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Office Use Only



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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

PART I

| (a) Owner's/Appli | cunt's name: Physician C | Compassiona | ate Care | , LLC | |
|---|---|---|--|---|---|
| (b) Owner's/Appli | cant's business address: 24771 Clearwa | US HWY 1 ter, FL 33763 | 9 N 3 | | |
| | pplicant's mailing address: | • | State/Zip | | |
| | | City/ | State/Zip | | |
| (e) Owner's/Applic | ant's telephone number: (727 ₎ 4 | 20-2320 | | 28 | |
| | box to indicate the Owner/Applicant i | | | الالالالالالالالالالالالالالالالالالال | 77 |
| ☐ Individual | ☐ Corporation | □Joint Venture | 🗷 Limited Lia | ibility-Company | y |
| ☐ General Partner | ship 🗖 Limited Partnership | □Union | ☐ Other | <u> </u> | |
| If the Owner/Applicant of State. If the Owner country under the laws employer identification | is a business entity, the business entity/Applicant is not an individual, enters of which the business entity is currenumber (EIN) in #3. | ly must have an active filing the business entity's Florid ently formed, organized or | or registration on a registration/docu incorporated unde | file with the Foria iment number in F ir in #2, and the c | da Department FL the state of mitty's federal |
| (1) Florida registration | /document number; <u>L160001513</u> | 73 | | | |
| (2) Domicile State or C | Country: Florida | | | | |
| (3) Federal Employer | Identification Number: 81-368516 | 65 <u> </u> | | | |
| service, the mark is a : | (K) If the owner/applicant is using the service mark. If the mark is a servic h. For example: furniture moving s If the owner/applicant is using the ma | e mark, the applicant/owner ervices, diaper services, hor | r must list the spec use painting service | ntic service(s) the tes, wholesale and | mark is being Fretail sales of |
| | services currently being rendered by the | <u>je owner/applicant. Do not</u> | include future ser- | vices.) | |
| (Note: List only those | | | | | |

| 2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trad applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being a sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo available in the market place, enter the specific product(s) the name, logo, design and/or slogan is be | registered in cor emark. If the m used to identify, design and/or s ing used to identi | anection on mark is a to For exact alogan to infy: | with an actual rademark, the imple: ladies identify goods |
|--|--|---|--|
| (Note: List only those product(s) currently available. Do not include future products.) | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| 2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED: | | | |
| SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection w form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being use how the name, logo, design and/or slogan are/is being used in advertising here: | general public. | For exa | impie: newspape |
| Internet, brochures, t-shirts, flyers, pamphlets, and newsp | aper. | . | |
| | | | |
| TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product you must specify how the mark is applied or affixed to the actual product or its packaging. For extended the actual product, etc. If the mark is being used in connection with a specific product, state how the | ample: a tag, lab | el, imprii | ned or engraved o |
| or affixed to the actual product(s) or the packaging: | ≥:3 | 7 A 75 5 | |
| | FIA RAS | 33 | generate |
| | 07.75 (11-1) (11-1) | رَ ر | 1-5-4 |
| | <u>, n</u> | Ū | } |
| | 85 | ίħ | |
| 2. (d) FEE(S) AND CLASS(ES); There are a total of 45 classes or categories in which all produce to register a mark is \$87.50 per class. Make check payable to Florida Department of State. | EFF ets or servibes m | ustBe ca | tegorized. The |
| List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above; | | | |
| Class 44 | | | |
| | | | |
| | | | |

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

| Note: The Florida Statutes require a mark to be in use prior to registration. | |
|--|---|
| (a) Date first used in other state or country, if applicable: | |
| (b) Date first used in Florida: December 20, 2017 | |
| PART III | |
| ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED: | |
| 1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The r slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or exar | of the logo and/or design name, logo, design and/or mples.) |
| Weed love to be your doctor. DOCMJ - Doctor's stethoscope inside a | "medical cross" |
| | C 3 |
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| · · | N |
| Provide the English translation of any and all terms listed #1 above, when applicable: | ט יוון |
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| 2. DISCLAIMER STATEMENT (if applicable): Your mark may include a word or design that is commonly used by others. Commonly used terms or designs may you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you or right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Cor readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed. Enter all terms listed in #1 above which require a disclaimer in the space provided below: | do not claim the exclusive smust be disclaimed (i.e., |
| | oue Doctor |

"APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part 1 #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

| , Jerome De Jesus | , being sworn, depose and | d say that I am the owner and the applicant |
|--|--|--|
| l, Jerome De Jesus herein, or that I am authorized to sign on behalf of the except a related company has registered this mark in th thereof or in such near resemblance as to be likely, who cause mistake or to deceive. I make this affidavit and read the application and know the contents thereof and | is state or has the right to use such en applied to the goods or services verification on my/the applicant's | mark in rioriaa either in the identical form of such other person to cause confusion, to behalf. I further acknowledge that I have |
| Jerome-De J | / | |
| Тур | ed of printed name of applicant | |
| | Applicant's signature (List name and title) | |
| STATE OF Florida | (Lisyrame and the) | 65 65 1 |
| COUNTY OF Pinellas | | R 2 9 |
| Sworn to and subscribed before me on this 6th day of | of February 2018 | |
| , , , , , , , , , , , , , , , , , , , | , <u> </u> | (Name of Individual Signing) |
| | | 97 9 |
| who is personally known to me whose ide | ntity I proved on the basis of | <u>is</u> |
| | | |
| EUGENE D RENSCH | 7 hv | V/F+ |
| Notary Public – State of Florida Commission # GG 149919 | | Notary Public Signature |
| (Scar) 1 My Comm. Expires Oct 9, 2021 | Engl | ine D Rouseh |
| Bonded through National Notary Asin | → | Notary's Printed Name |
| - | My Commission Expires: | d 9 2021 |

FILING FEE: \$87.50 per class

OFFICIAL SPECIMEN















OFFICIAL SPECIMEN

