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PENSACOLA, FLORIDA 32503-1009
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

BRUCE A. McDONALD

TELEPHONE (850) 477-0660
TELECOPIER (850) 477-4510

March 16, 1998

T98000000347

FILED
98 MAR 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

900002463519--6
-03/20/98--01072--003
*****87.50 *****87.50

RE: Service Mark Registration

Dear Sir or Madam:

I enclose for filing an Application for Registration of a Service Mark, to be owned by The Surgery Group, P.A. The mark is:

(42)

The Surgery Group (with the letters T, S, & G superimposed over each other).

Also enclosed are three specimens showing the use and my filing fee check in the amount of $87.50.

If you find the application to be in proper form, please forward the certificate of registration to the undersigned. Thank you for your attention to our request.

Yours truly,

Bruce A. McDonald

T98-347

BAM/jbw

cc: Dr. Glenn L. Levine

Name Availability	NJC
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

Florida Department of State, Sandra B. Mortham, 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 acknowledgment should be sent:

Bruce A. McDonald
4300 Bayou Blvd. Ste. 13
Pensacola, FL 32503
(850) 477-0660
Daytime Telephone number

PART I

1. (a) Applicant's name: The Surgery Group, P.A.

(b) Applicant's business address: 1717 N.E. "E" Street
Pensacola, FL 32501
City/State/Zip

(c) Applicant's telephone number: (850) 444-4777

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

If other than an individual,
(1) Florida registration number: P94000041969 ✓ (2) Domicile State: Florida
(3) Federal Employer Identification Number: ~~59-3256236~~

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.)

Medical 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, barbecue grills, shoe laces, etc.)

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

(Continued)

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

42 Miscellaneous

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: 1-1-95 (b) Date first used in Florida: 1-1-95

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.)

"The Surgery Group" with the letters T, S, & G superimposed over each other.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " surgery " APART FROM THE MARK AS SHOWN.

I, _____, 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 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

THE SURGERY GROUP, P.A.
Typed or printed name of applicant

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

FILED
98 MAR 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF ESCAMBIA

On this 12 day of ~~February~~ March, 19 98, Glenn L. Levine personally appeared before me,

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

_____
Notary Public Signature

SUZIE E POWELL
Notary's Printed Name

My Commission Expires: 8-12-01

(Seal)

Suzie E. Powell
MY COMMISSION EXPIRES AUGUST 12, 2001
#CC 671405
Bonded thru Troy Fain-Insurance
NOTARY PUBLIC, STATE OF FLORIDA

FEE: $87.50 per class

The Surgery Group

F. BROOKS HODNETTE, JR., M.D., F.A.C.S.
JOSEPH E. LEON, M.D., F.A.C.S.
GLENN L. LEVINE, M.D., F.A.C.S.
ROBERT E. RUBEY, M.D., F.A.C.S.
JOHN A. TUCKER, M.D. F.A.C.S.

General, Thoracic, Vascular,
Colon & Rectal Surgery
(850) 444-4777
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