

TO 700000 1568

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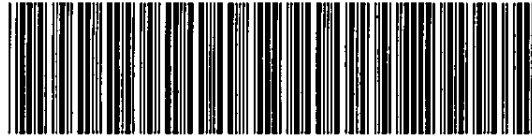
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TALLAHASSEE FLORIDA

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TO 7-1568

07



Community Blood Centers

Headquarters

4039 Newberry Road
Gainesville, Florida 32607

352-224-1600
352-224-1650 Fax

Toll Free 1-888-795-2707
www.lifesouth.org

October 3, 2007

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

Subject: Registration No.: T97000000496

Enclosed please find the new mark application for the above referenced registration number for LifeSouth Community Blood Centers, Inc. for filing. Per our previous request for renewal we attached a check for \$96.25 that should now apply to the new registration.

Please do not hesitate to contact our offices should you have any further requests or questions.

Sincerely,

Kimberly Kinsell
Corporate Counsel

Tel: 352-224-1637
Fax: 352-224-1650
Email: KEKinsell@lifesouth.org

anf
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life South Community Blood Centers, Inc.
(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:

Kim Kinsell
(Name of Person)

Life South Community Blood Centers, Inc.
(Firm/Company)

4039 Newberry Road
(Address)

Gainesville FL 32607
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Kinsell at (352) 224-1637
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2007

KIMBERLY KINSELL, ESQUIRE
LIFESOUTH COMMUNITY BLOOD CENTERS
4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

SUBJECT: LIFESOUTH COMMUNITY BLOOD CENTERS & DESIGN OF "LIFESOUTH" AS ONE WORLD WITH THE "OUTH" IN LOWERCASE, AND A SMALL HEART ABOVE THE LETTER "U" "COMMUNITY BLOOD CENTERS" APPEARS IN TITLE CASE
Ref. Number: W07000051045

We have received your document for LIFESOUTH COMMUNITY BLOOD CENTERS & DESIGN OF "LIFESOUTH" AS ONE WORLD WITH THE "OUTH" IN LOWERCASE, AND A SMALL HEART ABOVE THE LETTER "U" "COMMUNITY BLOOD CENTERS" APPEARS IN TITLE CASE and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (44) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (44).

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "COMMUNITY, "BLOOD CENTERS"

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead,

stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 407A00060522

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. (a) Applicant's name: LifeSouth Community Blood Centers, Inc.
(b) Applicant's business address: 4039 Newberry Road
Guinesville, FL 32607
City/State/Zip

If different, Applicant's mailing address: _____
City/State/Zip

- (c) Applicant's telephone number: (352) 224-1600
 Individual Corporation Joint Venture Limited Liability Company
 General Partnership Limited Partnership Union Other: _____

- If other than an individual,
(1) Florida registration/document number: 729802 ~~T 729802~~ (2) Domicile State: Florida
(3) Federal Employer Identification Number: 59-1545914

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.)
Blood banking and related services.

(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.)
n/a

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Printed promotional materials including T-shirts, posters, banners, pamphlets, signage and printed advertisements

d) The class(es) in which goods or services fall:
44

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: 1/14/1997 (b) Date first used in Florida: 1/14/1997

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.)

LIFE South Community Blood Centers. Design LIFE South
as one word with the "outh" in lower case, and a
small heart above the letter "o" "Community Blood Centers"
appears in Title Case. (Please see attached.)

English Translation n/a

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Community
Blood Centers" APART FROM THE MARK AS SHOWN.

I, Kimberly Kinsell, 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.

Kimberly Kinsell
Typed or printed name of applicant

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

STATE OF FLORIDA

COUNTY OF ALACHUA

On this 3rd day of OCTOBER, 2007, KIMBERLY E. KINSELL personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

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07 NOV -9 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Gladys A. McMullan
My Commission DD532488
Expires June 26, 2008

[Signature]
Notary Public Signature

GLADYS A. McMULLAN
Notary's Printed Name

My Commission Expires: June 26, 2008

FILING FEE: \$87.50 per class

People

who

LOVE

**More Information
about Hemoglobin**

people

and Iron Levels

GIVE

blood

LIFESouth
Community Blood Centers®