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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

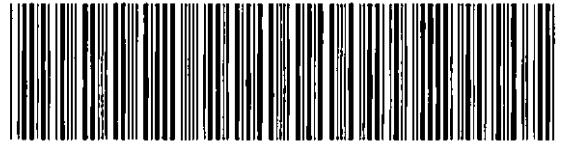
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A. Jarvis
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10/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYGENICS

(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:

Jennifer L. Whitelaw

(Name of Person)

WHITELAW LEGAL GROUP

(Firm/Company)

3838 Tamiami Trail North, Suite 310

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer L. Whitelaw

(Name of Person)

at (239) 262-1001

(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 the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: MYGENICS, LLC

(b) Owner's/Applicant's business address: 12751 South Cleveland Ave., Suite 102

Fort Myers, FL 33907

City/State/Zip

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

City/State/Zip

(c) Owner's/Applicant's telephone number: (239) 277-9999

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: L22000047206

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 87-4680169

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.)

Weight management services, namely, providing weight loss and/or weight management programs;

weight reduction diet planning and supervision; providing medical advice in the field of weight

loss; weight loss clinic; hormone replacement, nutritional counseling, medical aesthetic

procedures; providing weight loss programs and cosmetic body services; health care services,

namely, providing weight loss programs; providing wellness services in the nature of weight

loss programs offered at a wellness center; providing advice in the field of weight loss;

providing weight loss solutions, services and programs, nutrition counseling, hormone

therapy, including bioidentical hormone replacement, anti-aging therapy, and (cont'd attached)

2. (a) Continued: natural hormone therapy, botulinum toxin treatments, cellulite treatments, injectable filler treatments, facials and skin care

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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:

Services are advertised on website at <https://mygenics.net/>

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 44

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: 02/24/2022

(b) Date first used in Florida: 02/24/2022

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.)

MYGENICS

Provide the English translation of any and all terms listed #1 above, when applicable: N/A

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)" _____

_____ " 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, Marc S. Schneider, 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.

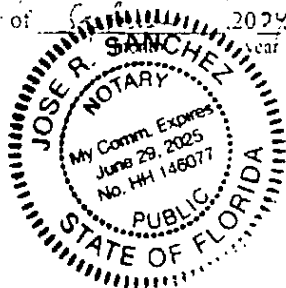
Marc S. Schneider

Typed or printed name of applicant

[Signature]
Applicant's signature
(List name and title)

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 16 day of September, 2024 by (Marc Schneider),
numeric date year name of person making statement



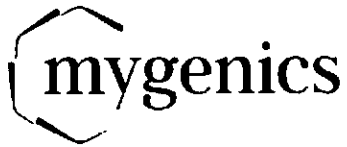
[Signature]
Notary Public's Signature

Jose R. Sanchez
Notary Public's Printed Name

Personally Known ☐ OR Produced Identification ☒ FIDL

Type of Identification Produced: FIDL

FILING FEE: \$87.50 per class

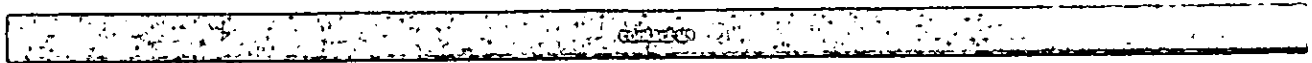


Locations +

Financing +

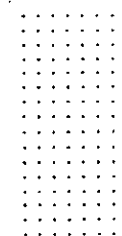
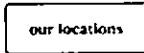
Services +

Support



We optimize your body so you feel healthy, energetic, and vibrant.

Our proprietary cellular therapy is our complete approach to your health. We provide personalized cellular therapy.





Our Medical Services

Aging, stress, diet, and lifestyle choices can lead to imbalances that affect your health. Our whole-body approach analyzes and corrects imbalances to help you feel healthy, energetic, and youthful.



Hormone Replacement for Men

Are you experiencing low testosterone, low energy, and a lack of libido? These are just some of the symptoms that can result from low testosterone levels. Our hormone replacement therapy can help you feel healthy, energetic, and youthful.



Hormone Replacement for Women

Our hormone replacement therapy can help you feel healthy, energetic, and youthful. It can also help you manage symptoms of menopause, such as hot flashes, night sweats, and mood swings.



Erectile Dysfunction

Our hormone replacement therapy can help you feel healthy, energetic, and youthful. It can also help you manage symptoms of erectile dysfunction, such as difficulty getting and maintaining an erection.



Sexual Dysfunction for Women

Issues with sexual health and function, including sexual dysfunction, orgasm and arousal, can be caused by hormonal, physical, psychological, and lifestyle factors. Mygenics offers a comprehensive approach to address underlying imbalances and restore your sexual health.

[View Details](#)

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Medical Weight Loss

Understanding weight loss is multifaceted and knowing being overweight can lead to long-term health consequences. Mygenics offers a personalized medical weight loss program to help you achieve your goals safely.

[View Details](#)

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[View Details](#)

IV Therapy

Mygenics offers intravenous (IV) therapy to enhance your overall health and well-being. These sessions provide essential nutrients and hydration that support your energy, immune system, and overall performance. Learn more about our IV therapy services.

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Gut Microbiome & GI Rehab Program

Your gut health plays a vital role in your overall well-being. Mygenics offers a comprehensive Gut Microbiome & GI Rehab Program to help you restore your gut health and improve your digestive health.

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Micronutrient and Cellular Function Testing

Understanding your micronutrient status and cellular function is essential for optimal health. Mygenics offers comprehensive testing to identify deficiencies and guide your personalized nutrition and cellular health optimization.

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How can we help you feel better?



Rediscover Your Youth

Anti-aging medicine can restore youthful energy, uncover hidden chronic illnesses, and promote longevity and ultimate health.



The Whole Body Approach

Your health begins with vitamins, hormones, and genetics. We analyze each to gain a better understanding of what's wrong.



Your Unique Blueprint

We don't believe in one-size-fits-all. We create your body's unique and effective individual needs for the most appropriate results.



Want to Make an Appointment Easily?

We make so much life you love.

Phone: 239.277.9299

send a message

find location



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Mygenics - Rediscover Your Youth

Punta Gorda
25097 Olympia Ave, Suite 101
Punta Gorda, Florida 33950
Phone: 941.347.3155

Sarasota
6958 Professional Pkwy E
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Phone: 941.777.9142



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