

T03000000143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

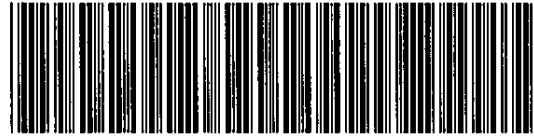
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*New
class
45*

Office Use Only



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01/09/13--01026--006 **87.50

RENEWAL

T03-143 ✓

FILED
13 JAN -9 AM 10:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**JAN 10 2013
N. CAUSSEAU**



January 8, 2013

VIA FEDEX

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Mark Renewal Applications for Registration Number T03000000143

To Whom It May Concern:

Enclosed please find the following items for processing of the above-referenced Mark Renewal Application:

For Registration Number T03000000143:

- (1) a check made payable to the Division of Corporations in the amount of \$87.50;
- (2) a complete original Mark Renewal Application which has been signed and notarized on behalf of Community Hospice; and
- (3) one specimen showing actual use of the mark.

Please do not hesitate to contact me at 904-407-5050 with any questions. Thank you in advance for your assistance.

Sincerely,

Bonnie A. Davis
Credentialing & Contracting Manager

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jewish Hospice Connection
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Davis
(Name of Person)

Community Hospice of Northeast Florida, Inc.
(Firm/Company)

4266 Sunbeam Road
(Address)

Jacksonville, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Davis at (904) 407-5050
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

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

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Community Hospice of Northeast Florida, Inc.
4266 Sunbeam Road
Jacksonville, FL 32257

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
13 JAN -9 AM 10:30
TALLAHASSEE, FLORIDA

- 1) Mark Registered: Jewish Hospice Connection
2) Registration Number: T03000000143
3) Date Filed: 02/04/2003 4.) Renewal Date: 02/04/2013 5.) Class(es) Filed: SM-004200

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

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

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: Florida

Susan Ponder-Stansel

Typed or Printed Name of Owner

Susan Ponder-Stansel
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Duval

Sworn to and subscribed before me on this 7th day of January 2013, Susan Ponder-Stansel
(Name of Individual Signing)

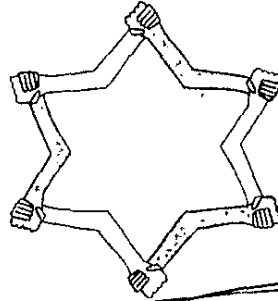
[X] who is personally known to me [] whose identity I proved on the basis of



Bonnie Ann Davis
Notary Public's Signature

Bonnie Ann Davis
Notary Public's Printed Name

Fee: \$87.50 Per Class
Certificate of Renewal : \$8.75 (Optional)
CR2E005 (1/11)



**JEWISH
HOSPICE
CONNECTION**

Thoughtfully connecting Jewish values and traditions with compassionate hospice care.



The mission of the Jewish Hospice Connection is to provide religious and culturally sensitive end-of-life care to Jewish patients and their families. The compassionate and skillful end-of-life care provided includes pain and symptom management, psychosocial support, volunteer services and spiritual support all within the context of Jewish values, customs and traditions.



continued on back

Jewish Hospice Connection

Jewish hospice patients and their families are given the same interdisciplinary approach to care that Community Hospice patients receive. In addition; the following services are also available:

- **Nursing care.** Community Hospice nurses and home health aides who have received specialized training to be sensitive to specific Jewish values, customs and traditions, are assigned to the care team.
- **Psychosocial support.** In most care settings, a social worker from Jewish Family & Community Services is assigned to the team so that special cultural and religious concerns of the patient and family are met.
- **Spiritual support.** A rabbi or Community Hospice chaplain is available to meet the spiritual needs of the Jewish patient and family.
- **Volunteer support.** Community Hospice or Jewish Healing Network volunteers, with specialized hospice training, are available to provide support and assistance to patients and families as needed.

A collaboration between


COMMUNITY HOSPICE
Of Northeast Florida, Inc.



Jewish Family & Community Services


River Garden
HEBREW HOME/WOLFSOHN HEALTH & AGING CENTER

For further information about the Jewish Hospice Connection, call Ellen McCoy, Community Hospice of Northeast Florida at 268-5200, ext. 6393.