

T20000000645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

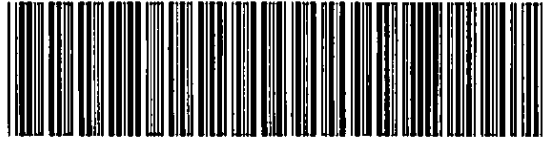
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W2-57390

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06/02/20--01015--027 **87.50

2020 JUN 19 PM 12:00
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FILED

K SALY
JUL 5 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2020

DAVID GREENBAUM
HOLLYWOOD EYE INSTITUTE
11011 SHERIDAN ST, STE. 215
COOPER CITY, FL 33026

SUBJECT: HOLLYWOOD EYE INSTITUTE & DESIGN WITH OR WITHOUT
LOGO

Ref. Number: W20000057390

We have received your document for HOLLYWOOD EYE INSTITUTE & DESIGN WITH OR WITHOUT LOGO and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The description of the trademark or service mark, which is listed in Part III, cannot include such terms as and/or, with or without, sometimes includes, may be blue or white in color, etc. If your mark varies in color or individual components, then you must submit a separate application for each version of the mark. Please revise Part III of the enclosed application accordingly.

You must submit a separate application for each mark you wish to register. Please amend Part III of the enclosed application to reflect only one mark. If you desire to file more than one mark, we are enclosing another application. You may photocopy this form if more than one form is needed.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 020A00011361



HOLLYWOOD
EYE INSTITUTE

look better

6/16/2020

2020 JUN 19 PM 1:46

RECEIVED

Division of Corporations
Attn: Karen A. Saly
P.O. Box 6327
Tallahassee, FL 32314

Re: Hollywood Eye Institute Logo Trademark Registration Application
Ref. Number W20000057390

Dear Ms. Saly:

Enclosed please find our application to register the trademark of our logo. I have amended 'part iii' of the original application to remove our name and slogan from this application and clarified the logo itself. If necessary, we will submit applications for the name and/or slogan at a different time.

Sincerely,

/S

David Greenbaum, VP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hollywood Eye Institute, its clover logo, and the slogan 'Hollywood Eye Institute - look better'
(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:

David Greenbaum

(Name of Person)

Hollywood Eye Institute

(Firm/Company)

11011 Sheridan Street, Suite 215

(Address)

Cooper City, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

David Greenbaum

954

447-0606

at ()

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

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

FILED
2020 JUN 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Hollywood Eye Institute, P.A.

(b) Owner's/Applicant's business address: 11011 Sheridan Street, Suite 215

Cooper City, FL 33026

City/State/Zip

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

City/State/Zip

(c) Owner's/Applicant's telephone number: 954) 447-0606

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: P12000061588

(2) Domicile State or Country: Florida, USA

(3) Federal Employer Identification Number: 46-0604983

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.)

Medical 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.)

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TALLAHASSEE, FLORIDA

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, pamphlets, brochures, magazine/newspaper, social media ads, office signs. The mark is being used to advertise our medical office services in general in the above-listed manners. *+ our Website + internet ads*

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 44, Medical Services

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: _____

(b) Date first used in Florida: 1-1-2014

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.)

Hollywood Eye Institute Logo described below:

Four-leafed flower shaped object, dark blue leaf across from light blue leaf, split color dark/light blue leaves on other 2 sides.

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)" _____

_____ " APART FROM THE MARK AS SHOWN.

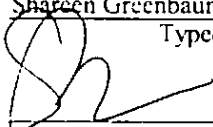
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3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

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, Shareen Greenbaum, 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.

Shareen Greenbaum
Typed or printed name of applicant

Applicant's signature
(List name and title)
President

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 28th day of may, 2020, by (_____) name of person making statement

 Adiala Hanono
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG254424
Expires 8/30/2022

Adiala Hanono
Notary Public's Signature
Adiala Hanono
Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐ _____
Type of Identification Produced: _____

FILING FEE: \$87.50 per class

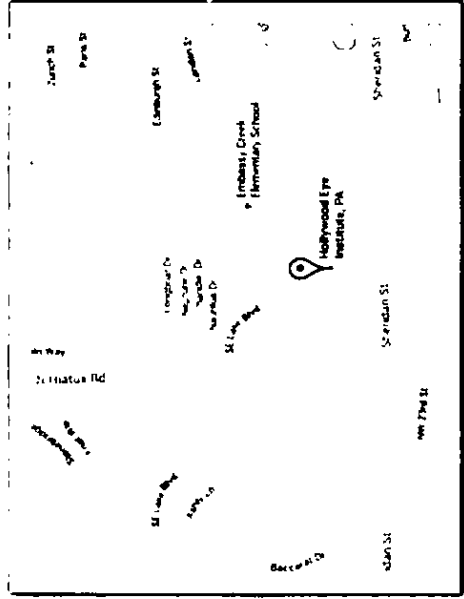
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TALLAHASSEE, FLORIDA



**Dr. Shareen M.
Greenbaum, M.D.**

Shareen M. Greenbaum, M.D. attended the University of Michigan in Ann Arbor, Michigan, earning a Bachelor of Arts degree with High Distinction, with a major in Spanish language. She continued her education at Wayne State University School of Medicine in Detroit, Michigan. Dr. Greenbaum practices general ophthalmology with a focus on intraocular lens implant surgery, ophthalmic plastics and refractive surgery.

Our Location



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**11011 Sheridan Street
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Cooper City, FL 33026

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