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(Re	equestor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Section
	D''' CO .:

Division of Corporations

SUBJECT: [U18] Sports Medicine (with brackets around U18)

(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)

3111 Stirling Road

(Address)

Hollywood, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

Mercedes Alvarez

(Name of Person)

at (954) 265-5262 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations

Registration Section **Division of Corporations**

Clifton Building

P.O. Box 6327

2661 Executive Center Circle

Tallahassee, Florida 32314

Tallahassee, Florida 32301.

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

Name and Mailing Address of Owner:	Return To: Division of Corporations
South Broward Hospital District	P.O. Box 6327 Tallahassee, FL 32314
3501 Johnson Street	Tananassec, 12 525,
Hollywood, FL 33312	
1) Mark Registered: [U18] Spor	ts Medicine
2) Registration Number: T0900001	090
	val Date: 10/15/2019 5.) Class(es) Filed: SM-0044
•	5.071. Florida Statues. Below you must state the mark is still in onuse is not due to any intention to abandon the mark.
	s use in the State of Florida since August 31, 2009,
by South Broward Hospital D	istrict d/b/a Memorial Healthcare System.
by South Broward Hospital D	
7) If the mark is still in use, a specimen show	wing 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
o) Trappleant is a same as entity, either the	state of meorporation with the state of the
	South Broward Hospital District
	Typed or Printed Name of Owner
STATE OF FLORIDA	Owner's Signature or Authorized Person's Signature
COUNTY OF BROWARD	
Sworn to and subscribed before me on this	th day of August 2019 Richard Probert (Name of Individual Signing)
who is personally known to me whose	identity I proved on the basis of
CARMEN M CRUZ	
Notary Public - State of Florida Commission # GG 243599 My Comm. Expires Jul 31, 2022	Carned M Chuy
(Except through National Notary Assn.	Notary Public's Signature
Fee: \$87.50 Per Class	CARMEN M. CRUZ
Certificate of Renewal: \$8.75 (Optional) CR2E005 (1/11)	Notary Public's Printed Name





Randolph B. Cohen, MD. Stephen K. Storer, MD. Michael H. Jole, MD. Neal P. McNerney, MD. Jeremy S. Frank, MD; Matthew L. Fabekas, MD; Eric A. Eisner, MD

Your Sports Medicine Provider for the Young Athlete

U18 Sports Medicine is a multidisciplinary program offering comprehensive orthopaedic surgical and rehabilitation services to student athletes. Our medical team includes fellowshiptrained pediatric orthopaedic surgeons from Joe DiMaggio Children's Hospital's Department of Orthopaedic Surgery.

Our rehabilitation team consists of physical therapists specializing in orthopaedic, concussion, dance and sports medicine. Additionally, we partner with youth organizations and schools by providing educational seminars, coaches clinics and special programs to help manage injuries.

On-Site Services

- · Pediatric Orthopaedic Surgeons
- Sports Physical Therapy
- X-ray & MRI
- Concussion Management
- Performing Arts & Dance Medicine

954-538-5500 Connect with Us **F**1

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9/18