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FILED
10 JUN 21 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX
JUN 22 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEART OF FLORIDA HEALTH CENTER
(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:

JILL DILORENZO
(Name of Person)

HEART OF FLORIDA HEALTH CENTER, INC.
(Firm/Company)

1025 SW 1ST Ave
(Address)

OCALA, FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

JILL DILORENZO at (352) 732-6599
(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.)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2010

JILL DILORENZO
HEART OF FLORIDA HEALTH CENTER, INC.
OCALA, FL 34471

SUBJECT: HEART OF FLORIDA HEALTH CENTER & SLOGAN "HEALTHCARE FOR ALL" & DESIGN OF HEART SHAPE TO THE LEFT OF VERBIAGE WITH OUTLINE OF A FAMILY OF 4 INSIDE A HEART, FATHER, MOTHER, SON & DAUGHTER
Ref. Number: W10000023709

We have received your document for HEART OF FLORIDA HEALTH CENTER & SLOGAN "HEALTHCARE FOR ALL" & DESIGN OF HEART SHAPE TO THE LEFT OF VERBIAGE WITH OUTLINE OF A FAMILY OF 4 INSIDE A HEART, FATHER, MOTHER, SON & DAUGHTER and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Please delte the "HAND DRAWING" from Part III of the application.

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different**. TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business

cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please attach your specimens to a copy of this letter or to yourcorrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor Letter Number: 210A00012263

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2010

JILL DILORENZO
HEART OF FLORIDA HEALTH CENTER, INC.
1025 SW 1ST AVENUE
OCALA, FL 34471

SUBJECT: HEART OF FLORIDA HEALTH CENTER & SLOGAN "HEALTHCARE FOR ALL" & DESIGN OF HEART SHAPE TO THE LEFT OF VERBIAGE WITH OUTLINE OF A FAMILY OF 4 INSIDE A HEART, FATHER, MOTHER, SON & DAUGHTER
Ref. Number: W10000023709

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If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 210A00012263

Heart of Florida Health Center
"Healthcare for All"

1025 SW 1st Avenue
Ocala, FL 34471
(352) 732-6599
(352) 732-4816 (f)

July 16, 2010

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

Reference Numbers: W10000023708 (Letter No. 110A00012262)
W10000023709 (Letter No. 210A00012263)

Attn: Nanette Causseaux

Enclosed please find our corrected registration forms (with samples attached) for the above referenced applications.

Sincerely,

Jill DiLorenzo
Director of Administrative Services

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: HEART OF FLORIDA HEALTH CENTER, INC

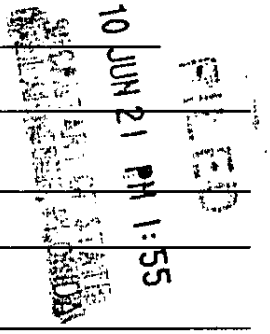
(b) Owner's/Applicant's business address: 1025 SW 1ST AVE

OCALA, FL 34471
City/State/Zip

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

_____
City/State/Zip

(c) Owner's/Applicant's telephone number: (352) 732-6599



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: N43080

(2) Domicile State or Country: FLORIDA

(3) Federal Employer Identification Number: 593060378

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.)

HEALTHCARE CLASS 44 MEDICAL SERVICES

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.)

N/A

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:

BROCHURES; BUSINESS CARDS; LETTERHEAD; NEWSPAPER ADS; FLYERS, PAMPHLETS; PATIENT INSTRUCTIONS BEING USED AS COMPANY IDENTIFICATION

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore 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:

N/A

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:

HEALTHCARE

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: DECEMBER 2009

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.)

HEART OF FLORIDA
HEALTH CENTER
"HEALTHCARE FOR ALL"
HEART SHAPE TO THE LEFT OF VERBIAGE W/OUTLINE OF A FAMILY OF 4 INSIDE THE HEART (FATHER, MOTHER, SON, DAUGHTER).

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)" HEART" "FLORIDA" HEALTHCARE FOR ALL" "Health Center" 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, KERRIE JONES CLARK, *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.*

KERRIE JONES CLARK
Typed or printed name of applicant

Kerrie Jones Clark, CEO
Applicant's signature
(List name and title)

FILED
10 JUN 21 PM 1:55

STATE OF Florida

COUNTY OF Marion

On this 21st day of June, 2010, Kerrie Jones Clark personally appeared before me,

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

Sandra D. Thomas
Notary Public Signature

(Seal)

Notary's Printed Name

SANDRA D. THOMAS
MY COMMISSION # DD 904952
EXPIRES: September 13, 2013
Bonded Thru Notary Public Underwriters

My Commission Expires: _____

FILING FEE: $87.50 per class

OFFICIAL SPECIMEN
TM/SM REG. #

Children's Healthcare in Ocala

Heart of Florida Health Center

(352) 732-6599

www.HeartOfFloridaHealthCenter.org