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Office Use Only



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N. CAUSSEAUX MAY - 3 2018



DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number Date:	FCA000000017 5-2-18	
		<u></u> ू र्व्हे
Requestor Name:	Carlton Fields	6 7
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 513-3619 - direct (850) 224-1585	PH I:
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:	ark <u>Aeromed</u>	
Email Address:		
Entity Number:	T1300000	0516
Authorization:	Kim Pul	len
Certified Copy	X-Renewal	Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	Amendments	Registration
(X)Call When Ready	(X)Call if Problem	() After 4:30
(X)Walk In	() Will Wait	(X) Pick Up
		·

CF Internal Use Only
Client: 55586 Matter: 53672
Name: C. Streb Office: TPA

MARK RENEWAL APPLICATION

Name and Maining Address of Owner.	Return 10: Division of Corporations	
FLORIDA HEALTH SCIENCES CENTER, INC.	P.O. Box 6327 Tallahassee, FL 323	
TAMPA GENERAL HOSPITAL, ONE TAMPA GENERAL CIRCLE	***************************************	
TAMPA, FL 33606	Tallahassee, FL 3234	
1) Mark Registered: AEROMED	元	
2) Registration Number: T1300000)516 ± 5	
	Date Filed: 05/17/2013 4.) Renewal Date: 05/17/2018 5.) Class(es) Filed: 39	
	95.071, Florida Statues. Below you must state the mark is still in onuse is not due to any intention to abandon the mark. Orida	
	wing actual use of the mark is included with this application. state of incorporation/formation/organization: Florida	
	FLORIDA HEALTH SCIENCES CENTER, INC.	
	Typed or Printed Name of Owner	
	Janua Melm	
TATE OF Florida	Owner's Signature or Authorized Person's Signature	
OUNTY OF Hillsborough		
_		
worn to and subscribed before me on this	day of May, 2018, Donna Gebbia (Name of Individual Signing)	
_	day of May , 2018, Donna Gebbia (Name of Individual Signing) identity I proved on the basis of	



MAC'S ARCHECICAL TRANSPORT CHIEF COMMUNITY CUTTING

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Flight Services

PRIMARY TRANSPORT SERVICES

TRANSPORT CAPABILITIES

APPROVED ACROMED REQUESTING AGENCIES INCLUDE:

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