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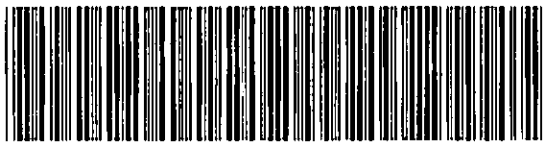

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2021 APR 14 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little Treasures Pediatric Palliative Care Program
(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:

David P. Hathaway, Esq.
(Name of Person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.
(Firm/Company)

P.O. Box 2346
(Address)

Orlando, FL 32802-2346
(City/State and Zip Code)

For further information concerning this matter, please call:

David P. Hathaway, Esq. at (407) 841-1200
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(**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

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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: Health and Palliative Services of the Treasure Coast, Inc.

(b) Owner's/Applicant's business address: 1201 SE Indian St.

Stuart, FL 34997
City/State/Zip

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

_____
City/State/Zip

(c) Owner's/Applicant's telephone number: (772) 403-4593

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: N04000009167

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 20-1683870

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.)

Pediatric health care 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.)

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:

Online and hard copy marketing materials

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:

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

(b) Date first used in Florida: 12/31/2010

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.)

Little Treasures Pediatric Palliative Care Program

Provide the English translation of any and all terms listed #1 above, when applicable: N/A

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)" _____

_____ " 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, Jackie Kendrick, 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.

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TALLAHASSEE, FLORIDA

Jackie Kendrick
Typed or printed name of applicant

CEO
Applicant's signature
(List name and title)

STATE OF FLORIDA
COUNTY OF Martin

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this (numeric date) this 1 day of April, 2021, by (Jackie Kendrick).
numeric date / month / year / name of person making statement

Notary Public's Signature

Karla Cummings Zimmerman
Notary Public's Printed Name

Personally Known ☑ OR Produced Identification ☐ _____

Type of Identification Produced: _____

KARLA CUMMINGS ZIMMERMAN
Commission # GG 333509
Expires May 12, 2023
Bonded Thru Troy Fain Insurance 800-385-7019

FILING FEE: $87.50 per class

Benefits of referring your patient to Little Treasures:

As the attending physician, you and the family have a critical role in the plan of care.

Our team will keep you informed on the child's condition and family dynamics, supporting your continued involvement in the care of the patient.

The admissions process is pediatric specific, thus reducing anxiety of patient/family allowing for an informed choice.

Intensive pediatric pain and symptom management, which eliminates or reduces unnecessary ER visits or hospitalizations.

Medications, Durable Medical Equipment and supplies are provided, making the patient/family more compliant to the treatment plan and allows the family to focus on their child.

Providing medications reduces the financial burden on the family thereby increasing family satisfaction with your care.

Family support and education relieves caregiver stress and exhaustion, which decreases demands on your time.

Ability to benefit from a full range of programs including 24-hour acccess to care, psychosocial programs, music therapy, volunteer services and grief counseling including a child life specialist, which reduces the need for multiple providers.

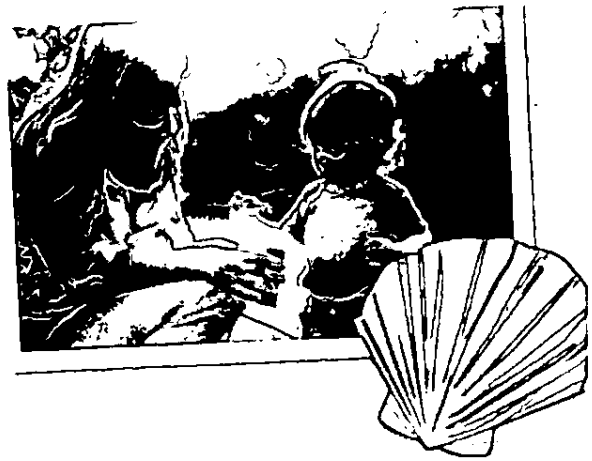
Martin County
Mayes Center for Hope
1201 SE Indian Street
Stuart, FL 34997
(772) 403-4404

St. Lucie County
Thomas Counseling Center
5000 Dunn Road
Ft. Pierce, FL 4981
(772) 403-4404

Toll Free (866) 999-4550
www.tchospice.org

www.tchospice.org

TREASURING LIFE



Pediatric Support
when it's needed

Little Treasures
Pediatric palliative care program

Little Treasures is the pediatric care program of Treasure Coast Hospice. It focues on enhancing the quality of life for children and their families with a chronic and/or life threatening illness.

Our pediatric team addresses medical, psychosocial, spiritual and financial concerns by providing intensive pain and symptom management along with guidance, education, and support from an interdisciplinary team.

The Little Treasures team:

- Patient and Family
- Attending Physician
- Hospice Physician
- Nurses
- Social Workers
- Chaplains
- Aides
- Volunteers
- Child Life Specialist and Music Therapist

Little Treasures has fulfilled the gap between the medical and psychosocial world. It supports families of children with life limiting diseases so that families, in turn, are able to support themselves. There is less utilization of hospitals and emergency rooms. These children are involved in more school and extracurricular activities, and their parents have been able to return to the workforce. This program is a win-win for our patients and our community.

Genon Wicina, M.D. FAAP
Martin Pediatric Care

Little Treasure services can be provided through the following programs:

Pediatric Hospice Care

Our Little Treasures pediatric program utilizes a specialized pediatric team to address the unique needs of a child facing a life limiting illness.

Eligibility for this benefit

- Must be diagnosed with a life threatening illness with a six-month or less prognosis should the disease follow its normal course
- Referral can come from physicians, families, other healthcare professionals and community agencies
- Children receiving Medicaid have the option of Concurrent Care

Concurrent Care

Medicaid offers a pediatric program that relieves the family from having to make the difficult choice between curative care and hospice services. This program allows the child to receive the full range of hospice services while also receiving curative care.

Eligibility for this benefit

- Birth to age 21
- Six months or less prognosis should the disease follow its normal course
- Enrolled in Medicaid or Florida State Children's Health Insurance Program (SCHIP)

Little Treasures has great impact on the lives of special children in our community. This program is a precious gift to families that is second to none... the staff at Children's Medical Services loves working with people who truly care about children... and Little Treasures truly cares.

Ellen Pruitt, RN, MSN
Nursing Director
Children's Medical Services

Partners in Care: Together for Kids (PIC:TFK)

The PIC:TFK program offers specialized palliative care support from the Little Treasures team for children and adolescents who are experiencing a life limiting illness.

Eligibility for this benefit

- Enrolled in Children's Medical Services Network (CMSN)
- Diagnosis of potentially life limiting illness, birth to age 21
- Resides in the county that participates in the waiver
- Authorized for participation by a CMS Primary Care Physician