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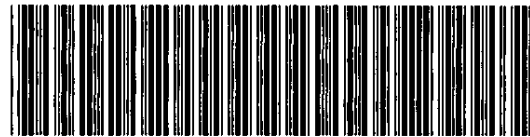
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

AUG 23 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arrhythmia Center of Florida & Design
(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:

Sandra White

(Name of Person)

C/HCA, Inc.

(Firm/Company)

155 Franklin Road, Suite 400

(Address)

Brentwood, TN 37027

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra White

(Name of Person)

at (615) 344-3090

(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

August 8, 2012

SANDRA WHITE
C/HCA, INC.
155 FRANKLIN ROAD, SUITE 400
BRENTWOOD, TN 37027

SUBJECT: ARRHYTHMIA CENTER OF FLORIDA THE HEART INSTITUTE AT
REGIONAL MEDICAL CENTER BAYONET POINT & DESIGN OF THE
OUTLINE OF A HEART CONTAINING AN IMPULSE GRAPH
Ref. Number: W12000041561

In lieu of returning your document, we have corrected the disclaimer statement on your document. We have inserted the term(s) ARRHYTHMIA CENTER, THE HEART INSTITUTE, REGIONAL MEDICAL CENTER in your disclaimer statement. A disclaimed term is still considered part of your mark. You simply do not claim the exclusive right to the use of the disclaimed term(s) apart from your mark.

Please notify this office in writing if you would like this office to proceed with your filing.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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) 245-6051.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 112A00020596



The Healthcare Company.

155 Franklin Road, Suite 400
Brentwood, TN 37027

Confirmation: (615) 344-3090
Fax Number: (615) 344-3166

FAX TRANSMITTAL FORM

Please deliver the following pages to:

DATE: 8-21-2012
NAME: Nanette Causseaux
LOCATION: Florida Department of State
Division of Corporations
LOCATION FAX #: 850-245-6030
FROM: Sandra White
Paralegal, Legal Department
(615) 344-3090

Total number of pages including this sheet: 1

If you do not receive all of these pages, please call Sandy White at (615) 344-3090.

THANK YOU

**RE: Application for the registration of a Service Mark:
"ARRHYTHMIA CENTER OF FLORIDA The Heart Institute at Regional
Medical Center Bayonet Point & Design of the outline of a heart
containing an impulse graph" Ref. Number W12000041561**

COMMENTS:

Please accept our acceptance of the disclaimer for the terms "ARRHYTHMIA CENTER, THE HEART INSTITUTE, REGIONAL MEDICAL CENTER", as set out in your letter dated August 8, 2012. Please contact me if you need further information. Thank you.

Sandra White

CONFIDENTIALITY NOTICE: THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. ANY USE, DISSEMINATION OR COPYING OF THIS COMMUNICATION OTHER THAN BY THE ADDRESSEE (OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS COMMUNICATION TO THE ADDRESSEE), IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER BY TELEPHONE TO ARRANGE FOR THE RETURN OR DESTRUCTION OF THE INFORMATION AND ALL COPIES.

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

FILED
12 AUG 23 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: C/HCA, Inc.

(b) Owner's/Applicant's business address: One Park Plaza

Nashville, TN 37203

City/State/Zip

If different, Owner's/Applicant's mailing address: n/a

City/State/Zip

(c) Owner's/Applicant's telephone number: 615 344-3090

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: F09000001530 ✓

(2) Domicile State or Country: Delaware

(3) Federal Employer Identification Number: 62-1677614

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 services for heart rhythm disorders

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:

Signage, flyers, brochures, marketing material

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:

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:

044 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: August 1, 2012

(b) Date first used in Florida: August 1, 2012

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.)

Arrhythmia Center of Florida The Heart Institute at Regional Medical Center Bayonet Point & design
of the outline of a heart containing an impulse graph

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, Arrhythmia Center,
The heart Institute, "APART FROM THE MARK AS SHOWN."
Regional Medical Center

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, Dora A. Blackwood

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.

Dora A. Blackwood

Typed or printed name of applicant

Dora A. Blackwood

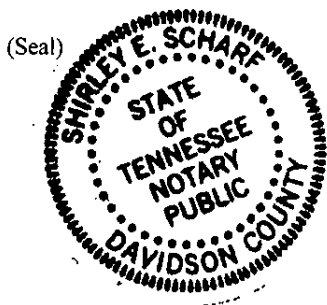
Applicant's signature
(List name and title)

STATE OF Tennessee

COUNTY OF Davidson

Sworn to and subscribed before me on this 6th day of June, 2012, Dora A. Blackwood
(Name of Individual Signing)

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



Shirley E. Scharf

Notary Public Signature

Shirley E. Scharf

Notary's Printed Name

My Commission Expires: July 7, 2014

FILING FEE: \$87.50 per class

OFFICIAL SPECIMEN
TM/SM REG: #

Helping Hearts Keep a Steady Beat



Arrhythmia
CENTER OF FLORIDA

The Heart Institute at Regional Medical Center Bayonet Point

RMCHHealth.com