

TO3000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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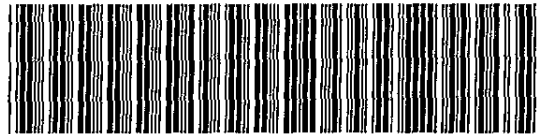
(Business Entity Name)

(Document Number)

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Healthy Spirit
Club

TO3-49

✓✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 10 AM 10:59

ADVENTIST
HEALTH SYSTEM

FEDERAL EXPRESS

January 9, 2003

Registration Section
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

**RE: Application for the Registration of a Trade or Service Mark
Healthy Spirit Club**

Dear Sir/Madam:

Enclosed please find one (1) original and one (1) copy each of two (2) Applications for the Registration of a Trade or Service Mark ("Application"), including three (3) specimens of the service marks per Application.

Also enclosed is our check in the amount of \$350.00, which represents the total filing fee for registration of the two (2) service marks in two (2) classes, Classes 41 and 42.

Please send the acknowledgments to:

Shainoor Ladha-Karmali, Esquire
Legal Services
Adventist Health System
111 N. Orlando Avenue
Winter Park, FL 32789

If you have any questions, please feel free to call me at 407-975-1541.

Thank you for your assistance.

Sincerely,



Shainoor Ladha-Karmali, Esquire
Legal Services

SLK/jlf
Enclosures

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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:

Shafnoor Ladha-Karmali, Esquire

Adventist Health System

111 N. Orlando Avenue, Winter Park, FL 32789

(407) 975-1541
Daytime Telephone number

PART I

1. (a) Applicant's name: Southwest Volusia Healthcare Corporation d/b/a Florida Hospital
Fish Memorial

(b) Applicant's business address: 1055 Saxon Boulevard

Orange City, FL 32763-8468

City/State/Zip

(c) Applicant's telephone number: (386) 917-5000

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Other: _____

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration number: N51427 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-3149293

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.)

health related 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.)

brochures, newsletter, letterhead, business cards, stickers, t-shirts, promotional
materials, membership cards, binders

(Continued)

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

41

42

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 21, 2002 (b) Date first used in Florida: October 21, 2002

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.)

"Healthy Spirit Club"

English Translation

2. DISCLAIMER (if applicable)

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

I, Southwest Volusia Healthcare Corporation, 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

Southwest Volusia Healthcare Corporation

Typed or printed name of applicant

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

STATE OF Florida

COUNTY OF Orange

On this 3rd day of January, 2003 Arnell Dierada personally
appeared before me,

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



Rhonda K. Rilea
MY COMMISSION # CC909998 EXPIRES
February 13, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Rhonda K. Rilea
Notary Public Signature

Rhonda K. Rilea
Notary's Printed Name

My Commission Expires: 2-13-04

FEE: \$87.50 per class

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 16 AM 10:59

FOR A
\$65 ONE-TIME FEE
GET THE FOLLOWING!

"HEALTHY SPIRIT CLUB" Employees & Auxiliaries



I. HEALTHY SPIRIT CLUB

- A. Fitness Assessments -By appt. only on Assessment Days
Two Assessments: (Value \$420)
- B. Cholesterol Breakdown: (Additional Lab Cost of \$14)
- C. Nutrition Classes
(Weight control, cholesterol etc) (Value \$35 per class)
Dietary Consult (Value \$15)
- D. Health Education Seminars (Value \$25 per seminar)
- E. Specialty Classes (Value \$30 per class)
Activities at the Summit.
(Aerobics, kickboxing, karate, etc -- 3 classes a week)
- F. Walking Club - path around the hospital.
- G. Personalized Membership Card, T-shirt, & Promo items.

TOTAL RETAIL VALUE OF THE HEALTHY SPIRIT CLUB IS: \$1,215.00. YOUR FLAT FEE OF ONLY \$65.00 COVERS EVERYTHING FOR 6 MONTHS (EXCEPT EXERCISE COMMITMENT PROGRAM & CHOLESTEROL SCREEN.)

II. EXERCISE COMMITMENT PROGRAM

- A. On-Site Rehab Center with Specific Hours (7a-6p)
Workouts at Rehab Center with equipment orientation/staff supervision (\$30 orientation fee.) Six-Month Commitment (Monthly charge is \$30 with the first month FREE.)
- B. Local YMCA Clubs, off-site in Orange City, Deltona, and DeLand. Hospital Employees receive first month FREE with 6-month membership at a discounted rate of \$30 per month, and joiner fee is WAIVED.
- C. Other exercise program of your choice.

III. EMPLOYEE INCENTIVE PROGRAM

- A. Payroll Deduction is available.
- B. Incentive Program: If you participate in the Exercise Commitment Program at least 8 times per month, 2/3 of your monthly membership cost will be refunded by the hospital at the end of the 6-month membership, thus you pay only \$10 per month.



FLORIDA HOSPITAL
Fish Memorial