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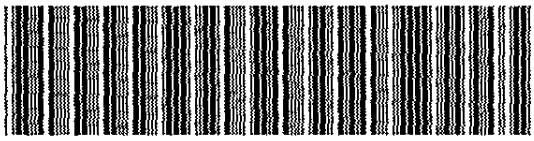

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROGERS | TOWERS
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Richard S. Vermut
Registered Patent Attorney

904 . 346 . 5573
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May 15, 2006

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Five Florida Service Mark Applications for the Applicant Community Hospice of Northeast Florida, Inc.

Dear Sir or Madame:

Please find enclosed the following five Service Mark Applications along with one copy of each, three specimen copies for each application and check number 103349 in the amount of $437.50 ($87.50 X 5) for the following five marks filed on behalf of Community Hospice of Northeast Florida, Inc.:

1. Word Mark: "IT'S YOUR COMMUNITY HOSPICE"
2. Word Mark: "COMMUNITY HOSPICE"
3. Word Mark: "COMPASSIONATE GUIDE"
4. Design Mark: "NORTHEAST FLORIDA" above "COMMUNITY HOSPICE" above "COMPASSIONATE GUIDE" in oval design
5. Design Mark: "NORTHEAST FLORIDA" above "COMMUNITY HOSPICE" in oval design

Please call me at (904) 346-5573 if you have any questions.

Sincerely yours,

Richard S. Vermut

RSV:ccr
Enclosure

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2006

ROGERS/TOWERS
ATTN: RICHARD S. VERMUT, ESQUIRE
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

SUBJECT: IT'S YOUR COMMUNITY HOSPICE
Ref. Number: W06000024487

We have received your document for IT'S YOUR COMMUNITY HOSPICE and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: "COMMUNITY HOSPICE"

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: 906A00037174

ROGERS | TOWERS
ATTORNEYS AT LAW

Richard S. Vermut
Registered Patent Attorney

904 . 346 . 5573
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1301 Riverplace Boulevard • Suite 1500
Jacksonville, Florida 32207

904 . 398 . 3911 Main
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July 21, 2006

Via Federal Express Overnight Delivery

Nanette Causseaux
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Florida Service Mark for the Applicant Community Hospice of Northeast Florida, Inc.

Mark: **IT'S YOUR COMMUNITY HOSPICE**
Ref. Number: **W06000024487**

Dear Ms. Causseaux:

I am in receipt of your May 26, 2006 letter concerning registration of the mark *IT'S YOUR COMMUNITY HOSPICE* (the "Service Mark") filed by Community Hospice of Northeast Florida, Inc. (the "Applicant"). You requested that the Applicant correct the application by disclaiming "Community Hospice." We respectfully disagree with your disclaimer requirement for the reason stated below. Enclosed herewith is a copy of your May 26, 2006 letter and the original application for reconsideration and further processing.

Your request for a disclaimer is based on your statement that "[a]ll geographical terms, such as cities, states, counties, and designs of same, must be disclaimed" and that "[s]ome commonly used words and corporate suffixes must also be disclaimed." At the very least, the term "COMMUNITY HOSPICE" is not subject to the disclaimer requested in your letter because that phrase is not a geographic term, does not reference any state, city or county and is not a commonly used phrase. Additionally, section 495.021(1)(e) of the Florida Statutes makes an exception to this general disclaimer rule. This section provides:

> The Department of State may accept as evidence that the mark has become distinctive, as applied to the applicant's goods or services, proof of substantial exclusive and continuous use thereof as a mark by the applicant in this state or elsewhere for 5 years next preceding the date on which the claim of distinctiveness is made.

The Applicant has used the wording "COMMUNITY HOSPICE" as a service mark substantially exclusive and continuous for over seven (7) years. The Applicant began using a service mark containing "COMMUNITY HOSPICE" on March 30, 1999 and has continuously

used the Service Mark to the present. This is evidenced by Applicant's State of Florida registrations for two of its other marks containing that wording and depicted in State of Florida trademark registration numbers T01000001134 and T01000001135. Those two registrations required disclaimers because at the time of those filings the Applicant had only been using those marks for two years. Since that first use, the Applicant's business has become known to the public as Community Hospice and is often referred to by that name by patients and other members of the public. In view of this, we respectfully request that you withdraw the disclaimer requirement.

Thank you for your consideration of this matter. Please feel free to call me if you have any questions.

Sincerely yours,

Richard S. Vermut

Enclosures

cc: Community Hospice of Northeast Florida, Inc.

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:

Richard S. Vermut, Esq., Rogers Towers, P.A.
1301 Riverplace Blvd. Suite 1500
Jacksonville, Florida 32207
(904) 346-5573
Daytime Telephone number

PART I

1. (a) Applicant's name: Community Hospice of Northeast Florida, Inc.

(b) Applicant's business address: 4266 Sunbeam Road
Jacksonville, Florida 32257
City/State/Zip

If different, Applicant's mailing address: _____
City/State/Zip

(c) Applicant's telephone number: (904) 268-5200

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,
(1) Florida registration/document number: 745062 ✓ (2) Domicile State: Florida
(3) Federal Employer Identification Number: 591940256

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, healthcare and hospice services, assessments and treatments in the field of pediatric care, support care and comfort to patients with life limiting illnesses and their families, palliative care, pain management and social services in-home medical care and medical counsels and medical assistive services to patients and families

(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.)

billboard and brochures

(Continued)

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

Class 42

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TALLAHASSEE FLORIDA

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: 10/31/05 (b) Date first used in Florida: 10/31/05

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.)

IT'S YOUR COMMUNITY HOSPICE

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, , 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

Community Hospice of Northeast Florida, Inc.
Typed or printed name of applicant

Kathy S. McIlvaine
Applicant's signature
(List name and title)

Kathy S. McIlvaine
Sr. Director, Communications

STATE OF Florida

COUNTY OF Duval

On this 12th day of May, 2006, Kathy S. McIlvaine personally appeared before me,

☐ who is personally known to me ☑ whose identity I proved on the basis of drivers license

Jill C. Smith
Commission # DD444037
Expires June 23, 2009
Bonded Troy Fain Insurance, Inc. 800-385-7019

(Seal)

Notary Public Signature

Notary's Printed Name

My Commission Expires:

FEE: $87.50 per class

Billboard

It's Your Community Hospice.

Get Informed. Get Support.
Get Involved.

www.communityhospice.com