T07000001398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RENEWAL

10/04/12--01020--013 **87.50

T07-13981

FILED
12 OCT -4 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX
OCT 4 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FFF AND DESIGN OF HEXAGONAL SHAPE FORMED BY THREE INTERLOCKED LETTER "F'S" LOCATED WITHIN A STYLIZED REPRESENTATION OF A HOUSE, POSITIONED TO THE
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas C. McThenia, Jr.
(Name of Person)

GrayRobinson, P.A.
(Firm/Company)

301 East Pine Street, Suite 1400
(Address)

Orlando, FL 32802
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas C. McThenia, Jr. at (407) 244-5610
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

FILING FEE: $87.50 per class
CERTIFICATE OF RENEWAL: $ 8.75 (OPTIONAL)

(**NOTE**: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

CR2E005 (1/11)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Adventist Health System/Sunbelt, Inc.
900 Hope Way
Altamonte Springs, FL 32714

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1) Mark Registered: FFF AND DESIGN OF HEXAGONAL SHAPE FORMED BY THREE INTERLOCKED LETTER "F'S" LOCATED WITHIN A STYLIZED REPRESENTATION OF A HOUSE, POSITIONED TO THE LEFT

2) Registration Number: T07000001398

3) Date Filed: 10/04/2007 4.) Renewal Date: 10/04/2012 5.) Class(es) Filed: 44

6) Renewal statement pursuant to section 495.071, Florida Statues. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in current use in Florida

Specimen enclosed

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: Florida

Adventist Health System/Sunbelt, Inc.
Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF ORANGE

Sworn to and subscribed before me on this 28th day of September 2012, Thomas C. McTernan, Jr.
(Name of Individual Signing)

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

(Seal)

Suzanne Yenser
Notary Public's Signature

Suzanne Yenser
Notary Public's Printed Name

Fee: $87.50 Per Class
Certificate of Renewal : $8.75 (Optional)
CR2E005 (1/11)

SUZANNE YENSER
MY COMMISSION # DD 945447
EXPIRES: January 1, 2014
Bonded Thru Notary Public Underwriters

OFFICIAL SPECIMEN T0700000/398

FLORIDA HOSPITAL
Home Care Services

In an effort to give your patients the very best care available, we provide:

A Registered Nurse for home visits and evaluation within 24 hours of referral.

Professional health care in the home with a knowledgeable, dependable and caring staff.

Collaboration with the physician to provide the most appropriate services for your patients' care that is individualized to meet their needs.

"I'm proud to represent Florida Hospital Home Care Services, recent recipient of the 2011 HomeCare Elite top 25% of agencies nationwide."

– RN Deanna Baucom
Nurse Case Manager &
Community Liaison
Florida Hospital Home Care Services

To refer a patient, simply call 385-1400.