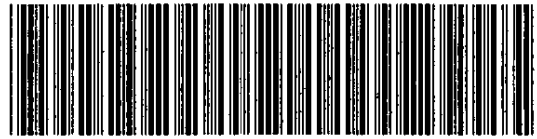


T9900000061



100133975661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

08/07/08--01039--001 **87.50

*New class
44*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 AUG 7 7 PM 2:00
FILED

RENEWAL

T99-61

N. CAUSSEAU

AUG 11 2008

EXAMINER



Henderson|Franklin
ATTORNEYS AT LAW

1715 Monroe Street • Fort Myers, FL 33901
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Reply to
Guy E. Whitesman
Board Certified Tax Lawyer
Direct Fax Number 239.344.1565
Direct Dial Number 239.344.1180
E-Mail: guy.whitesman@henlaw.com

August 6, 2008

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Mark Renewal Application - Registration Number: T99000000061

Dear Sir or Madame:

I have enclosed for filing with the Florida Department of State, a Mark Renewal Application for the mark *Florida Eye Health and Design*, accompanied by one specimen (a business card) demonstrating that the mark is still in use, and our check in the amount of \$87.50, made payable to the Florida Department of State, to cover the renewal fee.

Should you have any questions or need any further information in order to process this renewal, please do not hesitate to contact me.

Very truly yours,


Guy E. Whitesman

GEW/ksl
Enclosures
cc: Tammy Moore, Administrator

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

January 7, 2008

JONATHAN FRANTZ, M.D., P.A., A FLA. CORP.
P.O. BOX 6119
FT. MYERS, FL 33906-1199

FILED
08 AUG 27 PM 2:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

- 1) Mark Registered: FLORIDA EYE HEALTH AND DESIGN OF SOLID CIRCLE WI
- 2) Registration Number: T99000000061
- 3) Date Filed: 01/13/1999 4) Renewal Date: 01/13/2009
- 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.)

The mark is still in use within the state of Florida.

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

I, Jonathan M. Frantz, 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.

JONATHAN M. FRANTZ, M.D., P.A.
Typed or Printed Name of Owner

Signed

By: [Signature]
Owner's Signature or Authorized Person's Signature
Jonathan M. Frantz, M.D., President

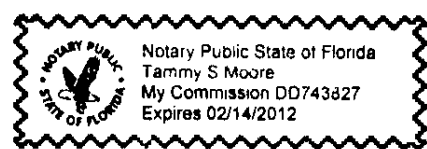
Subscribed and sworn to before me this 1 day of AUGUST, 2008.

[Signature]
Signature of Notary Public

(Notary Seal)
My commission expires: 2-14-2012

See reverse side for instructions.

CR2E005 (7-91)



JONATHAN M. FRANTZ, MD, FACS

*Board Certified Ophthalmologist
Cataract & LASIK Specialist*

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