

198000000564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

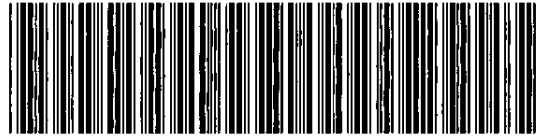
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/08--01022--005 **96.25

No Exam.
New class
44

FILED
08 FEB 14 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RENEWAL

198-564

N. CAUSSEUX

FEB 15 2008

EXAMINER

Shands HealthCare

February 4, 2008

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

Re: Mark Renewal – 1-800-PHYSICIAN

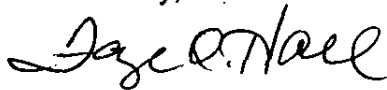
Dear Sir/Madam:

Please find enclosed the following:

- 1) Original mark renewal application; and,
- 2) Check #0000121285 in the amount of \$96.25 representing the renewal fee of \$87.50 and funds (\$8.75) for a certificate of renewal.

Thank you.

Sincerely,



Faye O. Hall
Paralegal

/foh
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2008

FAYE O. HALL, PARALEGAL
SHANDS HEALTHCARE
720 SW 2ND AVENUE, SUITE 360A
GAINESVILLE, FL 32601

SUBJECT: 1-800-PHYSICIAN
Ref. Number: T98000000564

We have received your document for 1-800-PHYSICIAN and your check(s) totaling \$96.25. However, the document has not been filed and is being retained in this office for the following:

Section 495.071(4), F.S., which became effective January 1, 2007, requires all renewal applications to include a specimen (sample) showing the actual use of the mark on or in connection with the goods or services.

If the mark is a trademark registered under classes 1-34, submit one of the following: a label, tag, decal, container, box, wrapper, etc.

If the mark is a service mark registered under classes 35-45, submit one of the following: a newspaper advertisement, brochure, flyer, business card, etc.

For bulky specimens, we will accept a legible photograph clearly showing the mark as well as the good(s) and/or service(s) the mark is being used in connection with.

NOTE: Only one specimen is required. The name and/or design shown on the specimen must be identical to the name and/or design registered without office. We DO NOT accept letterhead or stationery.

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.

Shands HealthCare

February 11, 2008

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

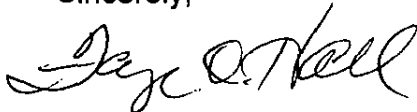
Re: Mark Renewal – 1-800-PHYSICIAN
Your Reference No.: T98000000564

Dear Sir/Madam:

Pursuant to your letter of February 6, 2008 (copy attached), please find enclosed a specimen (sample) showing the actual use of the mark 1-800-PHYSICIAN. I apologize for omitting this sample along with the submission of the original renewal.

Thank you for your assistance in this matter.

Sincerely,



Faye O. Hall
Paralegal

/foh
Enclosures

Florida Department of State, Kurt S. Browning, Secretary of State
MARK RENEWAL APPLICATION

November 30, 2007

SHANDS TEACHING HOSPITAL AND CLINICS, INC.
720 SW 2ND AVENUE, SUITE 360A
GAINESVILLE, FL 32601

FILED
08 FEB 14 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1) Mark Registered: 1-800-PHYSICIAN
- 2) Registration Number: T98000000564
- 3) Date Filed: 05/20/1998 4) Renewal Date: 05/20/2008
- 5) Class(es): 2-0042

Renewal Statement Pursuant to Section 495.071, Florida Statutes : (Below you must state the mark is still in use within the state of Florida or the reason for its nonuse.)

Mark is still in use within the State of Florida

If applicant is a corporation, enter state of incorporation: Shands Teaching Hospital and Clinics, Inc.

I, Charles B. Koval, 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.

SHANDS TEACHING HOSPITAL AND CLINICS, INC.

Typed or Printed Name of Owner

Signed

Charles B. Koval

Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 17th day of January, 2008.

Peggy George

Signature of Notary Public

(Notary Seal)

My commission expires:

NOTARY PUBLIC-STATE OF FLORIDA
Peggy George
Commission # DD701683
Expires: AUG. 05, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

See reverse side for instructions.

CR2E005 (7-91)

You can make appointments and get information about services provided by UF physicians at any location by calling the UF Consultation Center at 352/395-8000, or long distance at 1-800-749-7424 (1-800-PHYSICIAN).

The University of Florida Faculty Group Practice is owned by the University of Florida and managed by its College of Medicine. The clinics are not an affiliate of Shands Hospital, and Shands Hospital does not exercise control or authority in the administration or operation of the clinic. All physicians, nurses and other health care providers who provide professional services within the clinic are employees or agents of the University of Florida.

To reorder this map, please call the West Information Center at 395-0005.

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