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

- 1. Florida Eye Health (42) (Corporation Name) (Document #)
- 2. (Corporation Name) (Document #)
- 3. (Corporation Name) (Document #)
- 4. (Corporation Name) (Document #)

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report
- Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

T99-61

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

Examiner's Initials

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:**

Janet Bernstein Teebagy, Esq.
Henderson, Franklin, Starnes & Holt
P. O. Box 280

Fort Myers, Florida 33902-0280

(941) 334-4121

Daytime Telephone number

PART I

1. (a) Applicant's name: Jonathan Frantz, M.D., P.A. d/b/a Florida Eye Health

(b) Applicant's business address: P.O. Box 6119
Fort Myers, Florida 33906-1199

City/State/Zip

(c) Applicant's telephone number: (941) 418-0999

Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,
(1) Florida registration number: P94000041868 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0500890

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.)

Ophthalmology, including refractive surgery

(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.)
Newspaper and other print advertisements, radio advertisements,
and promotional materials.

(Continued)

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

.Class 42

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: June 1, 1994 (b) Date first used in Florida: June 1, 1994

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.)

Florida Eye Health

Design consists of solid circle with five lines intersecting its right

side. The words, "Florida Eye Health" appear directly under the mark

and are in capitalized font.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Florida", "Eye",

"Health"

" APART FROM THE MARK AS SHOWN.

I, Jonathan M. Frantz, M.D., 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

Jonathan M. Frantz, M.D.

Typed or printed name of applicant

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

STATE OF FLORIDA

COUNTY OF LEE

On this 4 day of JANUARY, 19 99,
personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

99 JAN 13 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[Signature]
Notary Public Signature

TAMMY MOORE
Notary's Printed Name



Seal

My Commission Expires: 2-14-2000

FEE: \$87.50 per class

