



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

STEWART M. MCGOUGH, ESQ.
SCOLARO FETTER GRIZANTI & MCGOUGH, P.C.
507 PLUM ST, STE. 300
SYRACUSE, NY 13204

SUBJECT: RETIREMENT HEALTH PLANS MADE SIMPLE
Ref. Number: W24000020928

We have received your document for RETIREMENT HEALTH PLANS MADE SIMPLE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: "RETIREMENT" "HEALTH PLANS"

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different**. TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

RECEIVED

APR 08 2024

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

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: 924A00002682

SCOLARO FETTER GRIZANTI & McGOUGH, P.C.

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^{*}ALSO ADMITTED TO PA BAR
^{*}ALSO ADMITTED TO VT BAR

March 21, 2024

Attn: Karen A. Saly
Regulatory Specialist II
Florida Dept. of State – Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Correction of Application for the Registration of a Service Mark
for "Retirement Health Plans Made Simple"
Response to Letter Number 924A00002682**

Dear Ms. Saly:

Enclosed please find the corrected service mark application (with specimens), along with the correction letter and instructions that you returned to us.


Your correction letter indicated that the Dept. of State received our check with the original application. This check was not returned with your correction letter, which I presume means the same will be applied to this correction.

Please do not hesitate to call me or Scott Ceurvells (315-477-6283), an Associate at my firm that is assisting with this application, if any further attention is required for the application.

Thank you for your assistance.

Very truly yours,

SCOLARO FETTER GRIZANTI & McGOUGH, P.C.


Stewart M. McGough

RECEIVED

APR 08 2024

SMM/scc: 862280.3

Encls.

cc: Theresa Cangemi, CSA, CLTC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "Retirement Health Plans Made Simple" Service Mark Registration

(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:

Stewart M. McGough, Esq.

(Name of Person)

Scolaro Fetter Grizanti & McGough, P.C.

(Firm/Company)

507 Plum Street, Suite 300

(Address)

Syracuse, NY 13204

(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart M. McGough, Esq.

(Name of Person)

315 477-6225

at (_____) _____
(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

FILED
2024 APR -8 PM 1:25
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: Boomer Health Plans Made Simple, LLC

(b) Owner's/Applicant's business address: 350 S. Polk Drive, Suite 405
Sarasota, FL 34236
City/State/Zip

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

(c) Owner's/Applicant's telephone number: (315) 727-4933

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: L21000103552

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 86-2379603

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.)

The sale of supplemental Medicare insurance policies, including but not limited to life insurance, fixed annuities, burial expense coverage, long term care, health and dental insurance and other related products and investments, all under appropriate licensure.

The services currently being rendered also include consultation and advocacy for clients with respect to access to Medicare health related services and products.

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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2008 APR -8 PM 1:25
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:

The mark "Retirement Health Plans Made Simple" is a registered fictitious name of "Boomer Health Plans Made Simple, LLC" and is used in all written materials and advertising. The mark is also used in electronic (email) newsletters, business cards and company stationary.

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 36 - Insurance and Financial 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: 09/20/2023

(b) Date first used in Florida: 09/22/2023

FILED
APR - 8 PM 1:25
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.)

Name: Retirement Health Plans Made Simple.

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) "Retirement"

or "Health Plans"

" 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, Theresa Cangemi, 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.

Theresa Cangemi
Typed or printed name of applicant

Theresa Cangemi
Applicant's signature

Theresa Cangemi, Sole Member, Boomer Health Plans Made Simple, LLC

FILED
2024 APR - 8 PM 1:25
NOTARY PUBLIC, FLORIDA

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this (numeric date) this 1 day of March, 2024, by (Theresa Cangemi).

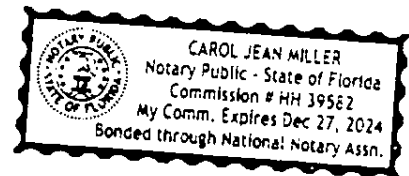
Carol Jean Miller
Notary Public's Signature

Carol Jean Miller
Notary Public's Printed Name

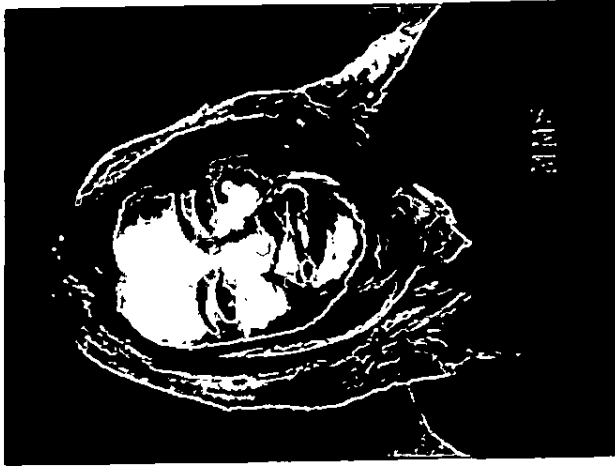
Personally Known OR Produced Identification FL drivers license

Type of Identification Produced: _____

FILING FEE: \$87.50 per class



Retirement Health Plans Made Simple™



"The Medicare Insurance Lady"

CSA

*Certified
Senior Advisor (CSA)*

Theresa Cangemi, CSA, CLTC

*Owner/Medicare Insurance Specialist/Independent Agent
Consultation/Enrollment/Keynote Speaker*

Cell: 315-727-4933

Email: tcangemi@RetirementHPMS.com

Visit me on LinkedIn, at: www.linkedin.com/in/theresacangemi

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Discussing your options; simplifying the system

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NAME CHANGE for Medicare Made Simple, LLC – moving forward

SHARE:

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*Celebrating since 2008 as a Medicare Insurance Specialist
(This is NOT A Government Newsletter)*



✉ tcangemi@RetirementHPMS.com

☎ Cell: 315.727.4931



Hello Theresa

PERSONAL MESSAGE TO MY CLIENTS:

This newsletter may look familiar to some of my clients

After sending an August newsletter (2023), I received feedback about the new company name I chose. So I have to move in a different direction and I chose a more suitable name for the company moving forward, which will be **Retirement Health Plans Made Simple**. The website and email will change. The telephone number will stay the same. This change will go into effect 03/30/2024. Please make the necessary changes to the new email address.

The content below has changed to reflect the new company name.

This has been a difficult transition process and I appreciate your patience.

Blessings!



NAME CHANGE for Medicare Made Simple, LLC
(See Below)

New Name: "RETIREMENT HEALTH PLANS MADE SIMPLE™"

ANNOUNCEMENT NOW LICENSED in NY and Florida

If you are moving and relocating to Florida, I can help you find a new Medicare plan. Please give me a call and referrals to friends and family are always welcomed and appreciated.

Keep reading!

CSA

Certified
Senior Advisor (CSA)

Theresa Cangemi CSA, CLTC
"The Medicare Insurance Lady"

PLEASE NOTE - - - CHANGES:

11/21/23, 4:36 PM

NAME CHANGE for Medicare Made Simple, LLC – moving forward
COMPANY NAME CHANGE AND LOGO

New Medicare Marketing Rules for Agents

Agents may NOT have "Medicare" in their business name, logo, or URL (website).

CMS (Centers for Medicare and Medicaid) is concerned that beneficiaries are being misled into believing they are in communication with federal government or its representatives.

As such, CMS will be adding new language in the Code of Federal Regulations to further ~~restrict the use of the "Medicare" name~~. CMS logo, but also products and information issued by the federal government in a misleading way. CMS changes have to go into effect by September 30, 2023.

THEREFORE, "MEDICARE MADE SIMPLE, LLC" will change to "RETIREMENT HEALTH PLANS MADE SIMPLE™"

The cell phone will stay the same: 315.727.4933
The email will be changed to: theresa@retirementhealthplans.com
Website will change to: www.RetirementHealthPlansMadeSimple.com

Please Note the Changes

The changes with my website and email will go into effect by September 30th, 2023

Theresa's Personal Note:

I'm sad and sorry to see my company (Medicare Made Simple, LLC) along with the branding and logo, I built for over 14 years, forced to make this change. I am still here for my clients to support you and help you make changes annually, when you need them.

I look forward to continue to serve your insurance needs and handle any referrals. Thank you for your continued support.

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Retirement Plans Made Simple, LLC - Theresa Chengelis, President, Medicare Insurance Specialist, Consultant, Advisor, Independent Agent, NY, NJ, PA

1-800-872-8888
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