

T 19000001361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

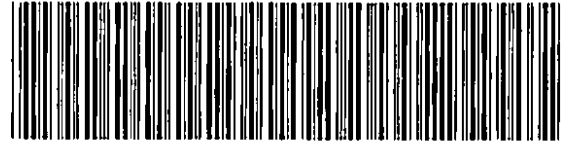
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/26/24--01032--020 **87.50

RECEIVED

NOV 25 2024

FILED
2024 NOV 25 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

A. Jarvis
12/2

11/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOKOMIS DENTAL CARE & DESIGN

(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:

AMANDA BANNISTER

(Name of Person)

HEARTLAND DENTAL, LLC

(Firm/Company)

1200 NETWORK CENTRE DRIVE

(Address)

EFFINGHAM, IL 62401

(City/State and Zip Code)

FILED
2024 NOV 25 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

AMANDA at 217 540-5136

(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.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

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

HEARTLAND DENTAL, LLC

1200 NETWORK CENTRE DR, EFFINGHAM IL 61

1) Mark Registered: NOKOMIS DENTAL CARE

AND DESIGN

2) Registration Number: T19000001361

3) Date Filed: 11/27/2019 4) Renewal Date: 11/27/2024 5) Class(es) Filed: 5
6) Renewal statement pursuant to section 495.071, Florida Statutes. 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.

STILL IN USE

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: DE

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75

(Optional)

HEARTLAND DENTAL, LLC

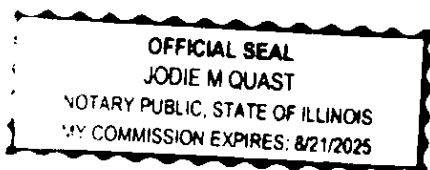
Typed or Printed Name of Owner

Amanda Bannister, Paralegal

Owner's Signature or Authorized Person's Signature

Illinois
STATE OF FLORIDA
COUNTY OF Effingham

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 21 day of November, 2024, by (Amanda Bannister).



Jodie M. Quast

Notary Public's Signature

Jodie M. Quast

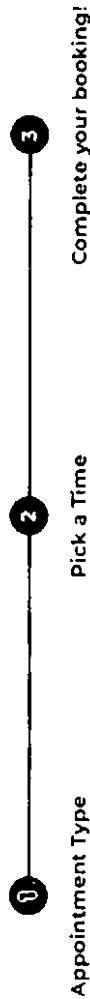
Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: N/A

1200 North Tamiami Trail
Nokomis, FL 34275

Schedule your Appointment



Schedule Your Appointment

Schedule your appointment at a time that's convenient for you! Just select an appointment option below and take a few minutes to provide us with information such as your name, date of birth, and phone number. You can fill out your paperwork ahead of time via the New Patients tab above or wait to complete it in-office. We can't wait to see you!

I am a ☒ New Patient ☐ Returning Patient



New Patient Exam & Cleaning



Dental Emergency



General Consultation

Live Chat

Next Step