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TALLAHASSEE, FLORIDA

FEB -5 2015

N. CAUSSEAUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCEPTIONS FLORIDA CENTER FOR FERTILITY AND GENETICS logo
(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:

Arthur Robert Weaver
(Name of Person)

Feldman Gale, P.A.
(Firm/Company)

2 SOUTH BISCAYNE BOULEVARD ONE BISCAYNE TOWER, 30TH FLOOR
(Address)

Miami, Fl 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Lima at (305) 358-5001
(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.)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2015

ARTHUR ROBERT WEAVER, ESQUIRE
FELDMAN GALE, P.A., 2 SOUTH BISCAYNE BLV
ONE BISCAYNE TOWER, 30TH FLOOR
MIAMI, FL 33131

SUBJECT: CONCEPTIONS FLORIDA CENTER FOR FERTILITY AND GENETICS & DESIGN OF A CIRCLE WITH A "C" INSIDE THE CIRCLE ON THE LEFT HAND SIDE OF THE WORDING
Ref. Number: W15000004439

We have received your document for CONCEPTIONS FLORIDA CENTER FOR FERTILITY AND GENETICS & DESIGN OF A CIRCLE WITH A "C" INSIDE THE CIRCLE ON THE LEFT HAND SIDE OF THE WORDING and your check(s) totaling $87.50. 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 the disclaimer statement on your document. We have inserted the term(s) "CENTER FOR FERTILITY AND GENETICS"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.

If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.

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: 615A00001259

Causseaux, Nanette

From: Maria Lima <MLima@FeldmanGale.com>
Sent: Wednesday, February 04, 2015 8:12 AM
To: Causseaux, Nanette
Cc: Rob Weaver
Subject: Reg. No. W15000004439 Florida Registration

Dear Nanette:

Thank you for taking the time to speak to me this am. Per our phone conversation please proceed with the disclaimer of the following term in connection with the above-subject ref. no.

"Center for Fertility and Genetics"

Thank you,
Maria Lima

Maria Lima
IP Administrator
Feldman Gale, P.A.
One Biscayne Tower, 30th Floor
2 South Biscayne Blvd
Miami, Fl 33131
Tel: 305.358.5001 | Fax: 305.358.3309
MLima@FeldmanGale.com
www.FeldmanGale.com

IRS Circular 230 Disclosure: To comply with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained herein (including any attachments), unless specifically stated otherwise, is not intended or written to be used, and cannot be used, for the purposes of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter herein.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

If the reader of this message is not the intended recipient, or the employer agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, forwarding, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by e-mail or telephone, and delete the original message immediately.
Thank you.

Please visit http://www.FeldmanGale.com/ for more information about our Firm.

FILED
15 FEB -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Armando E. Hernandez-Rey, MD, PLLC

(b) Owner's/Applicant's business address: 2828 Coral Way, Suite 103
Miami, Fl 33145
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (_____) _____

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: Professional Limited Liability Company

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: L12000081105 ✓

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 455533280

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.)

Physician services

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.)

Physician Services

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:

The applicant is using a website http://conceptionsflorida.com/#/welcome

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:

044

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: n/a

(b) Date first used in Florida: 4/1/2013

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.)

The mark consists of the wording CONCEPTIONS FLORIDA above the wording CENTER FOR FERTILITY AND GENETICS with a design of a circle with a "C" inside the circle on the left hand side of the wording CONCEPTIONS FLORIDA and CENTER FOR FERTILITY AND GENETICS

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)" Florida" "Center For Fertility and Genetics "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, ARMANDO E. HERNANDEZ-REY, *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.*

ARMANDO E. HERNANDEZ-REY
Typed or printed name of applicant

Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Miami-Dade

Sworn to and subscribed before me on this 5th day of January 2015 Armando Hernandez-Rey
(Name of Individual Signing)

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

JANNETTE GALIS-MENENDEZ
MY COMMISSION #FF087646
EXPIRES January 29, 2018
(407) 398-0153 FloridaNotaryService.com

Notary Public Signature

Jannette Galis-Menendez
Notary's Printed Name

My Commission Expires: 1/29/18

FILING FEE: $87.50 per class

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15 FEB -4 PM 1:01
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TALLAHASSEE, FLORIDA

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CONCEPTIONS FLORIDA
Center for Fertility and Genetics

About Dr. Hernandez-Rey

Dr. Armando Hernandez-Rey is a Board Certified Reproductive Endocrinology and Infertility (REI) specialist.

Dr. Hernandez-Rey specializes in treating patients with Polycystic Ovary Syndrome (PCOS), Recurrent Pregnancy Loss (Miscarriage), and severe endometriosis. He is especially interested in fertility preservation for patients who must delay childbearing for personal or medical reasons, including cancer and Systemic Lupus Erythematosus.

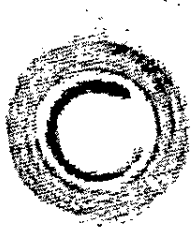
As the only fertility specialist offering robotic surgery in Miami-Dade County, Dr. Hernandez-Rey is able to offer minimally invasive surgeries with faster recovery times and minimal scarring to his patients, often as an alternative to advanced treatments such as IVF. He has performed numerous tubal reanastomosis procedures (tubal ligation reversal), myomectomies (removal of fibroids) and severe endometriosis cases for the management of infertility.

Dr. Hernandez-Rey has made hundreds of families' dreams come true. He prides himself on being accessible to his patients to ensure they are calm and reassured, a key component to his success.

He completed his residency in Obstetrics and Gynecology at the University of Miami

about dr. hernandez-rey

8:47 AM
12/30/2014



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Center for Fertility and Genetics