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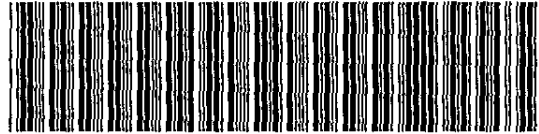
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Mateer Harbert

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PLEASE REPLY TO: ORLANDO

E-Mail Address
jlussier@mateerharbert.com

Direct Line
(407) 418-1313 Ext 127

November 19, 2004

Registration Section
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: "XPRESS SCHEDULING" Service Mark Application

Dear Sir or Madam:

Enclosed is an Application for the Registration of a Trademark or Service Mark for "XPRESS SCHEDULING," along with three specimens showing the mark as used. This firm's check in the amount of \$87.50, made payable to the Department of State, is also enclosed.

Please direct any questions concerning this application to this office.

Very truly yours,



Nancy A. Darville, Assistant to
James R. Lussier

Enclosures

Cc: Bonnie Lemasson (w/encl.)

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:

JAMES R. LUSSIER, ESQ.

225 E. ROBINSON ST., SUITE 600

ORLANDO FL 32801

(407) 425-9044

Daytime Telephone number

PART I

1. (a) Applicant's name: ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.

(b) Applicant's business address: 1414 KUHL AVE.

ORLANDO FL 32806

City/State/Zip

(c) Applicant's telephone number: (407) 841-5111

Individual Corporation Joint Venture Other: _____

General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 738247 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 59-1726273

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 APPOINTMENT PROCESSING 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.)

N/A

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

NEWSLETTERS, FLYERS, AND BROCHURES

(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: NOV. 1, 2004 (b) Date first used in Florida: NOV. 1, 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.)

XPRESS SCHEDULING

English Translation

2. DISCLAIMER (if applicable)

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

I, KARL W. HODGES, 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

Orlando Regional Healthcare System, Inc.

Typed or printed name of applicant

Karl W. Hodges

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

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STATE OF FLORIDA

COUNTY OF ORANGE

On this 15th day of NOVEMBER, 2004, KARL W. HODGES personally appeared before me,

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



Karen L. Dettro My Commission DD339855 Expires September 10, 2006

(Seal)

Karen L. Dettro Notary Public Signature

Karen L. Dettro Notary's Printed Name

My Commission Expires: September 10, 2008

FEE: \$87.50 per class

XPRESS SCHEDULING

Phone: 321 841-3333

Fax: 321 843-6033

Frank H. Leiva, MD, PA

5979 W. Vineland Road Ste. 206

Orlando, Florida 32819

Office Phone: 407 352-9300

Office Fax: 407 351-6509

Please call the patient named below and set up the following procedure or procedures.

PATIENT NAME: _____

SS#: _____ DATE OF BIRTH: _____

PATIENT CONTACT NUMBERS:

HOME: _____ WORK: _____

CELL: _____ FAX: _____

PROCEDURE: 1. _____
2. _____
3. _____

DIAGNOSIS: 1. _____
2. _____
3. _____

ALLERGIES: 1. _____
2. _____
3. _____

I hereby authorize Orlando Regional Healthcare to act on my behalf to obtain any and all authorizations required for the above named patient for Xpress Scheduling. I hereby certify that the tests ordered above are medically necessary for the diagnosis and treatment of this patient.

Physician Signature: _____ I.D.#: _____ Date: _____
Frank H. Leiva, M.D.