T04000001285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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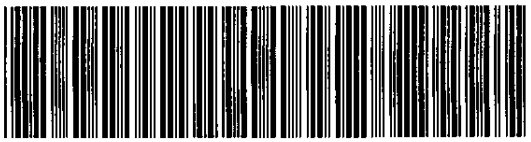

300208866743

TM/SM OWNER NAME CHANGE

06/17/11--01024--023 **200.00

T04-1285

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11 JUN 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

JUN 21 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD SHEPHERD HOSPICE
(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RICHARD H. MARTIN
(Contact Person)

AKERMAN SENTERFITT
(Firm/Company)

401 E. JACKSON ST., SUITE 1700
(Address)

TAMPA, FL 33602
(City, State and Zip Code)

For further information concerning this matter, please call:

RICHARD H. MARTIN at (813) 223-7333
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $50 Filing Fee and Certificate of Registration (Free of Charge)

☐ $102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E121 (1/11)

CERTIFICATE OF CHANGE OF NAME
OF THE REGISTRANT OR APPLICANT OF A
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: GOOD SHEPHERD HOSPICE

2. Registration Number: T04000001285

3. Date of Registration: 10/05/2004

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TALLAHASSEE, FLORIDA

4. a. Name of owner as it appears on the trademark/service mark registration:

LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

b. Address of owner as it appears on the trademark/service mark registration:

3010 W. AZEELE ST.

TAMPA, FL 33609

5. a. New name of owner:

CHAPTERS HEALTH SYSTEM, INC.

b. New mailing address, if applicable:

12973 TELECOM PARKWAY, SUITE 100

TAMPA, FL 33637

SIGNATURE:

Owner's Signature: H. Darrell White

Typed/Printed Name of Person Signing: H. Darrell White, Esq., Vice President & General Counsel

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11 JUN 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me on this 10th day of June, 2011

H. Darrell White
(Enter Name of Person Signing Above)

☑ who is personally known to me or ☐ whose identity I

proved on the basis of _____.

(Seal)

ANNE-MARIE HILEY
MY COMMISSION #DD937870
EXPIRES: NOV 02, 2013
Bonded through 1st State Insurance

Anne-Marie Hiley
Notary Public's Signature

Anne-Marie Hiley
Notary Public's Printed Name

My Commission Expires: 11-02-2013

(Attach additional sheet if necessary)

Filing fee:	**$50.00**
Certificate of Registration:	**Issued Free of Charge**
Certified Copy (optional):	**$52.50**