T94000000175

(Requestor's Name)

_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____

(Business Entity Name)

_____

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Renewal

T94-175

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SUITE M-115
Miami, Florida 33130
TELEPHONE (305) 856-9920

Fort Lauderdale
Direct Dial (954) 847-3366

July 7, 2003

PLEASE REPLY TO:

Service Mark Registration
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Application for Service Mark Renewal**
"COUNT ON US"
Our File No. : 88-446D

Dear Sir/Madam:

Enclosed please find the following items to be filed and processed:

1. Original Application for Registration of Service Mark Renewal for "Count on Us;" and
2. The North Broward Hospital District's check in the amount of $96.25 representing the renewal registration fee and a Certificate of Renewal.

Please be advised that the North Broward Hospital District is a special tax district created by a special act of the legislature. Enclosed is a copy of the District's Charter and Bylaws, which indicates that the North Broward Hospital District is not required to be registered with the Department of State.

Please call me if you have any questions concerning this renewal registration. My direct dial number is (954) 847-3366. Please return the Certificate of Renewal to the undersigned.

Very truly yours,

LINDA SPAULDING WHITE
For the Firm

LRS/cjf (366)
Enclosures
cc: Robert A. Burton
Senior VP/Chief Administrative Officer (w/o enclosure)
Linda Teller, Specialist (w/o enclosure)

MARK RENEWAL APPLICATION

Name and Address of Owner:

> North Broward Hospital District, special tax district created by Fla. Legislature
> 303 S.E. 17th Street
> Fort Lauderdale, FL 33316

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

Mark Registered: __COUNT ON US__

Registration Number: __T94000000175__

Date Filed: __02/04/1994__   Renewal Date: __02/04/2004__   Class(es) Filed: __SM-0042__

Renewal statement pursuant to section 495.071, Florida Statues. Below you must state the mark is still in use in Florida or the reason for its nonuse.

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

If applicant is a corporation, enter the state of incorporation: _____

I __Wil Trower, President/CEO__, *being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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.*

North Broward Hospital District
_____
Typed or Printed Name of Owner

_____
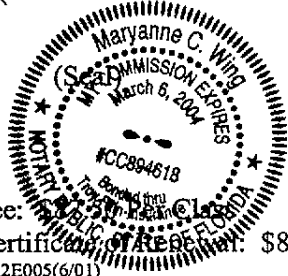Owner's Signature or Authorized Person Signature

STATE OF __Florida__

COUNTY OF __Broward__

On this __10__ day of __July__, 2003, __Wil Trower, President/CEO of the Owner__ personally appeared before me,

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

_____
Notary Public's Signature

Maryanne C. Wing
Notary Public's Printed Name

Fee:
Certificate of Renewal: $8.75 (Optional)
CR2E005(6/01)