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(Requestor's Name)

(Address)

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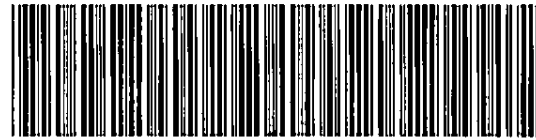
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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Special Instructions to Filing Officer:

Permission granted by Mr. Flisk to amend app. disclaimer "paramedic" and to change owner to company. 11-19-20/Mel Solomon

Office Use Only

NOV 19 2020

2020 NOV 18 PM 3:12

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NOV 19 2020

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Over Par Paramedic and design of a red Medical Sign in a black circle.  
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael T. Flisk  
(Name of Person)

Over Par Paramedic, Inc.  
(Firm/Company)

P.O. BOX 770421  
(Address)

Naples, Florida 34107-0421  
(City/State and Zip Code)

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REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael T. Flisk at ( 239 ) 272-3121  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

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

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Over Par Paramedic, Inc

(b) Owner's/Applicant's business address: P.O. BOX 770421  
Naples, Florida 34107-0421  
City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_  
City/State/Zip

(c) Owner's/Applicant's telephone number: (239) 272-3121

Check the appropriate box to indicate the Owner/Applicant is a(n):  
 Individual       Corporation       Joint Venture       Limited Liability Company  
 General Partnership       Limited Partnership       Union       Other: S-Corp.

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: P02000134582

(2) Domicile State or Country: United States of America

(3) Federal Employer Identification Number: 65-1166168

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Seated Chair & Table Massage Services

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2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

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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 with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

Treatment List, business cards, Flyers,  
name tag, A-Frame.

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

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2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

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

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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: October 1st 2020

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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 of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

Over Par Paramedic and design of a red medical sign in a black circle.

Provide the English translation of any and all terms listed #1 above, when applicable: \_\_\_\_\_

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms 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:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S) "Paramedic"

" 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 I #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:

1. Michael T. Flisk, 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.

Michael T. Flisk  
Typed or printed name of applicant

Michael T. Flisk  
Applicant's signature  
(List name and title)

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CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

STATE OF FLORIDA  
COUNTY OF FL

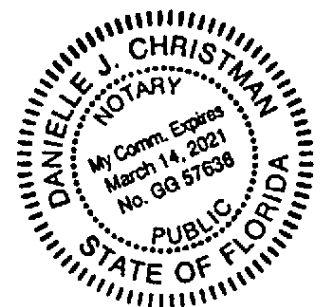
Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this (numeric date) this 10th day of November, 2020, by Michael Flisk.  
numeric date                      month                      year                      name of person making statement

Danielle J. Christman  
Notary Public's Signature

Danielle J. Christman  
Notary Public's Printed Name

Personally Known  OR Produced Identification  \_\_\_\_\_  
Type of Identification Produced: Driver's license

FILING FEE: \$87.50 per class





# Seated Chair Massage



A more accessible and convenient way to have tight congested tissues of the body addressed using a comfortable Chair. This Chair was developed by the Pioneer of Chair Massage, Mr. David Palmer. He teamed up with a Massage Equipment Company to create the perfect strong Chair for the industry. This approach gives the practitioner the leverage needed to sufficiently work the arms, back, posterior neck and hips all without removing clothing and without using oils.

The Seated Chair Massage Treatments listed below are specifically designed to eliminate any chronic tightness in the body's tissues. These tight tissue areas are due to the awkward postures and overuse from work or play. The upper body is commonplace for tension and fibrotic tissue build-up especially in the postural muscles of the back and neck. This Massage Therapy is the external stimulation necessary to improve these tissue conditions. The Seated Chair Massage detects dormant trigger points (hypersensitive areas) in the connective tissues of the upper body that inhibit normal muscular function. Experiencing these Treatments on a regular basis will gradually decongest the thick tissues and desensitize the nerves housed within them. When the body's tissues are in this improved state spasms are less likely to occur diminishing the event of injury. As a result, the body's tissues are fortified and are better capable of performing in an optimum fashion. No oils are used. Ointments may be used. No need to remove clothing.

## Seated Chair Massage Treatments

**15 Minute \$30** *Enliven your entire back and posterior neck with a stimulating combination of massage techniques. This treatment will soothe the often ischemic (lack of blood) back and neck muscles. This treatment ends with a finale of refreshing hand tapping techniques leaving you relaxed and recharged.*

**20 Minute \$40** *There is build up potential in the posterior neck and entire back due to the forward head postures assumed during work or play. The postural muscles of the back and neck are completely addressed along with the arms, hands and fingers. This treatment ends with the splendid rendition of hand tapping techniques. Your mind and entire upper body will be recharged leaving you refreshed and fortified.*

**30 Minute \$60** *This is the ultimate upper body treatment. Enjoy complete upper body nourishment. The repetitive motions of work and play often cause back, neck, shoulder and wrist discomfort. These overused areas of the upper body are thoroughly addressed. This revitalizing treatment is completed with an invigorating blend of hand tapping techniques that will leave you revitalized and ready to go.*



**TO LEARN MORE OR TO SCHEDULE AN APPOINTMENT**

Please Call or Text Michael Flisk at (239) 272-3121 or

Email: [opparamedic1198@aol.com](mailto:opparamedic1198@aol.com)

A GRADUATE OF AN ACCREDITED MASSAGE INSTITUTION





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2020

MICHAEL T. FLISK  
OVER PAR PARAMEDIC, INC.  
PO BOX 770421  
NAPLES, FL 34107-0421

SUBJECT: OVER PAR PARAMEDIC AND DESIGN OF A RED MEDICAL SIGN  
IN A BLACK CIRCLE.  
Ref. Number: W20000107242

We have received your document for OVER PAR PARAMEDIC AND DESIGN OF A RED MEDICAL SIGN IN A BLACK CIRCLE. and check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above referenced mark expired on December 18, 2010. Please resubmit your filing in the form of a new mark application. We are enclosing the form and instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 120A00017811

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NOV 18 2020