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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILNGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

T95000000115

Examiner's Initials DCC

CR2E031(9/92)

Florida Department of State, Jim Smith, Secretary of State

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

Name & address to whom acknowledgement should be sent:

Emil C. Marquardt, Jr., Esquire
Post Office Box 1669
Clearwater, FL 34617
(813) 441-8966
Daytime Telephone number

PART I

1. (a) Applicant's name: Florida Blood Services, Inc.

(b) Applicant's business address: 402 Jeffords Street
Clearwater, FL Zip: 34616

(c) Applicant's telephone number: (813) 461-5433

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☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: N50067

(2) Federal Employer Identification Number: 59-3145469

(3) Domicile State: Florida

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

Blood bank and related services.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)

N/A

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Advertisements and promotions including newspaper advertisements, billboards, business cards, used on mobile bloodmobile for advertising and identification, etc.

(Continued)

(d) The class(es) in which goods or services fall:

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PART II

1. Date first used by the applicant, predecessor, or a related company(must include month, day and year):

(a) Date first used anywhere: 1942

(b) Date first used in Florida: 1942

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Southwest Florida Blood Bank

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Southwest or Florida or Blood or Bank " APART FROM THE MARK AS SHOWN.

I, German F. Leparc, 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 no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification in 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.

German F. Leparc
Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Pinellas

On this 19 day of December, 19 94, Dr. German Leparc M.D. personally appeared before me,

☒ who is personally known to me
☐ whose identity I proved on the basis of _____

T. K. KURELLA
Notary Public, State of Florida
My comm. expires March 10, 1995
Comm. No. CC 090205

T. K. Kurella
Notary Public Signature

T. K. Kurella
Notary's Printed Name

Seal

My Commission Expires: March 10, 1995

FEE: $87.50 per class

SOUTHWEST FLORIDA
Post Office Box 2125
Tampa, Florida 33601-2125

A Nonprofit Community Resource
BLOOD BANK
BLOOD IS LIFE

SUSAN M. PLESSER
Accounting Supervisor

Administrative Office:
3709 North Armenia Avenue (813) 876-5433