed: 035

6) Renewal statement pursuant to section 495.071, Florida Statues. 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.

The mark is still 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)

NOVA PHARMACY CORP.
Typed or Printed Name of Owner

Scott Smiley ATTY. in fact
Owner's Signature ~~or Authorized~~ Person's Signature

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this (numeric date) this 8 (numeric date) day of April (month), 2024 (year), by (Scott D. Smiley (name of person making statement)).

Notary Public State of Florida
Zoraya M. Reynoso
My Commission
HH 218405
Exp. 1/20/2026

Zoraya M. Reynoso
Notary Public's Signature

Zoraya M Reynoso
Notary Public's Printed Name

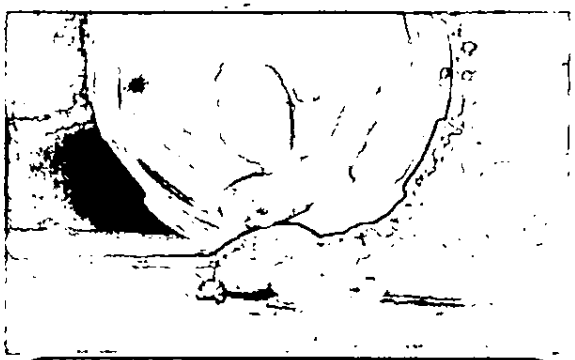
Personally Known ☑ OR Produced Identification ☐ _____

Type of Identification Produced: _____

CR2E005 (1/20)

ABOUT US

Our on-site pharmacy allow us to work in direct contact with your healthcare provider in order to properly care for all your prescription needs and concerns.



ONCE YOU LEAVE YOUR DOCTOR'S OFFICE

* MAKE SURE YOUR **PHONE NUMBER AND ADDRESS IS UP TO DATE** BEFORE LEAVING YOUR DOCTOR'S OFFICE

* YOU WILL ALSO **RECEIVE A PHONE CALL FROM US** TO VERIFY YOUR CONTACT INFORMATION

*MAKE SURE IF YOU ARE BUSY AT THE TIME TO RETURN THE PHARMACY PHONE CALL;

INITIAL PATIENT CONTACT IS THE KEY TO A SUCCESSFUL DELIVERY

*THEREAFTER, ONCE WE ARE **ABLE TO VERIFY YOUR INFORMATION** YOU WILL BE ABLE TO ENJOY OUR COMPLEMENTARY DELIVERY SERVICE FOR ALL YOUR PRESCRIPTIONS NEEDS

CONVENIENTLY LOCATED NEXT TO

Palm MEDICAL CENTERS

IN WINTER HAVEN, FLORIDA

Contact us for information

863.624.8120 (tel)
863.624.8121 (tel)
863.624.8122 (fax)

950 1st ST S STE 103
WINTER HAVEN, FL 33880

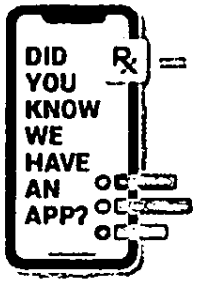
PHARMACY@NOVAPRESCRIPTIONS.COM

NOVA PHARMACY

NOVA PHARMACY

HOURS OF OPERATIONS

MONDAY THRU FRIDAY
9:00 AM - 5:00 PM



TEXT RXLOCAL TO 64890

OUR SERVICES

NOVA PHARMACY

Our mission is to provide a trust-worthy relationship to patients and physicians.

1 FULL SERVICE PHARMACY

We strive to keep a comprehensive inventory to satisfy the needs of our patients on a daily basis. Next day availability for difficult to get medications

2 SAME AND NEXT DAY DELIVERY*

We offer FREE SAME DAY delivery to residents in Polk County for EMERGENCY medications and FREE NEXT DAY for on-going therapies

***Based on prescription order ARRIVAL TIME to the pharmacy and PATIENT AVAILABILITY prior to medication delivery**

3 MED SYNCHRONIZATION

Our medication synchronization programs ensures increase adherence and compliance to drug regiments improving overall health outcomes for our patients

4 CONSULTATION, REFILLS AND PRIOR AUTHORIZATIONS

Pharmacy staff fully engaged in the prescriptions streamline process to deliver the best patient care

Why choose us:

- We work diligently to fill each prescriptions accurately and in a timely manner
- We implement a pharmacist-physician collaborative working relationship to ensure better patient outcomes
- Unification of pharmacy services under one roof will give us the opportunity to assess risk management to aid physicians in the care of their patients