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19 AUG 21 PM 2:32
MONTGOMERY COUNTY, MARYLAND
FALLS CHURCH, MARYLAND

K. SALY
AUG 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2019

AMELIA HENDERSON
SMITH HULSEY & BUSEY
1 INDEPENDENT DR, STE. 3300
JACKSONVILLE, FL 32202

SUBJECT: FLAGLER HEALTH+
Ref. Number: W19000067785

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

The specimens you have submitted are not acceptable. The name and/or design on your specimens are/is not identical to the name and/or design you have listed in Part III of the application. Please submit three specimens that are identical to the name and/or design you listed in Part III.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 019A00015116

SMITH HULSEY & BUSEY

CHARMAINE T. M. CHIU
DIRECT 904.359.7805
CCHI@SMITHHULSEY.COM

August 19, 2019

Karen A. Saly
Florida Department of State Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Resubmission of Flagler Health +'s Application for Registration of Trademark or Service Mark.

Dear Ms. Saly:

Pursuant to your letter dated July 24, 2019, which indicated the specimens submitted were insufficient, Flagler Health + has revised its Application for Registration of Trademark or Service Mark and desires to resubmit for approval. Please find enclosed Flagler Health +'s Application for Registration of Trademark or Service Mark and new specimens. We have indicated by purple flag on each specimen where the mark can be found.

Sincerely,



Charmaine T. M. Chiu

CMC/kah/01043193

RECEIVED
AUG 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flagler Health+

(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:

Amelia Henderson

(Name of Person)

Smith Hulsey & Busey

(Firm/Company)

1 Independent Drive, Suite 3300

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Amelia Henderson

(Name of Person)

at (904) 359-7793

(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

FILE
19 AUG 21 PM 2
TALLAHASSEE, FLORIDA

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: Flagler Hospital, Inc.

(b) Owner's/Applicant's business address: 400 Health Park Blvd.
St. Augustine, Florida 32086
City/State/Zip

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

(c) Owner's/Applicant's telephone number: 904 , 819-5155

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: 700950

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-0675143

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.)

Comprehensive community health services, including hospital services, telemedicine services,
integrated outpatient health care, urgent care, emergency care, home health care, medical
imaging, and diagnostic sleep studies

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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TALLAHASSEE, FLORIDA

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 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:

building signage, website, print and online advertisements, radio and television advertisements, billboards, and brochures

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 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:

Class 44

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.

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TALLAHASSEE, FLORIDA

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

(b) Date first used in Florida: February 22, 2019

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.)

Flagler Health+

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)" Flagler

_____ "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, Charmaine T.M. Chiu, 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.

Flagler Hospital, Inc.
Typed or printed name of applicant

Charmaine T.M. Chiu
Smith Hubsey & Bussey, Outside Counsel
Applicant's signature
(List name and title)

FILED
19 AUG 21 PM 2:40
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Duval

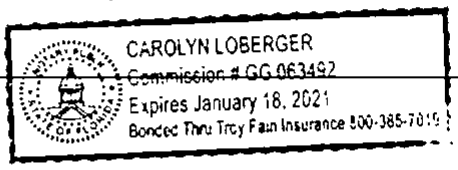
Sworn to and subscribed before me on this 18th day of July 2019 Charmaine T.M. Chiu
(Name of Individual Signing)

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

(Seal)

Carolyn Loberger
() Notary Public Signature
Carolyn Loberger
Notary's Printed Name

My Commission Expires: _____



FILING FEE: \$87.50 per class



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About Flagler Hospital

WELCOME TO FLAGLER HOSPITAL

When it comes to the health and wellbeing of St. Johns County and surrounding communities, there is no organization with more experience, influence or commitment than Flagler Hospital. In fact, Flagler Hospital will celebrate 130 years of caring for area residents in 2019.

Medical Services

The best way to learn about our services is to click on the links located on the menu bar. Each link is a summary of just some of our award-winning programs:

Medical Weight Loss Surgery - led by nationally recognized bariatric surgeon, Dr. Robert Marema. Flagler Hospital's IMBBAQIP Accredited bariatric surgery program provides a full range of comprehensive services, including support groups, individual counseling, customized exercise plans and clinical support to every patient. Dr. Marema has performed more than 10,000 operations.

Cardiac Care - More than 275 open-heart surgeries are performed annually at Flagler Hospital. The facility consistently earns 5 stars for the treatment of heart attacks. Interventional cardiology, medical cardiology, electrophysiology and therapeutic and vascular procedures are

Medical Services

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[Cancer Center](#)

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Medical Services



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Imaging & Testing Pre-Registration

Medical Services > Cancer Center



Medical Services

Advanced Care Services

Behavioral Health

Brain and Spine Surgery

Cancer Center

Breast Health

Collaborative Care

Radiation Oncology

Trials

Emergency Care Center

Heart and Rhythm Center

Home Care

Imaging Center

About the Flagler Hospital Cancer Institute

At the Cancer Institute, area specialists, pathologists and surgeons collaborate using the most advanced diagnostic techniques to assess and treat each patient's condition. Our state-of-the-art facility includes a wide range of treatment, recovery, and rehabilitation services to provide patients with all the tools to beat heat and move forward.

Flagler Hospital's Cancer Institute is also home to The Education & Support Center. This center houses a resource library, internet access stations, and information desk to make the