

T110000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

W10-52742

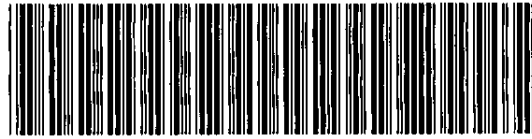
(Document Number)

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T11-18

11/10/10--01006--005 \*\*87.50

NO  
108-639  
Florida  
Health  
Choices

NOT ENTERED  
TO AVOID LEAVE  
SUFFICIENCY OF FILING

2010 NOV 10 AM 9:08

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

11 JAN -7 PM 4:55

FILED

N. CAUSSEUX

JAN 10 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HealthChoices Florida

(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:

Kelly B. Plante, Esquire

(Name of Person)

Brewton Plante, P.A.

(Firm/Company)

225 South Adams Street - Suite 250

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly B. Plante, Esquire

(Name of Person)

at ( 850 ) 222-7718

(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

November 10, 2010

KELLY B. PLANTE, ESQUIRE  
BREWTON PLANTE, P.A.  
225 SOUTH ADAMS STREET, SUITE 250  
TALLAHASSEE, FL 32301

SUBJECT: HEALTH CHOICES FLORIDA  
Ref. Number: W10000052742

*Walk-in  
Pick-up*

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

We must deny registration pursuant to section 495.021(1)(f), Florida Statutes. There is a Florida registration on file with our office for "FLORIDA HEALTH CHOICES", Registration Number T08000000639, for the same or similar name and class(es).

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: 810A00026499

**BREWTON PLANTE P.A.**

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW  
SUITE 250  
225 SOUTH ADAMS STREET

**TALLAHASSEE, FL 32301**

TELEPHONE 850-222-7718  
FACSIMILE 850-222-8222

MAILING ADDRESS:  
POST OFFICE BOX 10369  
TALLAHASSEE, FL 32302-2369

E-MAIL ADDRESS:  
KELLY B. PLANTE, ESQUIRE  
koplante@bplawfirm.net

January 7, 2011

**HAND DELIVERY**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

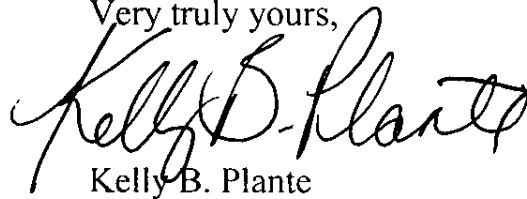
Re: Florida Health Choices, Inc.

To Whom It May Concern:

Enclosed for filing, please find a resubmission of the **APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK** for the above-referenced corporation, together with a copy of the Division's rejection letter dated November 10, 2010. We have been advised that your office retained the attachments from the original submission. Additionally, this is to inform you that the cited deficiency has been corrected.

Should you have any questions, please do not hesitate to contact my office.

Very truly yours,



Kelly B. Plante

KBP/amc  
Enclosures

RECEIVED  
11 JAN - 7 PM 3:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

RECEIVED  
11 JAN - 7 PM 1:55  
FBI

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: Florida Health Choices, Inc.

(b) Owner's/Applicant's business address: 225 South Adams Street - Suite 250

Tallahassee, FL 32301  
City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_

City/State/Zip

(c) Owner's/Applicant's telephone number: ( 850 ) 222-0933

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: N08000010487 ✓

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 26-4435356

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.)

Statutorily created entity providing employers/consumers with single point access (internet portal/

virtual health insurance marketplace) to compare multiple insurance products, and enable enrollment

in products. Advertising/promoting of virtual marketplace. Does not provide insurance products.

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

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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:

Business Cards, Letterhead, Internet website, promotional materials to identify the entity and virtual health insurance marketplace.

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**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:

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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:

Class 35

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**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: N/A

(b) Date first used in Florida: July, 2010

**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.)

Colors featured: (Yellow: PMS605) and (Blue: MMS5405). Original mark: yellow arc over word

"HealthChoices" over word "Florida." "Health"; "Florida" (blue)/"Choices" (Yellow).

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) "Florida"  
" 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, ROSE M. NAFF, 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.

Rose M. Naff, Executive Director

Typed or printed name of applicant

*Rose M. Naff*  
Applicant's signature  
(List name and title)

FILED  
11 JAN -7 PM 4:55  
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Leon

On this 8th day of November, 2010, Rose M. Naff personally appeared before me,

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

(Seal)

*Ann Miles Cotroneo*  
Notary Public Signature  
ANN MILES COTRONEO  
Notary's Printed Name



My Commission Expires: 3-23-12

FILING FEE: \$87.50 per class





HOME

ABOUT US

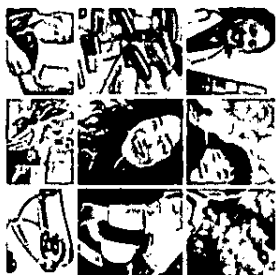
NEWS & EVENTS

## Florida Health Choices

With a goal of increasing access to affordable, quality health care, Florida Health Choices is working to create a competitive market for purchasing health insurance and health services. We will provide employers and consumers with a single point of access to compare multiple insurance products, and enable them to enroll in the product that best meets their needs.

### Our Mission Statement

Florida Health Choices: Removing barriers between employees who deserve quality health care, and the providers who want to make sure they get it. Easily and Accurately.



### Mission Statement

Florida Health Choices: Removing barriers between employees who deserve quality health care, and the providers who want to make sure they get it. Easily and Accurately.



bookmark us

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

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(b) Owner's/Applicant's business address: 225 South Adams Street - Suite 250

Tallahassee, FL 32301  
City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

(c) Owner's/Applicant's telephone number: ( 850 ) 222-0933

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

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

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N/A

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(a) Date first used in other state or country, if applicable: N/A

(b) Date first used in Florida: July, 2010

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Colors featured: (Yellow: PMS605) and (Blue: MMS5405). Original mark: yellow arc over word

"HealthChoices" over word "Florida." "Health"; "Florida" (blue)/"Choices" (Yellow). Reversed mark:

"Health"; "Florida" (white).

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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.

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SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, ROSE M. NAFF, 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.

Rose M. Naff, Executive Director

Typed or printed name of applicant

*Rose M. Naff*  
Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Leon

On this 8th day of November, 2010, Rose M. Naff personally appeared before me,

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

(Seal)

*Ann Miles Cotroneo*

Notary Public Signature

ANN MILES COTRONEO

Notary's Printed Name



My Commission Expires: 3-23-12

FILING FEE: \$87.50 per class

# Health FLORIDA



**Mission Statement**  
Florida Health Choices, a not-for-profit organization, is committed to providing quality health care and health services to all Floridians, regardless of their ability to pay for health care.

## Florida Health Choices

With a goal of increasing access to affordable, quality health care, Florida Health Choices is working to create a competitive market for purchasing health insurance and health services and enable them to enroll in the market that best meets their needs.

**Our Mission Statement**  
Florida Health Choices: Reducing barriers between employees and diverse family health care and the broader marketplace to make sure they get it. **Easy and affordable.**

HOME

ABOUT US

NEWS & EVENTS