193000001063

* *		
ş	(Requestor's Name)	
	(Address)	·
j		
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Professional Tables Name)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
<u></u>		

Office Use Only



500022184075

09/02/03--01029--015 **175.00



Renewal 193-1063

MARK RENEWAL APPLICATION

Name and Address of Owner:	Return To: Division of Corporations
Community Health Care Systems, Inc. 2301 Lucien Way, Suite 440 Maitland, Florida 32751	P.O. Box 6327 Tallahassee, FL 32314
Mark Registered: HEALTHCHOICE SEL	LECT
Registration Number: T93000001063	
Date Filed: 09/02/1993 Renewal Date	te:_09/02/2003Class(es) Filed:_(1) 35; (2) 42
Renewal statement pursuant to section 495. Florida or the reason for its nonuse.	.071, Florida Statues. Below you must state the mark is still in use in
THE MARK IS STILL IN USE WITHIN	THE STATE OF FLORIDA.
authorized to sign on behalf of the owner of	_, being sworn, depose and say that I am the owner or that I am f the trademark and/or service mark referenced herein and make this er's behalf. I further acknowledge that I have read the application
	By: Stand Owner's Signature or Authorized Person's
STATE OF_FLORIDA	Signature / Title: Perident m
COUNTY OF ORANGE	
On this 26 day of AUGUST	2003 STEPHAN J. HARR PRESIDENT W
personally appeared before me,	
vho is personally known to me uho	ose identity I proved on the basis of NA
(Seal) Kaiherine D Newsur	Notary Public's Signature
	KATHERINE D. NEWSUM
·· · · · · · · · · · · · · · · · · · ·	Notary Public's Printed Name
C., GUT FA D. CI	

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75 (Optional) CR2E005(6/01)