

T16000000056

W16-1499

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TALLAHASSEE, FLORIDA

JAN 25 2016
N. CAUSSEAU



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2016

FORREST SYGMAN ***PAGE ONE OF TWO***
8603 S. DIXIE HIGHWAY, SUITE 408
MIAMI, FL 33143

SUBJECT: 123 DOCTORS & SLOGAN "1 844 DOCS-123" & "24 HR MEDICAL
CARE ANYTIME ANYWHERE"
Ref. Number: W16000001499

We have received your document for 123 DOCTORS & SLOGAN "1 844 DOCS-123" & "24 HR MEDICAL CARE ANYTIME ANYWHERE" and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

#1(a) of Part I must contain the name of the owner as identified in the records of the Florida Department of State. Please refer to enclosed computer printout and amend the name accordingly.

You must list a more specific service in #2(a) in Part I of the application.

Unless you are providing "MARKETING" services for others, this is NOT the appropriate services. We need to know the services being rendered by "123 DOCTORS." If this is some type of medical services, then you need to state those services in Part I 2(a). The class of registration for "MEDICAL SERVICES" is class 44. ***FURTHER INSTRUCTIONS CONTINUED ON PAGE TWO***

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: 516A00000612



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2016

FORREST SYGMAN ***PAGE TWO OF TWO***
8603 S. DIXIE HIGHWAY, SUITE 408
MIAMI, FL 33143

SUBJECT: 123 DOCTORS & SLOGAN "1 844 DOCS-123" & "24 HR MEDICAL
CARE ANYTIME ANYWHERE"
Ref. Number: W16000001499

We have received your document for 123 DOCTORS & SLOGAN "1 844 DOCS-123" & "24 HR MEDICAL CARE ANYTIME ANYWHERE" and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must delete the regular phone number listed from Part III 1. of the application. We can only registered the one which is fanciful with the term "DOCS."

Class(es) "44" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "44".

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "DOCTORS"

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: 716A00000613

January 19, 2016

RECEIVED
2016 JAN 22 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Nanette Causseaux,
Regulatory Specialist II Supervisor

In Reference to:
123 Doctors & Slogan
Reference Number W16000001499

Dear Ms. Causseaux,

It was a pleasure speaking to you on Tuesday, January 19, 2016 regarding the edits that were needed to this application. Attached please find the application that includes the changes you recommended in our conversation. If there is anything further required to process this application, please contact me at your convenience.

Thank you for your attention to this matter.

Sincerely,

Veronica P. Scardina, Esq.
Associate Attorney

Law Offices of Forrest Sygman P.A.
Regions Bank Building
Suite 408
8603 South Dixie Highway
Miami, FL 33143
Telephone: (305) 661-8955
Facsimile: (305) 661-8952

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: 123 Doctors, Inc.
(b) Owner's/Applicant's business address: 8603 S. Dixie Highway Suite 408
Miami, FL 33143
City/State/Zip

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

(c) Owner's/Applicant's telephone number: 800 986-6903

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: P15000056950
(2) Domicile State or Country: Florida
(3) Federal Employer Identification Number: 81-0830463

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.)

Marketing for the medical services provided by others.

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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, flyers, letterhead and email correspondence

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 35 Advertising; business management; business administration; and office functions.

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: 7/1/2015

(b) Date first used in Florida: 7/1/2015

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.)

"123" vertically and "Doctors" horizontally, in ombre blue and teal font with white shadow.

"1 844 DOCS-123" in white.

All writing on a black background.

"24 hr Medical Care Anytime Anywhere" in white.

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) 24 hr Medical Care Anytime Anywhere

DOCTORS

"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, Forrest Sygman, 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.

Forrest Sygman

Typed or printed name of applicant

[Signature]
Applicant's signature
(List name and title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

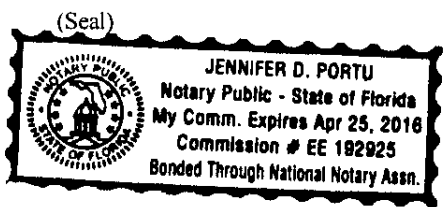
STATE OF Florida

COUNTY OF Miami Dade

Sworn to and subscribed before me on this 8th day of January, 2016 Forrest Sygman
(Name of Individual Signing)

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

[Signature]
Notary Public Signature
Jennifer Portu
Notary's Printed Name



My Commission Expires: April 25, 2016

FILING FEE: \$87.50 per class