

T97000000687

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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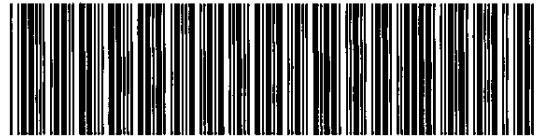
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07 FEB 20 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Renewal

T97-687



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2007

SOUTH COUNTRY HEART GROUP, INC.
ATTN: WILLIAM J. CORIN
1225 JACARANDA BLVD.
VENICE, FL 34292

SUBJECT: DESIGN OF A HEART WITH EKG LINE RUNNING FROM IT, WITH
"STATE OF THE HEART CARE" PRINTED UNDERNEATH
Ref. Number: T97000000687

We have received your document for DESIGN OF A HEART WITH EKG LINE RUNNING FROM IT, WITH "STATE OF THE HEART CARE" PRINTED UNDERNEATH. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The specimen provided is not acceptable, we do not accept letterhead, stationery or envelopes. We will accept a business card, brochure, newspaper or magazine advertisement.

Please return your document, along with a copy of this letter, within 90 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 207A00007453



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2007

SOUTH COUNTRY HEART GROUP, INC.
ATTN: WILLIAM J. CORIN
1225 JACARANDA BLVD.
VENICE, FL 34292

SUBJECT: DESIGN OF A HEART WITH EKG LINE RUNNING FROM IT, WITH
"STATE OF THE HEART CARE" PRINTED UNDERNEATH
Ref. Number: T97000000687

We have received your document for DESIGN OF A HEART WITH EKG LINE RUNNING FROM IT, WITH "STATE OF THE HEART CARE" PRINTED UNDERNEATH and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Section 495.071(4), F.S., which became effective January 1, 2007, requires all renewal applications to include a specimen (sample) showing the actual use of the mark on or in connection with the goods or services.

If the mark is a trademark registered under classes 1-34, submit one of the following: a label, tag, decal, container, box, wrapper, etc.

If the mark is a service mark registered under classes 35-45, submit one of the following: a newspaper advertisement, brochure, flyer, business card, etc.

For bulky specimens, we will accept a legible photograph clearly showing the mark as well as the good(s) and/or service(s) the mark is being used in connection with.

NOTE: Only one specimen is required. The name and/or design shown on the specimen must be identical to the name and/or design registered with our office.

WE DO NOT ACCEPT "STATIONERY" AS A SPECIMEN.

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) 245-6918.

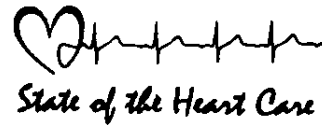
Nanette Causseaux

Florida Department of State, Kurt S. Browning, Secretary of State
MARK RENEWAL APPLICATION

January 19, 2007

SOUTH COUNTRY HEART GROUP, INC., A FLA. CO
1225 JACARANDA BLVD.
VENICE, FL 34292

South County Heart Center



1225 Jacaranda Blvd.
Venice, FL 34292

(941) 492-5666
FAX (941) 497-2331

www.southcountyheartcenter.com

- 1) Mark Registered: DESIGN OF A HEART WITH EKG LINE RUNNING FROM IT
2) Registration Number: T97000000687
3) Date Filed: 06/17/1997 4) Renewal Date: 06/17/2007
5) Class(es): 2-0042

Renewal Statement Pursuant to Section 495.071, Florida Statutes : (Below you must state the mark is still in use within the state of Florida or the reason for its nonuse.)

Still in use - see attached letterhead.

If applicant is a corporation, enter state of incorporation: Florida

I, William J. Corin, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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.

William J. Corin MD
Typed or Printed Name of Owner

Signed

[Signature]
Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 26 day of January, 2007



[Signature]
Signature of Notary Public

(Notary Seal)
My commission expires: June 10 2009

CR2E005 (7-91)

FILED
07 FEB 20 AM 9:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE