T07000001090

(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:

Office Use Only

400262384244

Renewal

07/22/14--01002--009 **87.50

T09-1090

FILED
14 JUL 22 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2014

N. CAUSSEAUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: [U18] SPORTS MEDICINE (US 18 IS IN BRACKETS)
(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:

RICHARD PROBERT, Deputy General Counsel
(Name of Person)

MEMORIAL HEALTHCARE SYSTEM / Legal Department
(Firm/Company)

3329 JOHNSON ST.
(Address)

HOLLYWOOD, FL 33021-5419
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA THOMAS at (954) 265-5933
(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.)

CR2E005 (1/11)

MARK RENEWAL APPLICATION

Namo and Mailing Address of Owner:

SOUTH BROWARD HOSPITAL DISTRICT
3501 JOHNSON ST.
HOLLYWOOD, FL 33021

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

FILED
14 JUL 22 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1) Mark Registered: [U18] SPORTS MEDICINE

2) Registration Number: T09000001090

3) Date Filed: 10/15/2009 4.) Renewal Date: 10/15/2014 5.) Class(es) Filed: SM-0044

6) Renewal statement pursuant to section 495.071, Florida Statues. 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 has been in continuous use in the State of Florida since August 31, 2009,

by South Broward Hospital District d/b/a Memorial Healthcare System

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: South Broward Hospital District is a Special Tax District under the Laws of the State of Florida. Under Ch. 1.01(8), Fla. Stat., South Broward Hospital District is deemed to be a Political Subdivision of the State of Florida.

SOUTH BROWARD HOSPITAL DISTRICT
Typed or Printed Name of Owner

By: _____
Owner's Signature or Authorized Person's Signature
Richard Probert, Deputy General Counsel

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to and subscribed before me on this 17th day of July, 2014, RICHARD PROBERT
(Name of Individual Signing)

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

(Seal)

JEANETTE ALEU
Notary Public - State of Florida
My Comm. Expires Feb 1, 2017
Commission # EE 869617
Bonded Through National Notary Assn.

_____
Notary Public's Signature

Jeanette Aleu
Notary Public's Printed Name

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