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(Address)

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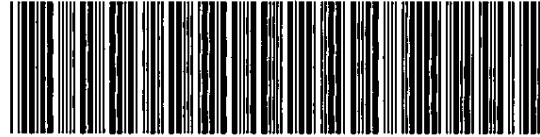
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TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Advantage Network
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Woodburn

(Name of Person)

Health Advantage Network, Inc

(Firm/Company)

465 S. Orlando Ave Suite 208

(Address)

Maitland, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Woodburn

(Name of Person)

at (407) 484-0152

(Area Code & Daytime Telephone Number)

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2007

SHAWN WOODBURN
HEALTH ADVANTAGE NETWORK INC.
465 S. ORLANDO AVENUE, SUITE 208
MAITLAND, FL 32751

SUBJECT: HEALTH ADVANTAGE NETWORK
Ref. Number: W07000039911

We have received your document for HEALTH ADVANTAGE NETWORK and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the mark you are trying to register is HEALTH ADVANTAGE NETWORK however, the specimen you submitted does not match the name in Part III of the application. Provide a specimen with the exact name as the mark you are trying to file.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 107A00049779

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:

Health Advantage Network, Inc.
465 S. Orlando Ave Suite 208
Maitland, FL 32751
(407) 484-0152
Daytime Telephone number

PART I

1. (a) Applicant's name: Health Advantage Network, Inc.

(b) Applicant's business address: 465 S. Orlando Ave Suite 208
Maitland, FL 32751
City/State/Zip

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

(c) Applicant's telephone number: (407) 484 0152
 Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration/document number: P98000106365 (2) Domicile State: FL

(3) Federal Employer Identification Number: 593563824

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 Provider Networks

(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.)

Newspaper ads, brochures, website, business cards

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

Class 36 Insurance

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: July 15, 2005 (b) Date first used in Florida: July 15, 2005

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 Health Advantage Network

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Health Network" APART FROM THE MARK AS SHOWN.

I, Shawn Woodburn, 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

Shawn Woodburn

Typed or printed name of applicant

Shawn Woodburn, Pres.

Applicant's signature
(List name and title)

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF ORANGE

On this 9th day of AUGUST, 2007, SHAWN PATRICK WOODBURN personally appeared before me,

who is personally known to me whose identity I proved on the basis of FL 92 N 312 795590510

(Seal)

Julian Lamar Folsom

Notary Public Signature
JULIAN LAMAR FOLSOM
MY COMMISSION # DD534615
Notary's Printed Name
June 13, 2010
(407) 398-0153 Florida Notary Service.com

My Commission Expires:

FEE: \$87.50 per class

SERVICES

MRI and CT

PET SCANS



EMG/NCV



PAIN MANAGEMENT



The Health Advantage Network

To Get the Advantage for your Clients:
Telephone: 888-508-1479

Or visit our website:
www.healthadvantagenetwork.com