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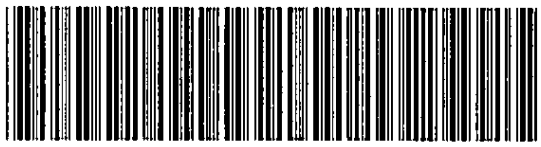

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FILED
2022 OCT 11 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Villages Dental Care
(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:

Catherine Murray
(Name of Person)

Ropes & Gray LLP
(Firm/Company)

Prudential Tower, 800 Boylston Street
(Address)

Boston, MA 02199-3600
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Murray at (617) 951-7169
(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

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Heartland Dental, LLC

(b) Owner's/Applicant's business address: 1200 Network Centre Drive

Effingham, IL 62401
City/State/Zip

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

_____
City/State/Zip

(c) Owner's/Applicant's telephone number: (217) 540-5100

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: M13000000414

(2) Domicile State or Country: DE

(3) Federal Employer Identification Number: 01-0854205

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.)

Dentistry 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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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:

Used on 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:

Class 44 Medical services; veterinary services; hygienic and beauty care for human beings or animals; and agriculture, horticulture,

and forestry 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.

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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: November 20, 2020

(b) Date first used in Florida: November 20, 2020

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.)

West Villages Dental Care with logo: The stylized words "WEST VILLAGES" above the stylized words "DENTAL CARE".

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)" Dental, Care

_____ " 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, Allyson Plummer *, 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.*

Allyson Plummer
Typed or printed name of applicant

Allyson Plummer
Applicant's signature
(List name and title)

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TALLAHASSEE, FLORIDA

STATE OF ILLINOIS
COUNTY OF EFFINGHAM

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 22 day of September 2022 by (Allyson Plummer).
numeric date — month — year — name of person making statement

Dakota Lauren Green
Notary Public's Signature

Dakota Lauren Green
Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐ _____

Type of Identification Produced: _____

Official Seal
Dakota Lauren Green
Notary Public State of Illinois
My Commission Expires 9/8/2025

FILING FEE: $87.50 per class

Welcome to

West Villages Dental Care

Make an Appointment

941-855-6547

4.8 ☆☆☆☆☆

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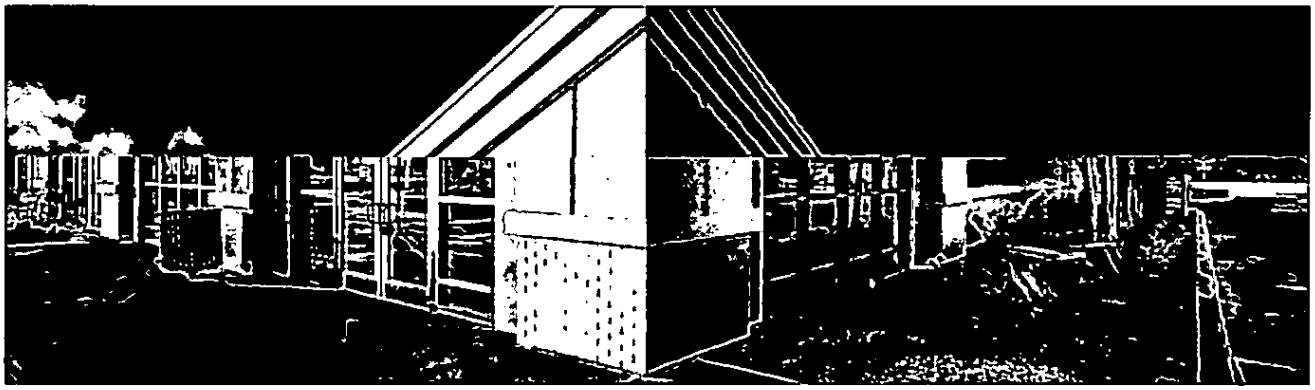

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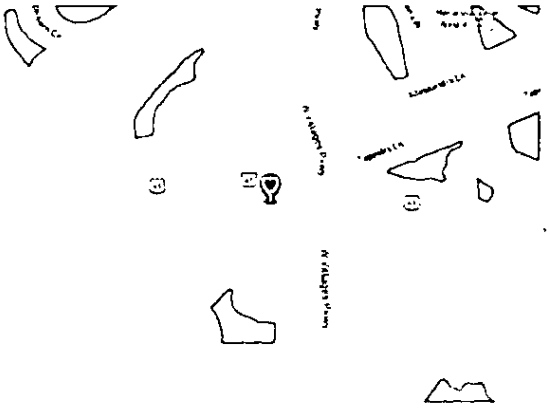

Meet the Doctors

Sherif Gadalla, DMD

Wylan Bennitt, DMD

Featured Services

Emergency Dental Care

Dental emergencies usually occur swiftly, without warning, and can be extremely painful. Regardless of whether or not you are a regular patient with us here at West Villages Dental Care, if you are in the Venice, Florida area and have experienced a dental emergency, call us at 941-855-6547 to schedule the treatment you need during our regular business hours.

More information

Crowns

A crown is a dental cap that completely covers a severely damaged tooth and restores your tooth's appearance and functionality. Crowns come in a variety of materials to suit your particular needs. This restorative dental procedure not only improves your teeth's aesthetic appearance, but also helps prevent bone loss and improves the overall health of your smile.

More information

Comfortable Dentistry

Here at West Villages Dental Care, our entire dental team is dedicated to making your visit as comfortable and stress-free as possible. Our experts utilize the most up-to-date techniques, tools, and medications to ensure that your experience is positive and painless. You can relax, knowing that you no longer need to let anxiety keep you from enjoying a beautiful, healthy smile.

More information

Dental Services Offered

Comfortable Dentistry

Cosmetic Dentistry

Crowns

Dental Imaging

Digital X-rays

Intraoral Camera

Dentures

Emergency Dental Care

Endodontics

Implants

Invisalign

Invisalign Teen

Invisalign vs Braces

Invisalign vs Other Brands

Pricing

Treatment Plan

Treatment Time

Oral Health

Oral Surgery

Wisdom Teeth Removal

Orthodontics

Periodontal Services

Teeth Whitening