

T140000000 720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

W14-38083

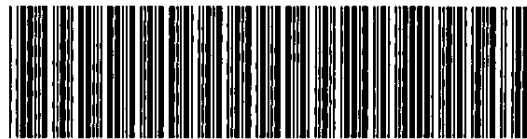
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200261296172

T14-720

06/17/14--01026--006 \*\*525.00

262.50

06/27/14--01001--009 \*\*262.50

FILED  
14 JUN 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 2014

N. CAUSSEAU

T14-720

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CSI (Design)

(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:

Lara Flatau, Esq.

(Name of Person)

Harwell Howard Hyne Gabbert & Manner, P.C.

(Firm/Company)

333 Commerce Street, Suite 1500

(Address)

Nashville, TN 37201

(City/State and Zip Code)

For further information concerning this matter, please call:

Lara Flatau, Esq.

(Name of Person)

at 615 256-0500

(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

June 18, 2014

LARA FLATAU, ESQUIRE  
HARWELL, HOWARD, HYNE, ET AL.  
333 COMMERCE STREET, SUITE 1500  
NASHVILLE, TN 37201

SUBJECT: DESIGN OF A HEART-SHAPED PEOPLE WITH THE WORDS  
"CAREGIVER SERVICES" OVER THREE BLOCKS; THE BLOCKS CONTAIN  
THE LETTERS "CSI"; BELOW THE BLOCKS ARE THE WORDS "CARING  
COMES FIRST"

Ref. Number: W14000038083

We have received your document for DESIGN OF A HEART-SHAPED PEOPLE WITH THE WORDS "CAREGIVER SERVICES" OVER THREE BLOCKS; THE BLOCKS CONTAIN THE LETTERS "CSI"; BELOW THE BLOCKS ARE THE WORDS "CARING COMES FIRST" and your check(s) totaling \$175.00. 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 your document to reflect the appropriate class(es). Your mark falls under class(es) "35, 44 & 45".

There is a balance due of \$87.50.

In lieu of returning your document, we have corrected the disclaimer statement on your document. We have inserted the term(s) "CAREGIVER SERVICES" 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.

STAFFING SERVICES fall under class 35

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.

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

FILED  
14 JUN 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

PART I

I. 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: CAREGIVER SERVICES, INC.  
(b) Owner's/Applicant's business address: 10451 NW 117th Avenue, Suite 100  
Miami, Florida 33178  
City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_  
City/State/Zip

(c) Owner's/Applicant's telephone number: (305) 821-1262

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: F08000002286 ✓  
(2) Domicile State or Country: Tennessee  
(3) Federal Employer Identification Number: 62-1645133

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.)

Class 044, Staffing services for businesses that provide respite care services in the nature of home nursing aid services; Staffing services for businesses that provide limited in-home personal medical services for individuals including checking vital signs, medication compliance and individual hygiene,

See Attachment Page 1A.

ATTACHMENT PAGE 1A

2(a) SERVICE MARK: (continued from Page 1)

Scheduling doctor appointments, picking up prescriptions, checking medical equipment and supplies, wound management, diabetic care; Staffing services for businesses that provide home health care and nursing aid services; Arranging for private duty services for elderly disabled or homebound individuals; Staffing services for healthcare providers, namely, hospitals, nursing home and assisted living facilities.

Class 045, Arranging for social services, namely, companionship services for elderly, disabled or home-bound individuals; Arranging for non-medical in-home personal care services for assisting with daily living activities of the elderly, disabled or home-bound individuals; Providing non-medical in-home personal services for individuals including checking home condition, supplies and individual well-being, scheduling appointments, running errands, making safety checks;

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:

Business cards, brochures, marketing folders, flyers, company website

---

---

---

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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:

Classes 044 and 045 ↓ 35

---

---

---

**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: 1/31/2011

(b) Date first used in Florida: 1/31/2011

**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.)

Heart-shaped people with the words "Caregiver Services" over three blocks; the blocks contain the letters C S I; below the blocks are the words "Caring Comes First".

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)"

Caregiver Services

\_\_\_\_\_"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, Alan L. Soderquist

, 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.

CAREGIVER SERVICES, INC.

Typed or printed name of applicant

[Signature]

Applicant's signature  
(List name and title)

STATE OF TENNESSEE

COUNTY OF DAVIDSON

FILED  
14 JUN 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me on this 9th day of June, 2014, Alan L. Soderquist  
(Name of Individual Signing)

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

(Seal)



Shelly Calhoun

Notary Public Signature

Shelly Calhoun

Notary's Printed Name

My Commission Expires: June 21, 2016

FILING FEE: \$87.50 per class



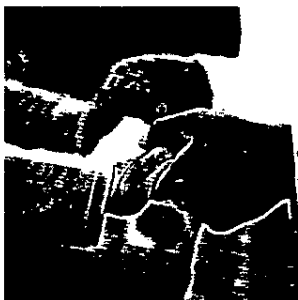
OFFICIAL SPECIMEN  
TM/SM REG.#



Your Partner for Better Care.  
Security. Life.



## IN HOME CARE AND SPECIAL NEEDS



**Quality. Reliability. Value.**  
**But first and foremost, CARING.**

CSI recognizes that you have many options in caregiving to consider and that choosing that special caregiver who truly cares and understands you is what is most important to you. When you place your trust in CSI, it is taken to heart.

CSI offers you the security of its experience, resources, and capabilities to rapidly and skillfully respond to your call for help. With 45 years in service and an impressive network of 6,700 credentialed caregivers, CSI devotes its considerable resources to ensure, on a very personal level, that you receive top quality, reliable care, at the best value. But first and foremost, CSI truly CARES to add more "life" to your living, and is wholly dedicated to your comfort, security, and peace of mind.

### **In Home Care**

Through CSI's vast network of nurse registries, utilizing Independent Contractor Nurses or Aides, CSI provides home healthcare services within the comfort of your home, from assistance with everyday living activities, homemaker services, and companionship, to the management of complex medical conditions:

- Meal Preparation
- Transportation
- Prescription Pick-Up
- Dressing
- Ambulation or Therapeutic Exercises
- Light Housekeeping
- Medical Reminders
- Companionship
- Bathing
- Management of Complex Medical Conditions

### **Special Needs**

For clients with medical or developmental disabilities, CSI offers services to increase your control in life, including Personal Care, In-Home Support, and Skilled Nursing Care.

CSI is contracted with the Agency for Persons with Disabilities, the Department of Children and Families and the Agency for Health Care Administration to offer Medicaid Waiver supported services. It has caregivers within most Medicaid Waiver or Diversion programs including Developmental Services, Supported Living, Traumatic Brain Injury/Spinal Cord, Cystic Fibrosis and Aged and Disabled. CSI's range of services include:

- Personal Hygiene Care
- Transfers and Ambulation
- Personal Laundry
- Medication Administration
- Bowel and Bladder Care
- Skilled Nursing Care
- Light Housekeeping
- Purchase, Preparation & Assistance with Consumption of Food

**How can CSI be of service to you? Call 1-877-CAREGIVER.**



## CAREERS WITH CSI



### **Flexibility. Reliability. Growth opportunities.**

At CSI, you are part of an unparalleled culture of caring and excellence in service.

Joining efforts with CSI as you pursue your career ambitions means joining with a leading provider of caregiving services. It means becoming part of a team that is dedicated to offering the best in quality, reliability and value of care. It means enjoying unmatched flexibility of assignments to balance your work with your personal life and responsibilities. It means working with a financially strong, stable company with vast centralized resources to support its services and personnel. It means doing what you love to do—in the way that works best for you.

CSI's reputation of excellence and mantra, "Caring Comes First", is reflected in the flexibility and opportunities it extends to its caregiving professionals. Carefully matching your skills and interests to the needs of its clients, CSI ensures a successful caregiver-client relationship resulting in better care, and a more rewarding experience for you.

Through its vast network of nurse registries located in 18 offices that cover most of the state of Florida, as well as its CSI Staffing division, offering career opportunities in other healthcare specialty areas, CSI provides flexibility of assignments unmatched by any other caregiving company.

Other significant benefits include:

- Flexibility and control of your own schedule
- Flexibility of geographic location
- 24/7/365 customer care service
- Strong, reliable, financially stable company
- Growth opportunities as CSI continues to develop diverse and exciting business partnerships
- Flexibility of types of assignment
  - In-home care
  - Hospital
  - Rehabilitation Centers
  - Nursing Homes
  - Schools and Daycare Centers

Explore your career opportunities and join a culture of caring and excellence in service. Call CSI at 1-877-CAREGIVER.