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D. BRUCE

OCT 15 2009

EXAMINER

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: SOUTH BROWARD HOSPITAL DISTRICT

(b) Owner's/Applicant's business address: 3501 JOHNSON STREET

HOLLYWOOD, FL 33021
City/State/Zip

If different, Owner's/Applicant's mailing address: _____

City/State/Zip

(c) Owner's/Applicant's telephone number: (954) 987-2000

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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: SPECIAL TAXING DISTRICT, POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

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.

AS A STATE POLITICAL SUBDIVISION, APPLICANT IS NOT REGISTERED WITH THE DEPARTMENT OF STATE, BUT RATHER WITH THE FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS.

(1) Florida registration/document number: (SEE ATTACHED)

(2) Domicile State or Country: FLORIDA

(3) Federal Employer Identification Number: 596014973

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.)

PEDIATRIC ORTHOPEDIC PHYSICIAN SERVICES AND REHABILITATION SERVICES, INCLUDING PHYSICAL AND OCCUPATIONAL THERAPY, PROVIDED IN A REHABILITATION GYM, ALL RELATING TO SPORTS RELATED MEDICINE, THERAPY, DIAGNOSTICS, PRIMARY CARE, AND PREVENTATIVE CARE OF INDIVIDUALS UNDER THE AGE OF 18.

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:

ADVERTISEMENTS, BROCHURES, BUSINESS CARDS, FLYERS

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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:

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:

44 (MEDICAL SERVICES)

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.

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(a) Date first used in other state or country, if applicable: _____

(b) Date first used in Florida: AUGUST 31, 2009

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.)

[U18] SPORTS MEDICINE

THE NUMBER 18 IN BRACKETS, FOLLOWED BY THE WORDS "SPORTS MEDICINE."

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)" "SPORTS MEDICINE" " 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.

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SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, STUART HOPEN *, 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.*

SOUTH BROWARD HOSPITAL DISTRICT
Typed or printed name of applicant

Applicant's signature
(List name and title) STUART HOPEN, DEPUTY GENERAL COUNSEL, SOUTH BROWARD HOSPITAL DISTRICT

STATE OF Florida

COUNTY OF Broward

On this 25th day of September, 2009, Stuart Hopen personally appeared before me,

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

(Seal)

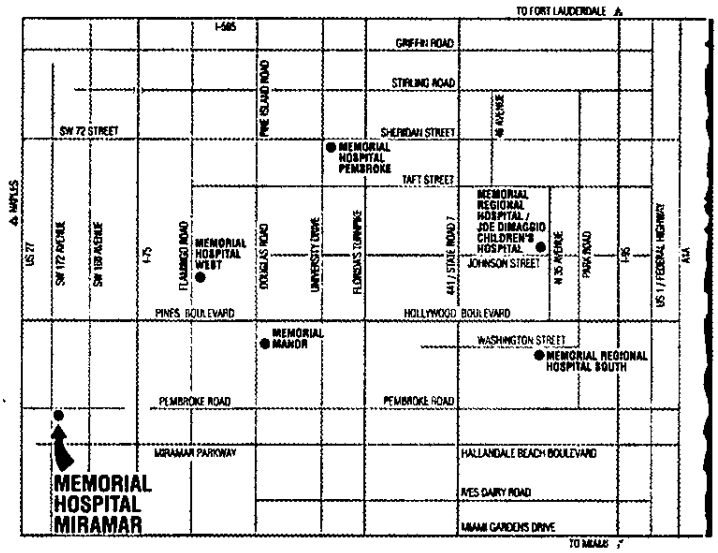
WANDA E. AMADOR
MY COMMISSION EXPIRES
May 30, 2012
#DD 779531
Bonded thru
Notary Public Underwriters
NOTARY PUBLIC STATE OF FLORIDA

Wanda E. Amador
Notary Public Signature

WANDA E. AMADOR
Notary's Printed Name

My Commission Expires: MAY 30, 2012

FILING FEE: $87.50 per class



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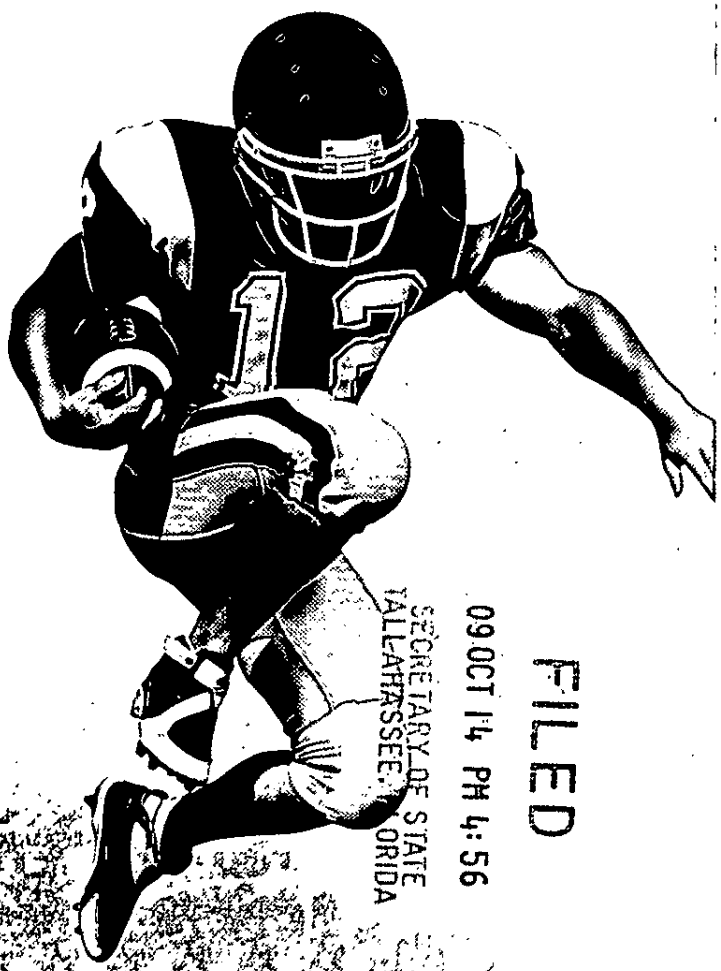

[U18]

Sports Medicine

Affiliated with Joe DiMaggio Children's Hospital

Memorial Hospital Miramar • Medical Office Building
1951 Southwest 172 Avenue, Suite 207 • Miramar, Florida 33029
Phone: (954) 538-5500 • Fax: (954) 538-5555
U18SportsMedicine.com

For more information about Memorial Hospital Miramar U18 Sports Medicine, or to schedule an appointment, please call **(954) 538-5500.**

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