

CUMMINGS, LAWRENCE & VEZINA, P.A.

Tallahassee

August 22, 1995

VIA HAND DELIVERY

Mr. Steven Harvey
Corporate Secretary
Florida Department of Labor
Division of Corporations
401 East Gaines Street
Tallahassee, Florida 32309

795000001049

Re: Florida Transportation Builders Associations - Self Insurer's Fund;
Registration of "Select Care Plus" trademark
Our File No. 206-00
Your Reference No. W95000013312
Your Letter No. 895A00032043

RECEIVED
AUG 23 1995
FALLS CHURCH, VA

Dear Ms. Harvey:

As requested, we are transmitting the following documents to your attention:

1. Application for registration of the service mark "Select Care Plus", including three specimen material packets; and
2. Our firm's check no. 015924 in the amount of \$87.50 to cover the applicable application fee.

You have also requested the Division of Corporations document number evidencing the incorporation or formation of the Fund. The Fund is a self-insurers fund established pursuant to section 440.57 of the Florida Statutes and Rule 381-5.056, et seq., F.A.C. As such, the Fund is not a business entity registered with the Division of Corporations. The Fund's Trust Agreement, Administrative Bylaws and Indemnity Agreement are on file with the Department of Labor.

Thank you for your assistance.

Sincerely,

David J. Metcalf
Cummings, Lawrence & Vezina, P.A.

DJM:jrb
Enclosures

cc: Ms. Marie C. Walker

Mr. Steven Harvey	
Corporate Secretary	
Florida Department of Labor	
Division of Corporations	CSH
401 East Gaines Street	
Tallahassee, Florida 32309	
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Florida Department of Labor	
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401 East Gaines Street	
Tallahassee, Florida 32309	

Florida Department of State

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

Name & address to whom
acknowledgement should be sent:

David J. Metcalf

P. O. Box 589

Tallahassee, Florida 32302

(904) 878-3700

Daytime Telephone number

PART I

1. (a) Applicant's name: Florida Transportation Builders' Association-Self Insurers Fund

(b) Applicant's business address: P. O. Box 20959 1339 E. Lafayette Street

Tallahassee, Florida zip: 32316-0959

(c) Applicant's telephone number: (904) 656-7867

☐ Individual ☐ Corporation ☐ Joint Venture ☒ Other: Self-Insurers Fund
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: N/A

(2) Federal Employer Identification Number: 59-2445255

(3) Domicile State: Florida

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

Managed Healthcare

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Advertisements, brochures and correspondence

(Continued)

(d) The class(es) in which goods or services fall:

42 Miscellaneous Services

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 06/01/95

(b) Date first used in Florida: 06/01/95

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Select Care Plus

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

CARE PLUS

" APART FROM THE MARK AS SHOWN.

I, Marie C. Walker, 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 no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. 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.

Marie C. Walker, Deputy Administrator

Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Leon

On this 22nd day of June, 1995, Marie C. Walker personally appeared before me,



who is personally known to me

whose identity I proved on the basis of

Notary Public Signature

STEPHANIE A. CLAPP

October 21, 1997

BONDED THRU TROY FAIR INSURANCE, INC.

Seal

My Commission Expires:

FF2: \$87.50 per class

SELECT CARE PLUS

a managed care partnership

FTBA Fund / CRA Managed Care, Inc.