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~~W06-25232~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: sel-ect Program
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Shade, CPA, CRM, MBA 207
(Name of Person)

Neighborly Care Network, Inc.
(Firm/Company)

12425 - 28th Street North, Suite 200
(Address)

St. Petersburg FL 33716
(City/State and Zip Code)

For further information concerning this matter, please call:

Marilyn Howard at (727) 573-9444
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2006

DEBRA SHADE, CPA, CRM, MBA
NEIGHBORLY CARE NETWORK, INC.
12425 28TH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33716

SUBJECT: SEL-ECT PROGRAM
Ref. Number: W06000025232

We have received your document for SEL-ECT PROGRAM and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "PROGRAM"

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 706A00038372

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

Name & address to whom acknowledgment should be sent:

Debra Shade, CPA, CRM, MBA

President/CEO, Neighborly Care Network

12425 - 28th Street North, Suite 200,St. Petersburg FL 33716

(727) 573-9444
Daytime Telephone number

PART I

1. (a) Applicant's name: Neighborly Care Network, Inc.

(b) Applicant's business address: 12425 - 28th Street North, Suite 200

St. Petersburg FL 33716
City/State/Zip

If different, Applicant's mailing address: _____

_____
City/State/Zip

(c) Applicant's telephone number: (727) 573-9444

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Other: _____

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration/document number: 710756 (2) Domicile State: FL

(3) Federal Employer Identification Number: 59-1218100

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

Medicare Home Health services provided in an Adult Day Care facility

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

brochures, flyers, print advertising, television advertising, internet media, etc.

(Continued)

d) The class(es) in which goods or services fall:

42 - Miscellaneous

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 09/20/2005 (b) Date first used in Florida: 09/20/2005

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

sel-ect Program ~~+~~ slogan Sharing Experience for Living - an Elder Care Team

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " PROGRAM elder care " APART FROM THE MARK AS SHOWN.

I, Debra Shade *, 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 no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. 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*

Debra Shade, CPA, CRM, MBA, President/CEO
Typed or printed name of applicant

Debra Shade
Applicant's signature
(List name and title)

FILED
06 JUN 29 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Pinellas

On this 16th day of May, 2006, Debra Shade personally appeared before me,

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

Marilyn Howard
Notary Public Signature

(Seal)

Marilyn Howard
Notary's Printed Name

My Commission Expires: July 7, 2008

FEE: $87.50 per class

NOTARY PUBLIC STATE OF FLORIDA
MARILYN M. HOWARD
MY COMMISSION # DD 333343
EXPIRES: July 7, 2008
1-800-3-NOTARY FL Notary Discount Assoc. Co.

Introducing ...

neighborly
CARE NETWORK

sel-ect[sm] Program

Sharing Expertise for Living – an Elder Care Team

(A Medical Adult Day Care Services Demonstration)

Now you can receive continuous monitoring and home health care treatments in a professional setting, *paid by Medicare at no additional cost to you.*



Participation in the demonstration project is voluntary and refusal does not affect Medicare benefits or Home Health Care benefits.

Some exclusions apply. Call for eligibility requirements.

The plan has many advantages, including:

- *Continuum of care with improved quality of care*
- *Consistency in meeting client's nutritional needs*
- *Socialization, preventing feelings of isolation and depression*
- *Activities for cognitive/mental stimulation*
- *Medical monitoring*
- *Assistance for caregiver to be able to continue caring for client*

Neighborly is Medicare certified and licensed by the Agency for Health Care Administration (License #: HHA 21924096).

For more information, call 727-939-8886 or 877-939-8886 (toll free)

or send an e-mail to sel-ectinfo@neighborly.org