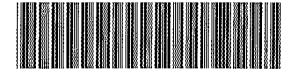
703000000048

(Requestor's Name)		
(Address)		
(Address)		
•	•	
	h//Stata/7in/Dhan	ea #)
(City/State/Zip/Phone #)		
PICK-UP	TIAW [MAIL MAIL
(Bu	siness Entity Na	me)
•		
(Document Number)		
	•	,
Certified Copies	Certificate	e of Statue
Cerumed Copies	_ Oeranoaa	3 01 0 22 22 2
Special Instructions to Filing Officer:		
		-
		İ
		ļ

Office Use Only



600009700326

01/10/03--01028--010 **350.00

Healthy Spirit Club (42) des

103-48

303 K 0000 1623

DIVISION OF CORPERATION

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:
	Shainoor Ladha-Karmali, Esquire
	Adventist Health System - 111 N. Orlando Avenue
	Winter Park, FL 32789
	(407) 975–1541
	Daytime Telephone number
	PART I
Fish Memorial	Healthcare Corporation d/b/a Florida Hospital
(b) Applicant's business address: 1055 Sax	on Boulevard
Orange G	ity, FL 32763-8468
	City/State/Zip
(c) Applicant's telephone number: (386) 1 Individual	☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partner	
If other than an individual,	Simp — Cinch
(1) Florida registration number: N51427	(2) Domicile State:Florida
(3) Federal Employer Identification Number:	,
, ,	t, the services in connection with which the mark is used:
health related services	
(b) If the mark to be registered is a trademark, ti (i.e., ladies sportswear, cat food, barbecue gr	he goods in connection with which the mark is used: ills, shoe laces, etc.)
(c) The mode or manner in which the mark is us	sed:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
brochures, newsletter, letterhead,	
promotional materials, membership c	ards, binders
	(Continued)
	(Communa)

(d) The class(es) in which goods or services fa	all:
41	
42	
· · · · · · · · · · · · · · · · · · ·	PART II r, or a related company (must include month, day and year): 2002 (b) Date first used in Florida: October 21, 2002
must be 25 words or less)	PART III n is included, please give brief written description which rs under a yellow stylized human figure with
raised arms and left leg lif	ted back within a blue modified rectangle
surrounded by yellow border.	•
English Translation	
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE	E RIGHT TO USE THE TERM "
the right to use such mark in Florida either in the identible mistaken therefor. I make this affidavit and verifical application and know the contents thereof and that the fourth southwest Volumest Vol	being sworn, depose and say that I am the owner and the applicant owner and applicant herein, and no other person except a related company has ical form or in such near resemblance as to be likely to deceive or confuse or to ation on my/the applicant's behalf. I further acknowledge that I have read the facts stated herein are true and correct usia Healthcare Corporation ped or printed name of applicant signature or authorized person's signature (List name and title)
STATE OF Honda	1. O
On this 3rd day of fundary appeared before me, who is personally known to me	whose identity I proved on the basis of
(Seal) Rhonda K. Rilea	Rhonder My Commission Expires: 2-13-04
MY COMMISSION # CC989998 EXPIRES February 13, 2004 Bonded Thru Troy Fain Insurance, Inc.	My Commission Expires: 273-07 FEE: \$87.50 per class

FEE: \$87.50 per class



Congratulations Healthy Spirit Club Member

STEP 1

Cholesterol Screening

Prior to taking your Fitness Assessments in the Wellness Center you will need a mandatory Cholesterol Screening. Our next Cholesterol Screening, which is especially for Healthy Spirit Club Members is on

October 29, 2002 7:00 am - 9:00 am. The Summit, Suite 211.

Please plan to fast for 12 hours prior to the Cholesterol Screening. You may have water and continue to take any prescription medications as directed.

The cost for this Lipid Panel is \$14.00.

If you would like any of the other lab tests typically offered at the monthly health screens, the lab would be happy to accommodate you. You may pay with cash or checks.

Your test results will be sealed and sent to the Wellness Center so when you arrive for your Fitness Assessment you will be all set.

For more information about the Cholesterol Screening, contact the Lab at 917-5155.



Fitness Assessment

To schedule your appointment:

- ♦Stop by the Wellness Center between 11-12 on MWF
- ♦Pick up preliminary forms
- ♦ Make your appointment for the Assessment, (November 4, 6 or 8, 2002)
- ♦Submit the name and number of your primary care physician
- ♦ Report to the Wellness Center 20 minutes early on appointment day to fill out forms

FLORIDA HOSPITAL Fish Memorial