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TAMPA, FLORIDA 33602-5200

PATENTS, TRADEMARKS
AND COPYRIGHTS
FACSIMILE: (813) 229-8073

September 28, 2004

Florida Department of State
Division of Corporations
Trademark Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: State of Florida - Service Mark Registration Application
Applicant: **LifePath Hospice and Palliative Care, Inc.**
Mark: **"GOOD SHEPHERD HOSPICE"**
Class: **042**
Attorney Docket Nº: **P-2821-050**

Dear Sir or Madam:

Enclosed for registration in class 042, please find an original Application for Registration of the above-referenced mark, along with three (3) specimens showing how this mark is actually used in the State of Florida, my Check (Check #8137) in payment of the $87.50 filing fee, and a self-address, stamped postcard.

Please date stamp the enclosed postcard indicating receipt of the above material and return it to my offices immediately.

Thank you for your assistance in this matter.

Sincerely,
DAVID W. PETTIS, JR., P.A.

David W. Pettis, Jr.

Enclosure(s): *1 Original Florida Service Mark Application*
3 Specimens
1 Check (Check #8137)
1 Return Postcard

cc: Thomas W. Black, Vice President/General Counsel, LifePath Hospice and Paliative Care, Inc.

DWP/ jgFL: SECT OF STATE- FILING OF SM APP.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:

David W. Pettis, Jr., Esq.
DAVID W. PETTIS, JR., P.A.
501 E. Kennedy Blvd., Suite 700
Tampa, FL 33602-5200

(813) 226-0440
Daytime Telephone number

PART I

1. (a) Applicant's name: LifePath Hospice and Palliative Care, Inc.

(b) Applicant's business address: 3010 West Azeele Street, Tampa, FL 33609

City/State/Zip

(c) Applicant's telephone number: (813)877-2200

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: 763935 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-2264957

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.)

Hospice and palliative 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.)

Printed on promotional materials describing and offering Applicant's services

(Continued)

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

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: 04/00/1979 (b) Date first used in Florida: 04/00/1979

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.)

GOOD SHEPHERD HOSPICE

English Translation

2. DISCLAIMER (if applicable)

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

I, Thomas W. Black *, 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*

LifePath Hospice and Palliative Care, Inc.
Typed or printed name of applicant

Thomas W. Black
Applicant's signature or authorized person's signature

Thomas W. Black, Vice President/General Counsel
(List name and title)

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DIVISION OF CORPORATIONS
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STATE OF Florida

COUNTY OF Hillsborough

On this 21st day of September, 2004, Thomas W. Black personally appeared before me,

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

(Seal)

LILLIAN E. BISCHEL
MY COMMISSION # DD 158331
EXPIRES: October 14, 2006
Bonded Thru Notary Public Underwriters

Lillian E. Bischel
Notary Public Signature

Lillian E. Bischel
Notary's Printed Name

My Commission Expires: 10/14/06

FEE: $87.50 per class

Good Shepherd Hospice

Serving all residents of Polk,
Highlands and Hardee counties.