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Via Federal Express

May 18, 2004

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Service Mark Registration America's Heart Hospital

Dear Sir/Madam:

Please find enclosed our check in the amount of \$87.50 together with our Application for the Registration of a Trade or Service Mark for the mark "America's Heart Hospital."

Sincerely

T. L. Trimble, Vice President

Legal Services

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Enclosures (2)

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2004

ADVENTIST HEALTH SYSTEM ATTN: T. L. TRIMBLE, VP 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789-3675

SUBJECT: AMERICA'S HEART HOSPITAL

Ref. Number: W04000021857

We have received your document for AMERICA'S HEART HOSPITAL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

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.

Letter Number: 304A00038657

Nanette Causseaux Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



Federal Express

June 15, 2004

ATTN: Nanette Causseaux Document Specialist Supervisor Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

America's Heart Hospital W04000021857

Dear Ms. Causseaux:

Enclosed please find your correspondence and our Application for the Registration of a Trademark or Service Mark which now reflects the date of first use in Florida and in interstate commerce.

Thank you.

Sincerely,

T. L. Trimble, Vice President

Legal Services

rkr

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: Adventist Health System/Bunbelt, Inc. 111 North Orlando Avenue Winter Park, Florida 32789 <u>975-1410</u> Daytime Telephone number PART I Adventist Health System/Sunbelt, Inc. 1. (a) Applicant's name: ___ 111 North Orlando Avenue (b) Applicant's business address: Winter Park, Florida 32789 City/State/Zip 407) 975-1410 (c) Applicant's telephone number: (☐ Individual Corporation Joint Venture Other: Non profit corp ☐ Union ☐ General Partnership ☐ Limited Partnership If other than an individual, Florida registration number: ___ (2) Domicile State: ___ (3) Federal Employer Identification Number: 59-1479658 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 care 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.)

(Continued)

Advertisements, brochures

PART II 1. Date first used by the applicant, predecessor, or a related company (must in (a) Date first used anywhere: 1/2/2004 (b) Date first used in PART III	\mathcal{F}
(a) Date first used anywhere: $1/2/2004$ (b) Date first used in	\mathcal{F}
' PART III	1 Florida:/ ~/ ~/ ~/ ~
171/1 111	
1. The mark to be registered is: (If logo/design is included, please give brief w must be 25 words or less.)	ritten description which
merica's Heart Hospital	72 F
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English Translation	
I, Ariel De Prada being sworn, depose and sherein, or that I am authorized to sign on behalf of the owner and applicant herein, and no of the right to use such mark in Florida either in the identical form or in such near resemblance be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. If application and know the contents thereof and that the facts stated herein are true and correct	as to be likely to deceive or confuse or to urther acknowledge that I have read the
Advantiat Baskth System/Sunhalt Inc	
Adventist Health System/Sunbelt, Inc Typed or printed name of applicant	
Typed or printed name of applicant Applicant's signature or authorized person's signature.	0 × 5
Typed or printed name of applicant	0 × 5
Applicant's signature or authorized person's signature (List name and title) Ariel De Prada, Assistant Secretary	02 N
Applicant's signature or authorized person's signature (List name and title) Ariel De Prada, Assistant Secretary STATE OF Florida	He Political And Andrews And Andrews A

FEE: \$87.50 per class

FLORIDA HOSPITAL

AMERICA'S HEART HOSPITAL

ORLANDO·FLORIDA





MSNBC Investigates America's Heart Hospital Between life and death there is a thin line. These are the stories of the men and women who cross that line everyday. Watch the stories unfold as the number one heart hospital takes on the number one killer.



