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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

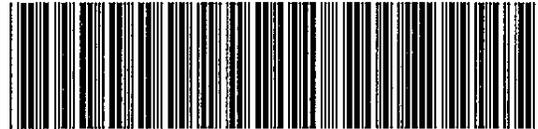
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DIVISION OF CORPORATIONS
05 MAR -3 AM 10:59

105-307



TERESA A. RETH
Attorney at Law
108 North Magnolia Avenue
Suite 103B
Ocala Florida 34475
(352) 732-7878
fax: 732-7443

February 28, 2005

Division of Corporation
Florida Department of State
P.O. Box 6327
Tallahassee Florida 32314

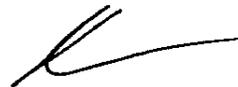
re: Hospice of Citrus County Inc.
Service Mark "Give for Good"

Dear Sirs:

Enclosed is my firm check in the sum of \$87.50 for registration of the above service mark, as well as my client, Hospice of Citrus County Inc.'s service mark application with the three specimens.

Kindly please provide the certification of registration to this office at the above address.

Very truly yours,



TERESA A. RETH

TAR
enclosure (5)
cc: Client

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:

Theresa A. Reth, Esquire
108 N Magnolia Avenue, Suite 318
Ocala, Florida 34475
(352) 732 - 7878
Daytime Telephone number

PART I

1. (a) Applicant's name: Hospice of Citrus County, Inc.

(b) Applicant's business address: P.O. Box 641270
Beverly Hills, Florida 34464

(c) Applicant's telephone number: (352) 527-2020 City/State/Zip

- Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 768626 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-2401197

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.)

Capital campaign to build Hospice House a 16-bed Inpatient facility designed to serve the individual needs of people of all ages facing end-of-life issues.

(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.)

Mark be used on brochures, newspaper advertisements, magazine advertisements,

Internet advertising

(Continued)

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

Class 35 Advertising and Business (Community Goodwill)

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

The mark consists of the words "Give for Good", with the 1st letter of the words "Give" and "Good", capitalized.

English Translation

2. DISCLAIMER (if applicable)

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

I, Anthony J. Palumbo, 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

Hospice of Citrus County, Inc.

Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title) Anthony J. Palumbo, CEO

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATE OF FLORIDA

COUNTY OF CITRUS

On this 23 day of February, 2005, Anthony J. Palumbo personally appeared before me,

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

(Seal)

Bonnie L. Saylor
Notary Public Signature

BONNIE L. SAYLOR
Notary's Printed Name

My Commission Expires:

FEE: \$87.50 per class





What is a Hospice Inpatient Residence?

It is a place for people with terminal illnesses to spend their final days when they require special care not possible at home. This dedicated environment affords the patient and family optimum independence, control and dignity. This 16-bed residence will be designed specifically to serve the individual needs of people of all ages facing end of life issues.

Is there a need for such a facility?

Home care will continue to be the primary focus of the Hospice of Citrus County. However, the Inpatient Residence will exist as the alternative to serving patients without caregivers in their home.

How can I help?

Hospice of Citrus County's mission is focused upon life and living to the fullest during the final days with quality, dignity and control. By making a contribution to Hospice of Citrus County, you help to ensure that dying people in our community will be afforded the opportunity to make the most of their remaining time.

How can I give?

No amount is considered too small, and naming opportunities are available. For further information, call the Director of Development, Bonnie Saylor, at 352.527.2020. Please mail your donations to:

Hospice of Citrus County-GIVE for GOOD
Post Office Box 641270
Beverly Hills, Florida 34464

www.hospiceofcitruscounty.org

GIVE for
GOOD

*The campaign to build Hospice House
and the Support Services Complex*

*“Building a
living legacy
of quality,
one special gift
at a time.”*



www.hospiceofcitruscounty.org