T07000001398

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(Address)

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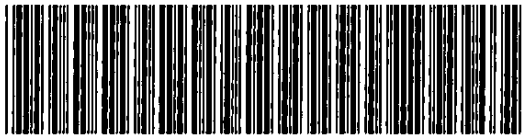

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

T07-1398

Adventist
HEALTH SYSTEM

*Via Federal Express*

October 1, 2007

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

RE: Service Mark Application

Dear Sir or Madam:

Enclosed please find a service mark application for a mark consisting of an overall hexagonal shape formed by three interlocked letter Fs located within a stylized representation of a house, all positioned generally to the left of the wording of the mark on behalf of Adventist Health System/Sunbelt, Inc. We have enclosed the original application, along with a copy of the original application, a check in the amount of $87.50, and the following three specimens:

1. Advertisement
2. Brochure
3. Business Card

Please return all correspondence concerning this matter to the following:

Andra Armstrong, Esq.
Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

For further information concerning this matter, please call me at (407) 975-1400.

Yours truly,

Andra Armstrong, Esq.
Staff Attorney

Enclosures

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# 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**

## PART I

1. (a) Applicant's name: Adventist Health System/Sunbelt, Inc.

(b) Applicant's business address: 111 North Orlando Avenue

Winter Park, FL 32789-3675
City/State/Zip

If different, Applicant's mailing address: _____

_____
City/State/Zip

(c) Applicant's telephone number: ( 407 ) 975-1400

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

If other than an individual,
(1) Florida registration/document number: 726307 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 591479658

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 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.)

Not applicable

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

The mark is printed on brochures, advertisements (i.e. newspaper, magazine, television/radio, billboards), business cards, letterhead, and employee uniforms and tags, etc.

d) The class(es) in which goods or services fall:
Class 44: Medical Services

(Continued)

## 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: May 1, 2007 (b) Date first used in Florida: May 1, 2007

## 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.)

Hexagonal shape formed by three interlocked letter Fs located within a stylized representation of a house, positioned generally to the left of the mark's wording

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TALLAHASSEE FLORIDA

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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.*

Ariel De Prada
Typed or printed name of applicant

Ariel De Prada, Asst. Sec.
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Orange

On this 1st day of October, 2007, Ariel De Prada personally appeared before me,

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

(Seal)

Penny L. Morche
Commission # DD318076
Expires August 16, 2008
Bonded Troy Fain - Insurance, Inc. 800-365-7019

Penny L. Morché
Notary Public Signature

Penny L. Morché
Notary's Printed Name

My Commission Expires: August 16, 2008

**FILING FEE: $87.50 per class**