T02000002278

Heritage Homecare
Requester's Name

7900 Nova Dr., Ste 201
Address

Davie, FL 33324
City/State/Zip Phone #

000005080150--5
-03/11/02--01039--001
*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name) (Document #)

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3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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TALLAHASSEE, FLORIDA

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Name Availability
Document Examiner DCC
Updater DCC
Updater Verifyer DCC
Acknowledgement DCC
W. P. Verifyer DCC

CR2E031(7/97)

T02000002278

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:

Heritage Homecare

7900 Nova Drive, Suite 201

Davie, FL 33324

(954) 452-8100

Daytime Telephone number

PART I

1. (a) Applicant's name: Heritage Homecare of Broward, Inc.

(b) Applicant's business address: 7900 Nova Drive, Suite 201

Davie, FL 33324

City/State/Zip

(c) Applicant's telephone number: (954) 452-8100

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: P00000051970 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-1011552

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TALLAHASSEE, FLORIDA

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.)

Home health care services, medical equipment, medical supplies sales

(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.)

N/A

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

Use on letterhead, brochures, web site, advertisements, business cards, general advertisements

(Continued)

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

Class 42 - Miscellaneous (home health services)

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: October 15, 2001 (b) Date first used in Florida: October 15, 2001

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.)

Logo-Custom developed spelling of "Heritage" with artistic enhancement to be used to identify the Company.

English Translation N/A

2. DISCLAIMER (if applicable)

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

I, Steven Rodriguez *, 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*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Steven Rodriguez
Typed or printed name of applicant

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

STATE OF Florida

COUNTY OF Broward

On this 6 day of March, 2002, Steven Rodriguez personally appeared before me,

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

(Seal)

Notary Public Signature

David Rodriguez
Notary's Printed Name

My Commission Expires: 4-15-2004

David Rodriguez
MY COMMISSION # CC917200 EXPIRES
April 15, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

FEE: $87.50 per class

FULLY QUALIFIED, EXPERIENCED STAFF

To ensure the best care possible, all caregivers are highly qualified and experienced in home health care.

Our RNs, LPNs, Therapists and CNAs/HHAs are licensed and/or certified by the State of Florida, bonded, trained in cardiopulmonary resuscitation and insured by Heritage Homecare, where applicable.

We conduct extensive pre-employment background checks, regularly verify that all certification and education is up to date and require every staff member to obtain 12 hours of continuing education credit each year, as applicable.

For 24-hour, experienced, professional, home health care with a family touch.

(REMOVE AND SAVE BUSINESS CARD)

Heritage Medical Supplies

Durable Medical Equipment
(wheelchairs, walkers and other assistive devices)

Medical Supplies
(wound care supplies, diabetic supplies, and more)

Visit our website: www.heritagedme.com

HERITAGE HOMECARE - HOMECARE DIVISION
7900 Nova Drive, Suite 201, Davie, Florida 33324

Heritage

Medicare Certified

Medicaid Certified

Medicaid Waiver Approved

HERITAGE HOMECARE
HOMECARE DIVISION
(954) 452-8100 Toll Free (866) 566-8773
www.heritagehomecare.com HHA 299991474

Heritage Services Available*

The goal of our home health care is to provide cost effective care that enables the patient to remain in a familiar environment and function at the highest level possible.

Medical Skilled Nursing

Full medical services of traditional home health for treatments such as wound care, hi-tech infusion, foley care, diabetic management, skilled observation and assessment, and many other nursing procedures. Services rendered by RNs and LPNs consistent with a treatment plan established by the patient's attending physician.

Psychiatric Nursing

RNs trained in psychiatric treatment care for patients with emotional disorders consistent with the physician's care plan.

Home Health Aides

CNAs/HHAs assist patients with activities of daily living and personal care. Every CNA is state certified, bonded and insured by Heritage Homecare. Live-in services available.

Physical Therapy

Licensed physical therapists use therapeutic methods to promote rehabilitation. Treatment modalities may include massage, manipulation and exercise.

Speech Therapy

Therapists knowledgeable in speech, hearing and language functions plan and implement programs to manage communication disorders.

Occupational Therapy

Therapists plan and guide the patient in physical or mental occupations to improve the patient's physical and mental functioning and promote independence.

Medical Social Services

Licensed clinical social workers assist patients in solving problems that may arise through illness, including social, financial and transportation problems.

Diagnostic/ Specialized Services Available

- Full Service Laboratory
- Electrocardiogram
- Echocardiogram
- Ultrasound
- X-Ray
- Sonogram
- Holter (care includes application, removal and 24-hour monitoring)

Heritage Medical Supplies

Durable Medical Equipment

Wheelchairs, walkers and other assistive devices

Medical Supplies

Wound care supplies, diabetic supplies, and more

Visit our website: www.heritagedme.com

HME 1392

HERITAGE HOMECARE - HOMECARE DIVISION
7900 Nova Drive, Suite 201, Davie, Florida 33324
(954) 452-8100 Toll Free (866) 566-8773 Fax: (954) 424-6219
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*Special Considerations

- Services furnished under Medicare and Medicaid have specific criteria which must be met in order for services to be covered.
- Medicare and Medicaid require that the patient be homebound. A homebound patient is one who is confined to the home. Generally speaking, a patient will be considered homebound if he/she has a condition due to an illness or injury that restricts his/her ability to leave his/her place of residence. Absences from the home must be infrequent and of a short duration.
- Medicare and Medicaid services may only be rendered with the specific orders (prescription) of a physician. This would also require a qualifying diagnosis.
- Medicare only allows for home health aide services when a qualifying service is being rendered. This would include Skilled nursing, Psychiatric nursing, or Speech and/or Physical therapy.
- Medicaid does allow the services of a home health aide without a qualifying service. However, all applicable criteria must be met.
- Patients who reside in an assisted living facility are eligible for services, so long as the services being paid for are NOT being rendered by the assisted living facility.
- Patients who reside in a skilled nursing facility are not eligible for services under Medicare or Medicaid.
- Some services available are provided under arrangement or directly through third parties. Those services may be billed to you and/or your insurance separately from the services provided by Heritage.
- The availability of some services may be limited.
- Please call for any additional information.

(REMOVE AND SAVE BUSINESS CARD)

Heritage

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