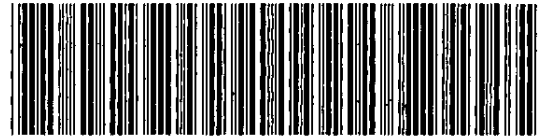


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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCHOICE PPO AND DESIGN OF THE WORD "CHOICE" UNDERLINED
(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:

JAMES R. LUSSIER
(Name of Person)

MATEER & HARBERT, P.A.
(Firm/Company)

225 EAST ROBINSON STREET STE 600
(Address)

ORLANDO, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES R. LUSSIER at (407) 425-9044
(Name of Person) (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

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

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. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: HEALTHCHOICE, INC. A FLA. CORP.

(b) Owner's/Applicant's business address: 102 W. PINELOCH AVENUE SUITE 23

ORLANDO FL 32806

City/State/Zip

If different, Owner's/Applicant's mailing address: _____

City/State/Zip

(c) Owner's/Applicant's telephone number: (____) _____

Check the appropriate box to indicate the Owner/Applicant is a(n):

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

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: G 74260 ✓

(2) Domicile State or Country: FLORIDA

(3) Federal Employer Identification Number: 592364223

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

MANAGED HEALTHCARE SERVICES FOR A PREFERRED PROVIDER ORGANIZATION

INCLUDING PREVENTION, DIAGNOSIS, TREATMENT, EMPLOYER/EMPLOYEE GUIDANCE

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

The mark is used in advertisements and on brochures and flyers explaining the services identified by the mark.

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) FEE(S) AND CLASS(ES): There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

Classes 35 and 42 - managed healthcare services.

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: _____

(b) Date first used in Florida: 01/01/1996

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

HEALTHCHOICE PPO AND DESIGN OF THE WORD "CHOICE" UNDERLINED _____

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. **DISCLAIMER STATEMENT** (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" _____
" APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, James R Lussier, 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.

HEALTHCHOICE, INC.
Typed or printed name of applicant

James R Lussier, Attorney at Law
Applicant's signature
(List name and title)

FILED
08 JUN 12 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF ORANGE

On this 9th day of June, 2008, James R. Lussier personally appeared before me,

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

(Seal)

Janis M Casoria
Notary Public Signature

Notary's Printed Name

My Commission Expires: _____

FILING FEE: \$87.50 per class

Bonded Troy Fan - Insurance, Inc. 800-385-7019
Expires May 13, 2010
Commission # DD523575
Janis M. Casoria

Janis M. Casoria
Commission # DD523575
Expires May 13, 2010
Bonded Troy Fan - Insurance, Inc. 800-385-7019

A Brief History

Healthchoice was developed in 1984 to provide employers in Central Florida the opportunity to control rising healthcare costs. Since that time, Healthchoice has grown to be one of the area's largest and most reputable managed care plans serving Brevard, Lake, Orange, Osceola and Seminole Counties. A distinguishing characteristic of the Healthchoice network is its very stable, long term relationships with providers

The Healthchoice Plans



Healthchoice PPO – made up over 1,700 physicians who were selected/credentialed based on a stringent credentialing process, including the physician's geographic access, education, training, methods of practice and malpractice/disciplinary history. Employees selecting this plan have the flexibility to go directly to any physician listed in their provider manual. In the PPO plan, employees pay a percentage of their medical costs after meeting a deductible. More than 90% of our physicians are either board certified or board eligible.

Healthchoice, an affiliate of the Orlando Regional Healthcare (ORH), utilizes the following preferred hospitals:

Arnold Palmer Hospital for Children & Women
Orlando Regional Medical Center
Lucerne Medical Center
Sand Lake Hospital
South Seminole Hospital
St. Cloud Hospital
MD Anderson Cancer Center – Orlando

Holmes Regional Medical Center
Leesburg Regional Medical Center
Palm Bay Community Hospital
Parrish Medical Center
Health Central
Health First Hospitals
South Lake Memorial Hospital



Healthchoice Select – a medical manager plan design with HMO-type benefits. The member elects a primary care physician to coordinate all care within the network, Healthchoice Select is currently available in Lake, Orange, Osceola and Seminole counties.