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COVER LETTER

TO: Registration Section Division of Corporations	
CORAL GABLES ANIMAL HOSPITAL SUBJECT:	
	o 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 fo	ollowing:
ROBERT M. SCHWARTZ, Esq.	
(Name of Person)	
ROBERT M. SCHWARTZ, P.A.	
(Firm/Company)	
P.O. Box 221470	2024 AUS
(Address)	
Hollywood, Florida 33022	
(City/State and Zip Code)	
For further information concerning this matter, please call:	$\frac{1}{C_1}$
•	54 924-0707
(Name of Person) 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

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 th owner of the Trademark and/or Service Mark on the records of the Florida Department of State.
(a) Owner's/Applicant's name: CORAL GABLES ANIMAL HOSPITAL, INC.
(b) Owner's/Applicant's business address: 4569 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33146
City/State/Zip City/State/Zip If different, Owner's/Applicant's mailing address:
City/State/Zip
(c) Owner's/Applicant's telephone number: (305) 667-5821
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 Florid 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:
(2) Dominilo State on Country FLORIDA
(3) Federal Employer Identification Number: 65-0346259
2. (a) <u>SERVICE MARK</u> : 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.)
Veterinary services, veterinary dentistry services, pet boarding services, retail veterinary pharmacy services.

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or connection with an actual product manufactured by the owner/applicant or on the owner/apis a trademark. If the mark is a trademark, the applicant/owner must list the specific redesign and/or slogan is being used to identify. For example: ladies sportswear, cat food, test. If the owner/applicant is using the name, logo, design and/or slogan to identify good place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify good place.	oplicant roduct('s beha s) the i	ilf, the ma	ark 20.
(Note: List only those product(s) currently available. Do not include future products.)	. <u></u>	_		
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2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USEI) <u>:</u>	Ü		
SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise public. For example: newspaper advertisements, business cards, brochures, flyers, pample is being used in connection with a type of service, state how the name, logo, design and/or advertising here: Signage, website advertising, business cards.	se the s	ervices	to the g	eneral
organization advertising, business cards.		·		
				
TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a fore the applicant/owner, you must specify how the mark is applied or affixed to the actual example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is bei specific product, state how the name, logo, design and/or slogan is applied or affixed to packaging:	product	or its p	ackaging	. For
		 -		_ _
2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all placed be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Flor	products ida Den	or ser	vices mu	- st
List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) a	oove:		n or otate	•
CLASS 035 - Retail veterinary pharmacy services.				
CLASS 043 - Pet boarding services.				_
CLASS 044 - Veterinary services; veterinary dentistry services.				<u>-</u>
				<u> </u>

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:	2021
(b) Date first used in Florida: DECEMBER 31, 1983	2024 AUS -
PART III	Day of the state o
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 logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name and/or slogan listed on your specimens or examples.) CORAL GABLES ANIMAL HOSPITAL	te description of the logo/designer, logo, design
Provide the English translation of any and all terms listed #1 above when a 1' 11	
2. DISCLAIMER STATEMENT (if applicable): Your mark may include a word or design that is commonly used by others. Commonly used terms of be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is compotents and that you do not claim the exclusive right to use the disclaimed term or design. All geograp representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily assessectific product(s) and/or(s) service being provided must also be disclaimed.	or designs must nmonly used by thical terms and
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)" ANIMAL HOSPIT Co(2) G3 bles "APART FROM THE MARK AS	

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. BRADLEY RICHTER	, being sworn, depose and say that I am the owner and the applicant herein,
related company has registered this mark in this sta	er and applicant herein, and to the best of my knowledge no other person except a tte or has the right to use such mark in Florida either in the identical form thereof applied to the goods or services of such other person to cause confusion, to cause
mistake or to deceive. I make this affidavit and ver application and know the contents thereof and that	ification on my/the applicant's behalf. I further acknowledge that I have read the
	L GABLES ANIMAL HOSPITAL. INC. Pyped or printed fiame of applicant
	My laste President
	Applicant's signature (List name and title)
STATE OF FLORIDA COUNTY OF MIAMI. DAD	
Sworn to (or affirmed) and subscribed before me by the sub	by means of physical presence or online notarization, this (numeric date) this by (BRADE RICLIE).
	O.e. John
PETER HOCKMAN MY COMMISSION # GG 972378 EXPIRES: July 23, 2024	Notary Public's Signature Reter Lockman
Bonded Thru Notary Public Underwriters	Notary Public's Printed Name
Personally Known OR Produced Identification	
Type of Identification Produced:	

FILING FEE: \$87.50 per class

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