

T24000000140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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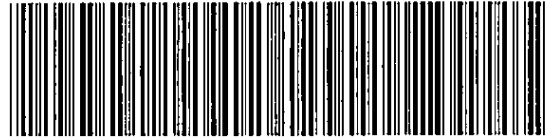
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Special Instructions to Filing Officer:

W24-17803

Office Use Only



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01/29/24--01021--011 ++87.90

2024 FEB 14 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY

FEB 14 2024

2/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2024

PAUL TOMA  
PROCARE OVIEDO CHIROPRACTORS  
40 ALEXANDRIA BLVD, STE. 1020  
OVIEDO, FL 32765

SUBJECT: PROCARE OVIEDO CHIROPRACTORS  
Ref. Number: W24000017803

We have received your document for PROCARE OVIEDO CHIROPRACTORS 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 have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

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: "OVIEDO" "CHIROPRACTORS"

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: 324A00002308

*Received  
Via Email 2/14/2024  
KS*

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**Saly, Karen**

---

**From:** Paul Toma, DC <DrPaul@procarefl.com>  
**Sent:** Wednesday, February 14, 2024 3:09 PM  
**To:** Saly, Karen  
**Subject:** Re: Procare Oviedo Chiropractors - Ref #W24000017803

---

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

---

The attachments/links in this message have been scanned by Proofpoint.

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Hi!

The DBA name is Procare Oviedo Chiropractors but the official name on tax returns is Procare Chiropractic & Rehab LLC. Whichever name applies to that particular space, please feel free to correct it.

Regards,

Paul Toma, DC

ProCare Oviedo Chiropractors  
40 Alexandria Blvd., Ste. 1020  
Oviedo, FL 32765  
407-359-0047  
[www.ProCareFL.com](http://www.ProCareFL.com)



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On Wed, Feb 14, 2024 at 2:59 PM Saly, Karen <[Karen.Saly@dos.mvflorida.com](mailto:Karen.Saly@dos.mvflorida.com)> wrote:

Good afternoon Mr. Toma,

I received the document for "PROCARE OVIEDO CHIROPRACTORS" but the name of the company under the document number you gave me is "PROCARE CHIROPRACTIC & REHAB LLC". The wrong name is in Part I #1(a). May I correct it?

Sincerely

Karen Saly

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Procure Oviedo Chiropractors  
\_\_\_\_\_  
(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:

Paul Toma

\_\_\_\_\_  
(Name of Person)

Procure Oviedo Chiropractors

\_\_\_\_\_  
(Firm/Company)

40 Alexandria Blvd., Ste. 1020

\_\_\_\_\_  
(Address)

Oviedo, FL 32765

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Toma

407

221-1072

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  
2024 FEB 14 PM 4:07  
TALLAHASSEE, FL 32309

**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: PROCARE CHIROPRACTIC & REHAB LLC

(b) Owner's/Applicant's business address: 40 Alexandria Blvd., Ste. 1020  
Oviedo, FL 32765  
City/State/Zip

If different, Owner's/Applicant's mailing address: 5076 Hawks Hammock Way  
Sanford, FL 32771  
City/State/Zip

(c) Owner's/Applicant's telephone number: 407 221-1072

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: L20000285076

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 85-2979654

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.)

Chiropractic therapy, physical therapy, assisted stretching

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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REGISTERED  
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, website, Google 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:

SM-0044

## 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: 3-23-2022

(b) Date first used in Florida: 3-23-2022

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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.)

Procure Oviedo Chiropractors

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)" Procure, Oviedo, Chiropractors

" 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.

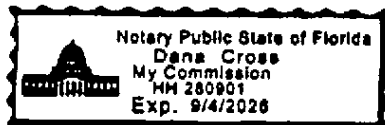
SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Paul Toma, 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.

Paul Toma  
Typed or printed name of applicant  
[Signature]  
Applicant's signature  
(List name and title)

STATE OF FLORIDA  
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 24 day of January, 2024 by Paul Toma.  
numeric date                      month                      year                      name of person making statement



[Signature]  
Notary Public's Signature  
Dana Cross  
Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

**FILING FEE: \$87.50 per class**

FILED  
2024 FEB 14 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





**Dr. Paul Toma**  
Chiropractic Physician

40 Alexandria Blvd., Ste. 1020 • Oviedo, FL 32765  
Phone: 407.359.0047 • Fax: 407.359.0071  
[procarefl.com](http://procarefl.com)



Call today - 407-359-0047

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📅 Existing Patient Scheduling



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