

T24000001037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

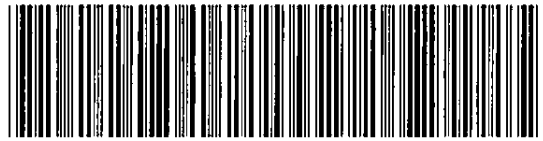
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300436091783

09/09/24--01004--014 \*\*87.50

2024 SEP -9 PM 4:25

K. Jarvis 09/11/24

09/10/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAWGRASS COMPLETE DENTISTRY & Design

(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:

AMANDA BANNISTER

(Name of Person)

HEARTLAND DENTAL, LLC

(Firm/Company)

1200 NETWORK CENTRE DRIVE

(Address)

EFFINGHAM, IL 62401

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA BANNISTER

(Name of Person)

217

540-5136

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.)

2004 SEP -9 PM 10:25

**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 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 ) 540-5136

Check the appropriate box to indicate the Owner/Applicant is a(n):

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Joint Venture | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Union         | <input type="checkbox"/> 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: DELAWARE

(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.)

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:

MARKETING MATERIALS, INCLUDING WEBSITE

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:

## 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: 12/19/2011

(b) Date first used in Florida: 12/19/2011

## 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.)

SAWGRASS COMPLETE DENTISTRY & DESIGN OF "SAWGRASS" ABOVE "COMPLETE" WITH "DENTISTRY" ON

THE BOTTOM, THERE IS A GRAPHIC OF A LEAF TO THE LEFT OF THESE WORDS

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)" SAWGRASS, COMPLETE,

DENTISTRY

" APART FROM THE MARK AS SHOWN.

2024 SEP -9 PM 1:26

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.

SEP-3 PM 4:26

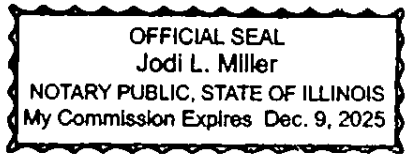
SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, AMANDA BANNISTER, 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.

HEARTLAND DENTAL, LLC  
Typed or printed name of applicant  
Amanda Bannister, paralegal  
Applicant's signature  
(List name and title)

Illinois  
STATE OF ~~FLORIDA~~  
COUNTY OF Effingham

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 21<sup>st</sup> day of August, 2024 by Amanda Bannister.  
numeric date                      month                      year                      name of person making statement



Jodi L Miller  
Notary Public's Signature  
Jodi L. Miller  
Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

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

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



New Patient

Returning Patient



**Tooth Cleaning**  
A thorough tooth cleaning and polishing procedure is performed to remove plaque and tartar buildup, and to brighten your smile.



**Dental Emergency**  
Our staff is available 24/7 to assist you with any dental emergency. Please call us at (904) 280-0070.



**General Consultation**  
Our staff is available 24/7 to assist you with any general consultation. Please call us at (904) 280-0070.



**Invisalign Consultation**  
We are proud to offer Invisalign, a clear, removable orthodontic solution. Our Invisalign experts will evaluate your teeth and provide you with a personalized treatment plan.



**Dental Consultation**  
We are proud to offer dental consultations with our experienced dentists. Please call us at (904) 280-0070.

We may collect and use the information you provide on this form to send you an email and/or text message regarding appointment confirmations, reminders, cancellations, and helpful services, products, and services. We may also use this information to provide you with personalized offers and recommendations. You may opt out of receiving these communications at any time by clicking the link below.

Next Step

Home / Make Appointment



2000 Sawgrass Village Circle  
Suite 201  
Ponte Vedra, FL 32082  
(904) 280-0070

Live Chat



New Patient Returning Patient



**Tooth Cleaning**  
A professional dental cleaning removes plaque and tartar buildup from your teeth, helping to prevent cavities and gum disease.



**Dental Emergency**  
We provide prompt care for dental emergencies, including toothaches, broken teeth, and lost fillings.



**General Consultation**  
Our experienced dentists provide comprehensive oral health examinations and personalized treatment plans.



**Immediate Consultation**  
We offer same-day consultations for urgent dental needs, ensuring you receive prompt attention and care.

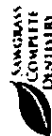


**Dental Consultation**  
Our dental team provides thorough examinations and consultations to determine the best course of action for your dental health.

We may collect and use the information you provide on this form to send you an email and to first respond regarding appointment confirmations, reminders, cancellations, rescheduling, and other services, performance of data analysis activities relating to provider performance, marketing and financial matters, as well as other purposes as otherwise authorized by law and our privacy policies, including our [Privacy Policy](#).

Next Step

Home / Make Appointment



2000 Sawgrass Village Circle  
Suite 23  
Punta Vista, FL 33582

(813) 290-0070

Home

Our Services

Meet Our Team

What to Expect

Drawing

