

104000001029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

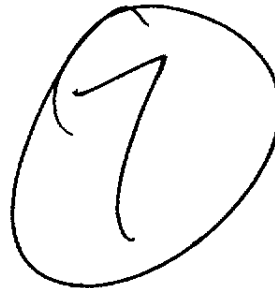
Certified Copies _____ Certificates of Status _____



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07/27/04--01034--001 **175.00

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STATE



Special Instructions to Filing Officer:

789/747/740/671
(39)

"Baptist" "Health"
"Air" & "Jasport"

Office Use Only

Specimens in box

~~1009-28918~~
104-1029
✓
✓

ISICOFF, RAGATZ & KOENIGSBERG, P.A.

ATTORNEYS AT LAW

1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI, FLORIDA 33131
TEL: 305.373.3232
FAX: 305.373.3233

e-mail: schwartz@irlaw.com

July 26, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

VIA FEDERAL EXPRESS

Re: Application of: Baptist Health South Florida, Inc.
Mark: Baptist Health Air Transport
Classes: 35, 39

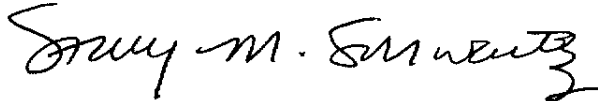
Dear Sir/Madame:

Enclosed herewith please find an application to register the above-captioned service mark along with three specimens of use. A check in the amount of \$175.00 in payment of the filing fees also is enclosed.

Applicant's attorneys will be happy to discuss any questions that might arise with regard to this application.

Sincerely,

ISICOFF, RAGATZ & KOENIGSBERG, P.A.



Stacy M. Schwartz
For the Firm

Enclosures

G:\RD\cs\BAPTIST\BISCA\YNEHELICOPTER\Corr\6sp.FI Dept of State ltr.wpd



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2004

ISICOFF, RAGATZ & KOENIGSBERG, P.A.
ATTN: STACY M. SCHWARTZ
1101 BRICKELL AVE., S-800, SOUTH TOWER
MIAMI, FL 33131

SUBJECT: BAPTIST HEALTH AIR TRANSPORT
Ref. Number: W04000028918

We have received your document for BAPTIST HEALTH AIR TRANSPORT and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (39) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (39).

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "BAPTIST", "HEALTH", "AIR" & "TRANSPORT"

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
Document Specialist Supervisor

Letter Number: 604A00047424

ISICOFF, RAGATZ & KOENIGSBERG, P.A.

ATTORNEYS AT LAW

1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI, FLORIDA 33131
TEL: 305.373.3232
FAX: 305.373.3233

e-mail: schwartz@irlaw.com

August 4, 2004

Nanette Causseaux
Document Specialist Supervisor
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Re: Application of: Baptist Health South Florida, Inc.
Mark: Baptist Health Air Transport
Class: 39

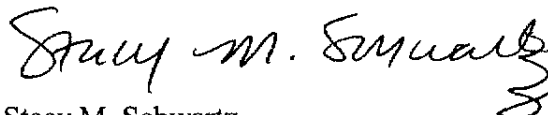
Dear Ms. Causseaux:

Enclosed please find a revised application to register the above-captioned service mark together with a copy of your letter dated July 28, 2004. On July 26, 2004, we sent a check for \$175.00 in payment of filing fees for two (2) classes. Please refund the overpayment since only one class will be used in connection with this service mark.

Should you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

ISICOFF, RAGATZ & KOENIGSBERG, P.A.



Stacy M. Schwartz
For the Firm

Enclosures

G:\RD\docs\BAPTIST\BISCAYNEHELICOPTER\Corr\7sp Fl Dept.of State.ltr wpd

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:

Eric D. Isicoff, Esq.

1101 Brickell Avenue

Miami, Florida 33131

(305) 373-3232
Daytime Telephone number

PART I

1. (a) Applicant's name: Baptist Health South Florida, Inc.

(b) Applicant's business address: 6855 Red Road, Suite 500

Coral Gables, Florida 33143

City/State/Zip

(c) Applicant's telephone number: (786) 662-7022

Individual

Corporation

Joint Venture

Other: _____

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: N42700

(2) Domicile State: Florida

(3) Federal Employer Identification Number: 650267668

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.)

medical transport by air

(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.)

N/A

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

Advertisements, brochures, letterhead, signage and any other mode or manner

customary to the trade.

(Continued)

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

Class 39

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: 03/01/2004 (b) Date first used in Florida: 03/01/2004

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.)

BAPTIST HEALTH AIR TRANSPORT

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "BAPTIST", "HEALTH", "AIR" & "TRANSPORT" APART FROM THE MARK AS SHOWN.

Jody Lehman

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

Jody Lehman, Corporate V.P. & General Counsel

Typed or printed name of applicant

Jody Lehman (Handwritten signature)

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

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 20 day of March July, 2004, Jody Lehman personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of

04 AUG 13 PM 12:59 (Vertical stamp)

(Seal)

Lourdes Haydar (Handwritten signature)

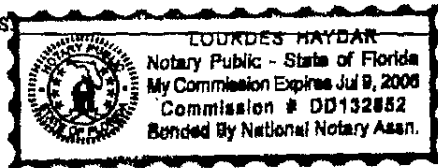
Notary Public Signature

Lourdes Haydar (Printed name)

Notary's Printed Name

My Commission Expires

FEE: \$87.50 per class



Baptist Health
South Florida
AIR TRANSPORT

