

T03000000281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

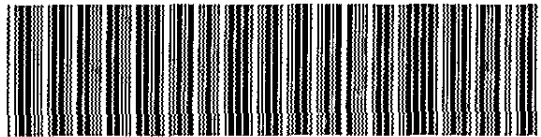
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789/2930/762/671

Marion, Inc.

Office Use Only



700012711167

02/24/03--01038--019 **175.00

Hospice of Marion
County, Inc. &
des. of butterfly
4/236

~~W03-5518~~

✓ ✓ (7)

T03-281

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -7 PM 1:08

*THERESA A. RETH
Attorney at Law
108 North Magnolia Avenue
Suite 318
Ocala Florida 34475
(352) 732-7878
fax: (352) 732-7443*

February 21, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

Re: Registration of Service Mark "Butterfly Outline" with the words "Hospice of Marion County, Inc."

Dear Sir:

Enclosed is the completed application for registration of a Trademark or Service Mark, regarding the above referenced Service Mark on behalf of Hospice of Marion County, Inc. Also enclosed is my firm check in the sum of \$175.00 and three specimens. Kindly please acknowledge the registration to my office shown above and on the application.

Very truly yours,



THERESA A. RETH

TAR/jdk
Enclosures
cc: Client



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 26, 2003

THERESA A. RETH, ESQUIRE
108 NORTH MAGNOLIA AVENUE, SUITE 318
OCALA, FL 34475

SUBJECT: HOSPICE OF MARION COUNTY, INC. AND DESIGN OF BUTTERFLY
Ref. Number: W03000005518

We have received your document for HOSPICE OF MARION COUNTY, INC. AND DESIGN OF BUTTERFLY and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

You must disclaim the term(s) MARION, INC. in addition to the term(s) already disclaimed. Please amend # 2 in Part III accordingly.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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
Corporate Specialist Supervisor

Letter Number: 703A00012240

*THERESA A. RETH
Attorney at Law
108 North Magnolia Avenue
Suite 318
Ocala Florida 34475
(352) 732-7878
fax: (352) 732-7443*

March 6, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

Re: Registration of Service Mark "Butterfly Outline" with the words "Hospice of Marion County, Inc."

Dear Sir:

Enclosed is a copy of your letter of February 26, 2003, with the revised application as well as four original specimens (a brochure, advertisement, newsletter and folder). Please acknowledge the registration to this office. Thank you.

Very truly yours,



THERESA A. RETH

TAR/jdk
Enclosures
cc: Client

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:

Theresa A. Reth
108 N Magnolia Avenue #318
Ocala, Florida 34475
(352) 732-7878
Daytime Telephone number

PART I

1. (a) Applicant's name: Hospice of Marion County, Inc.

(b) Applicant's business address: P.O. Box 4860
Ocala, Florida 34478-4860
City/State/Zip

(c) Applicant's telephone number: (352) 873-7434
☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: 760881 (2) Domicile State: Florida
(3) Federal Employer Identification Number: 59-2214798

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.)

The mark will be used on all Hospice publications and advertisements
to identify Hospice of Marion County, Inc. as distinct from other
Hospices and health care providers, to identify and characterize its complete
health care for terminally ill patients

(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.) and their families.

N/A

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

The mark will be on all envelopes, letterhead and advertisements,
and brochures.

(Continued)

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

41 (Education and Entertainment) & 36 (Financial)

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: 7/16/90 (b) Date first used in Florida: 7/16/90

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.)

The mark will consist of an outline of a butterfly, with the words

"Hospice of Marion County, Inc."

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Hospice,
County, Marion, Inc." APART FROM THE MARK AS SHOWN.

I, Alice Privett, 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

Hospice of Marion County, Inc.

Typed or printed name of applicant

By: Alice J. Privett, CEO

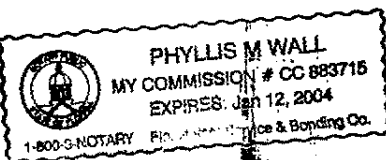
Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Marion

On this 19th day of February, 2003, Alice J. Privett CEO personally appeared before me, Alice J. Privett, CEO for Phyllis M. Wall,
☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Seal)



Phyllis M. Wall
Notary Public Signature

Phyllis M. Wall
Notary's Printed Name

My Commission Expires: 1/12/04

FEE: \$87.50 per class

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -7 PM 1:08

HOSPICE OF MARION COUNTY

Announces \$4 Million Community Campaign to Build Two New Hospice Houses!



Hospice of Marion County purchased two parcels of property in 1994; two acres on Highway 441 south of Spruce Creek and north of The Villages, and nearly five acres off Highway 200 in TimberRidge in Ocala. The need is great, and Hospice of Marion County is seeking support from major donors and industry so that ground-breaking can begin! Named gift opportunities are available to those who want to make the vision become a reality!

Choices...

"We're all different. Yet, most of us want privacy and dignity. We want to make our own choices and take control of our lives. Hospice encourages those choices and offers the support to make them possible. At Hospice of Marion County, there are over 90 professionals waiting to help you make the right choices... call us today."

*The answer you've
been looking for!*

(352) 873-7400



Hospice of Marion County, Inc.
3231 Southwest 34th Avenue
Ocala, Florida 34474
Fax (352) 873-7432
Visit our Website at:
www.hospiceofmarion.com

*We add life
to your days!*

