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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:

Linda L. Fleming, Esq.
Buchanan Ingersoll PC
401 E. Jackson St., Ste. 2500, Tampa, FL
(813) 222-8180 33602
Daytime Telephone number

PART I

1. (a) Applicant's name: Morton Plant Health Services, Inc.

(b) Applicant's business address: 1240 S. Fort Harrison

Clearwater FL 33756
City/State/Zip

(c) Applicant's telephone number: (727) 462-7746

Individual Corporation Joint Venture Other;
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: N11219 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 592600684

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.)

Professional Medical 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.)

Business cards, letterhead, brochures, etc.

(Continued)

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

Class 42 miscellaneous

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: May 26, 2004 (b) Date first used in Florida: May 26, 2004

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.)

MedSpecialists Endoscopy

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Med" or "Specialists" or "Endoscopy" " APART FROM THE MARK AS SHOWN.

I, John Couris, 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

Morton Plant Health Services, Inc.

Typed or printed name of applicant

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

By: John Couris, Vice President

STATE OF Florida

COUNTY OF Pinellas

On this _____ day of June, 2004, John Couris personally appeared before me,

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

04 JUN 20 11 38 AM
NOTARY PUBLIC
KAREN L. BURROUGHS

MEDSPECIALISTS
Endoscopy

John Couris
Vice President, Health Services & Medical Imaging

Karen L. Burroughs
Notary Public Signature

Karen L. Burroughs
MY COMMISSION EXPIRES
August 28, 2007
BONDED THROUGH FARM INSURANCE, INC.

My Commission Expires: _____