

Memorial Healthcare System

MEMORIAL REGIONAL HOSPITAL • JOE DIMAGGIO CHILDREN'S HOSPITAL
 MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

T0000000 1077

August 25, 2000

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

400003379784--2
 -09/01/00-01025-008
 *****87.50 *****87.50

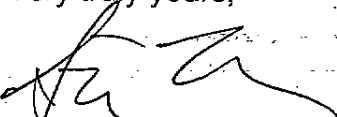
RE: Joe DiMaggio Children's Hospital

To Whom it May Concern:

Enclosed please find an Application for the Registration of a Trademark or Service Mark, a check in the amount of \$87.50, and a copy of the agreement giving authority to South Broward Hospital District for use of the above name.

Please advise if any additional information is needed.

Very truly yours,


 Stuart Hopen
 Associate General Counsel
 SH:blg
 Attachments
 c: Gary S. Barber
 Stephanie B. Lyons

New permission
 (12)

T-1077

W-22221

FILED
 00 SEP 06 PM 2:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

789/304/708/672

*Reg. denied pursuant to
 Section 495.021(b) F.S.*

Name Availability	<i>WJ</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

M Memorial Healthcare System

MEMORIAL REGIONAL HOSPITAL  JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

September 15, 2000

Ms. Nanette Causseaux
Corporate Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

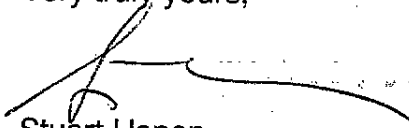
Subject: Joe DiMaggio Children's Hospital
Reference No.: W00000022221

Dear Ms. Causseaux:

Per your request, I am returning a notarized Application for the Registration of a Trademark or Service Mark. As we discussed today, the information previously provided includes a copy of Joe DiMaggio's written authorization to use his name.

If you have any questions, or if I can be of further assistance, please do not hesitate to contact me.

Very truly yours,



Stuart Hopen
Associate General Counsel
SH:blg
Attachments
c: Gary S. Barber
Stephanie B. Lyons

RECEIVED

MAY 20 1992

CLARKE WALDEN
Attorney at Law

c/o Morris Engelberg
Attorney at Law
3230 Stirling Road
Hollywood, Florida 33021

May 26, 1992

South Broward Hospital District
3501 Johnson Street
Hollywood, Florida 33021

and

Memorial Hospital Foundation, Inc.
a Florida nonprofit corporation
3501 Johnson Street
Hollywood, Florida 33021

Gentlemen:

Mr. Frank V. Sacco, the Chief Executive Officer of South Broward Hospital District, has met with me and made certain representations and requests.

The representations and requests are stated generally as follows:

1. South Broward Hospital District is a special tax district under the laws of the State of Florida. Under the provisions of Ch. 165.031, Fla. Stat., the hospital district is also deemed to be a unit of local government.
2. The powers and duties of South Broward Hospital District are derived from the general laws of the State of Florida and from Ch. 24415, Laws of Fla. (1947), as amended.
3. Ch. 24415, Laws of Fla. (1947), as amended, represents the "charter" of the hospital district.
4. In effect, the hospital district is a special tax district which has the authority under its charter to own and operate public hospitals in the southern part of

Broward County, Florida. Further, the hospital district has qualified as a Section 501(c)(3) corporation under the Internal Revenue Code.

5. The name of the main hospital facility owned and operated by South Broward Hospital District is Memorial Hospital (a duly registered fictitious name under the laws of the State of Florida) which operates a full service hospital offering both tertiary and special services at 3501 Johnson Street, Hollywood, Florida.
6. South Broward Hospital District is operating, in a specified and defined area at Memorial Hospital, a children's unit which provides a wide variety of pediatric programs and pediatric services. The children's unit is sometimes referred to as the pediatric unit.
7. South Broward Hospital District has determined from Department of Health and Rehabilitative Services, State of Florida (the state agency having jurisdiction over hospitals operated in the State of Florida) that there is no objection to operating the children's unit or the pediatric unit under the name of "Children's Hospital" or some variation thereof, with the children's unit or children's hospital to be operated as a division or department of Memorial Hospital. The children's hospital is presently operated under the name of "Memorial Children's Center" as a division or department of Memorial Hospital.
8. South Broward Hospital District has requested me to give unto it the necessary authority, license or permission to change the name of the children's hospital at Memorial Hospital from "Memorial Children's Center" to the following name:

JOE DIMAGGIO CHILDREN'S HOSPITAL,
at Memorial.
9. A separate entity, Memorial Hospital Foundation, Inc., a Florida nonprofit corpo-

ration, carries on its functions in association with Memorial Hospital and is operated for various fund-raising purposes to support the activities of Memorial Hospital.

10. A major and very popular fund-raising activity sponsored annually by Memorial Hospital Foundation, Inc., is known generally as the Memorial Classic, a baseball oriented weekend culminated by an exhibition game played by former major league baseball players. Primarily, the net revenues earned by the Memorial Classic from year to year have been used to support the activities of the children's hospital at Memorial Hospital. The success of the Memorial Classic has been such that it is anticipated that the event shall be continued indefinitely for many years to come.

Based on the above representations made by you, and subject to the limitations set forth below, I hereby give you authorization and a license or permit which shall allow you to use my name, Joe DiMaggio, in connection with advertising, exploiting and publicizing the facility, and the services provided by the facility, now known as Memorial Children's Center, a unit, division or department of Memorial Hospital, Hollywood, Florida, with said Memorial Children's Center to be renamed as "JOE DIMAGGIO CHILDREN'S HOSPITAL, at Memorial."

You are given absolute authority and a license or permit to rename the children's hospital (now known as Memorial Children's Center) to the name of "JOE DIMAGGIO CHILDREN'S HOSPITAL, at Memorial."

The aforesaid grant of the right to use my name with respect to the children's hospital now located at Memorial Hospital shall, subject to the limitations set forth below, authorize you to use photographs and other likenesses of me in connection with the advertising, exploiting and publicizing of the children's hospital to be renamed "JOE DIMAGGIO CHILDREN'S HOSPITAL, at Memorial." Photographs and other likenesses of me may also be used in connection with the advertising, exploiting and publicizing by Memorial Hospital Foundation, Inc., of the annual event heretofore referred to as the Memorial Classic. Further, the photographs and other likenesses may show me dressed in the regular baseball uniform of the professional baseball team for which I formerly played, namely, the New York Yankees.

You are given permission for the painting, preparation and rendition of a portrait of me, or a statue of my likeness, to be placed on the fourth floor of Memorial Hospital, Hollywood, Florida, at or near the entrance of "JOE DIMAGGIO CHILDREN'S HOSPITAL, at Memorial." Before displaying such portrait or statue, you shall obtain my written approval and consent of said portrait or statue.

I reserve the right at all times to approve, in advance, in writing, whatever logos, logograms and signage you see fit to display in connection with your promotion of the association of my name with respect to the children's hospital at Memorial Hospital (to be renamed as "JOE DIMAGGIO CHILDREN'S HOSPITAL, at Memorial").

In connection with the license or permit given to you by this letter, it is absolutely understood and agreed that, in advance of your use of my name, image, signature, photographs, and likeness in connection with any written, radio or television advertising, written publications or written promotional materials, you shall first submit the proposed materials (before use and release to the public) to me, c/o Morris Engelberg, 3230 Stirling Road, Hollywood, Florida, to obtain my advance written approval and consent (which may be given by Mr. Engelberg as my attorney) and that you shall not use any materials of such type unless you first obtain such advance written approval. Generally, I shall make every reasonable effort to either approve or disapprove the materials within approximately five working days after my receipt of same.

Memorial Hospital Foundation, Inc., may use my name, under the same conditions as specified above, in connection with its sponsorship of the Memorial Classic or any other fund-raising programs or events provided that such fund raising programs and events are carried on solely and exclusively for the benefit of the Joe Dimaggio Children's Hospital. However, Memorial Hospital Foundation, Inc., shall have the same obligation to submit all advertising materials to me, c/o Morris Engelberg, 3230 Stirling Road, Hollywood, Florida, and obtain prior written approval from me or my attorney and under the same general terms and conditions as are imposed on South Broward Hospital District in the previous paragraph.

Except as provided herein, neither South Broward Hospital District nor Memorial Hospital Foundation, Inc. shall have the right to use my name, image, likeness, signature, photograph, or other matter concerning or pertaining to me without my prior written consent and approval. My name, image, likeness, signature and photograph shall not in any way whatsoever be used for any commercial or other purpose and shall not

be used by any entity affiliated, associated or in any other way connected with you whatsoever.

I do not make any commitments to you to be present at any activities of either South Broward Hospital District or Memorial Hospital Foundation, Inc., concerning either the children's hospital or the Memorial Classic. However, I shall appreciate your keeping me generally informed as to all dates when major activities of such type shall be conducted. If my schedule permits me to be present at any activities of such type, I shall attempt to advise you, in advance, of my possible presence. Further, I will be glad to cooperate with you at all times in informing you as to what extent I wish my presence to be recognized. In addition, I expressly do not make any commitment to you to give you any type of tangible or intangible support with respect to either the children's hospital or the Memorial Classic. Any support of such type which I may see fit to give at any time in the future shall be purely voluntary on my part and within my sole discretion.

I will make every reasonable effort to be present when "JOE DIMAGGIO CHILDREN'S HOSPITAL, at Memorial," is formally dedicated.

The license or permit given by these presents shall be for a permanent or perpetual duration, shall survive my life and shall be binding upon my heirs, successors and assigns.

Yours very truly,


Joe DiMaggio

ACCEPTANCE BY SOUTH BROWARD HOSPITAL DISTRICT

SOUTH BROWARD HOSPITAL DISTRICT, a special tax district under the laws of Florida, by and through its undersigned chief executive officer does hereby acknowledge and agree that South Broward Hospital District approves and accepts each and every term and condition stated in the above letter of authorization from Joe DiMaggio and that, further, South Broward Hospital District shall be bound (and shall abide by) each and every term and condition contained in the letter of authorization.

This acceptance is given to you with the full and complete understanding that any failure by either South Broward Hospital District or Memorial Hospital Foundation, Inc., to abide by any

of the terms and conditions set forth in the letter of authorization from you shall vest in you the absolute right to terminate, void and end each and every term and condition stated in the letter of authorization and in such event, the authorization, license and permit granted by you in the letter of authorization shall be cancelled and of no further force and effect, all at your sole option and discretion.

DATED this 28th day of May, 1992.

SOUTH BROWARD HOSPITAL DISTRICT,
a special tax district under the
laws of the State of Florida

By



Frank V. Sacco,
Chief Executive Officer

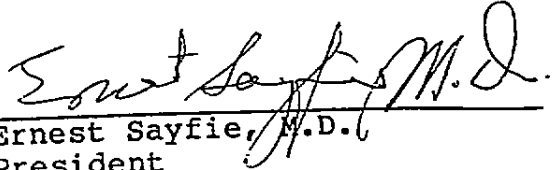
ACCEPTANCE BY MEMORIAL HOSPITAL FOUNDATION, INC.

MEMORIAL HOSPITAL FOUNDATION, INC., a Florida nonprofit corporation, by and through its undersigned president does hereby acknowledge and agree that Memorial Hospital Foundation, Inc. approves and accepts each and every term and condition stated in the above letter of authorization from Joe DiMaggio and that, further, Memorial Hospital Foundation, Inc. shall be bound (and shall abide by) each and every term and condition contained in the letter of authorization.

This acceptance is given to you with the full and complete understanding that any failure by either Memorial Hospital Foundation, Inc. or South Broward Hospital District, to abide by any of the terms and conditions set forth in the letter of authorization from you shall vest in you the absolute right to terminate, void and end each and every term and condition stated in the letter of authorization and in such event, the authorization, license and permit granted by you in the letter of authorization shall be cancelled and of no further force and effect, all at your sole option and discretion.

DATED this 28th day of May, 1992.

MEMORIAL HOSPITAL FOUNDATION, INC.
a Florida nonprofit corporation

By 
Ernest Sayfie, M.D.
President

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:

Stuart Hopen
1011 N. 35th Avenue
Hollywood, FL 33021
(954) 985-5838
Daytime Telephone number

PART I

1. (a) Applicant's name: South Broward Hospital District

(b) Applicant's business address: 3501 Johnson Street
Hollywood, FL 33021
City/State/Zip

(c) Applicant's telephone number: (954) 985-5838

- Individual Corporation Joint Venture Other: State of FL
 General Partnership Limited Partnership Union Political Sub-
division

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____
(3) Federal Employer Identification Number: _____

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.)

Hospital services

(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.)

Facility signs, labels, newspaper, television, radio, internet, and
billboard advertisements, brochures, employee name badges.

(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: 09/01/92 (b) Date first used in Florida: 09/01/92

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.)

Joe DiMaggio Children's Hospital

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Children's Hospital" APART FROM THE MARK AS SHOWN.

I, _____, 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

South Broward Hospital District

Typed or printed name of applicant

Stuart Hopen, Assoc. General Counsel

Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Broward

On this 25th day of August, 192000, Stuart Hopen personally appeared before me,

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

FILED
00 SEP 01 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Barbara E. Goss

Notary Public Signature

(Seal)

Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class



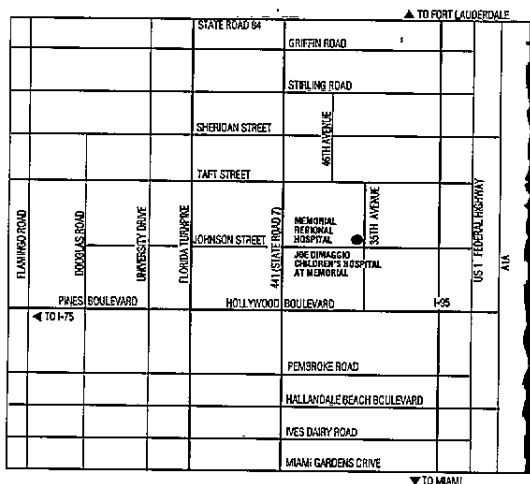
Barbara E. Goss
Commission # CG 833852
Expires Aug. 3, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

A Guide To Services



Joe DiMaggio
Children's Hospital
AT MEMORIAL

We Treat Your Children Like Our Own



If you would like to know more
or for our free Physician Referral Service,
please call toll free **1 (877) JOE'S-KIDS**.

Joe DiMaggio  Children's Hospital
AT MEMORIAL

3501 Johnson Street / Hollywood, FL 33021 / www.mhs.net

A facility of Memorial Healthcare System

We Treat Your Children Like Our Own