T07000001398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T07-1398
Renewal

09/06/17--01021--002 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 SEP -6 AM 8:30

N. CAUSSEAUX
SEP - 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A DESIGN OF HEXAGONAL SHAPE FORMED BY THREE INTERLOCKED LETTER 'FS' LOCATED WITHIN A STYLIZED REPRESENTATION OF A HOUSE, POSITIONED TO THE LE
(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:

Debra Deardourff Larsen, Esquire
(Name of Person)

GrayRobinson, P.A.
(Firm/Company)

Post Office Box 3324
(Address)

Tampa, FL 33601-3324
(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Deardourff Larsen at (813) 273-5156
(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
2017 SEP -6 AM 8:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1) Mark Registered: FFF A 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: 10/04/2017 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 use in Florida

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: FL

ADVENTIST HEALTH SYSTEM/SUNBELT, INC.
Typed or Printed Name of Owner

Sharon Line Clary
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF SEMINOLE

Sworn to and subscribed before me on this 29 day of August, 2017. Sharon Line Clary
(Name of Individual Signing)

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

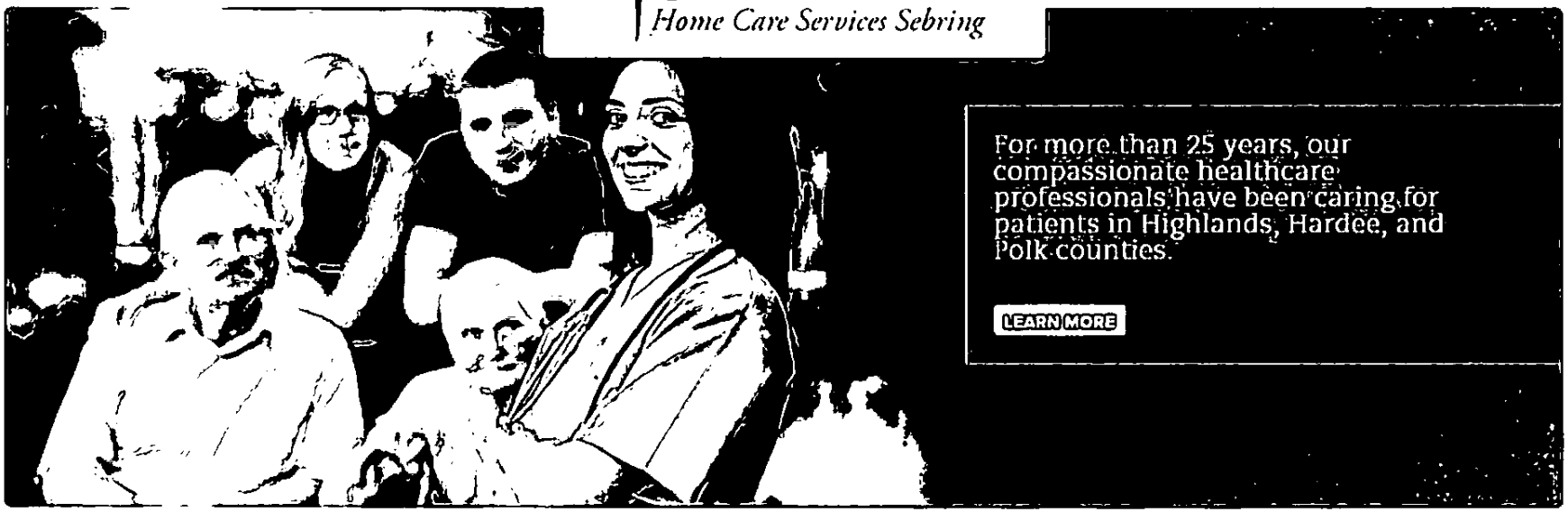
Notary Public State of Florida
Roberta Stalteri
My Commission GG 009539
Expires 09/02/2020

Roberta Stalteri
Notary Public's Signature

Roberta Stalteri
Notary Public's Printed Name

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

FLORIDA HOSPITAL
Home Care Services Sebring



About Us
The Heartland's trusted leader for home health services »

What to Expect
Find out what you need to do when transitioning to your physician directed home care recovery. »

Our Services
We are a trusted provider of home health services throughout the Heartland. »

Home is Where Heartland Is