

T95000001078

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

NEW JERSEY
DEPARTMENT OF TREASURY
DIVISION OF REVENUE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. 789/764/745/304/749/671
(Corporation Name) (Document #)
2. If the name "Heart & Family Health Institute
(Corporation Name) (Document #)
3. of Port St. Lucie" is to be part of reg., it must
(Corporation Name) (Document #)
4. be inserted in Part III of the app.
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

Sum name of 107073

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

T95-1078

~~W95-16072~~

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Document #	NJC
Updater	NJC
Vendor	NJC
Admin	NJC
W.F. Vendor	NJC

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 10, 1995

David E. Wertheimer, M.D.
Heart & Family Health Institute of Port
St. Lucie, 1700 SE Hillmoor Dr.
Port St. Lucie, FL 34952

SUBJECT: HEART & FAMILY HEALTH INSTITUTE OF PORT ST. LUCIE AND
DESIGN OF THE OUTLINE OF A FAMILY OF 4 PERSONS CONTAINED
WITHIN A HEART AT THE BOTTOM OF WHICH APPEARS AN
ECHOCARDIOGRAM
Ref. Number: W95000016072

We have received your document for HEART & FAMILY HEALTH INSTITUTE OF PORT ST. LUCIE AND DESIGN OF THE OUTLINE OF A FAMILY OF 4 PERSONS CONTAINED WITHIN A HEART AT THE BOTTOM OF WHICH APPEARS AN ECHOCARDIOGRAM 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 applicant must be a legal entity, such as an individual, firm, partnership, corporation, association, or union. You may list the applicant's fictitious name in addition to the applicant's legal name. If the applicant is a partnership, please indicate general or limited partnership in Part I(1).

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

Please give us your document number, we have a corporation with a similar name, see print-out. If the name "HEART & FAMILY HEALTH INSTITUTE OF PORT ST. LUCIE" is to be part of the registration, it must be included in Part III of the application.

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN

DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. **WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 095A00037465

Florida Department of State, Sandra B Mortham, Secretary 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 E. Wertheimer, MD
Heart & Family Health Institute
1700 SE Hillmoor Drive, 2nd Floor
Port St. Lucie, FL 34952
(407) 335-9600
Daytime Telephone number

PART I

1. (a) Applicant's name: Heart The Heart Institute of Port St. Lucie - D. Wertheimer M.D., P.A.

(b) Applicant's business address: 1700 SE Hillmoor Drive
Port St. Lucie, FL 34952
City/State/Zip

(c) Applicant's telephone number: (407) 335-9600

Individual Corporation Joint Venture Other _____
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 1107073 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-2420810

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.)

Medical Services

(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, barbecue grills, shoe laces, etc.)

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

Stationery, newspaper advertisements, brochures, yellow page advertisements,
professional publications

(Continued)

(d) The class(e) in which goods or services fall

Class 42

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 2/17/87 (b) Date first used in Florida 2/17/87

PART III

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

The outline of a family of 4 persons contained within a heart at the bottom of which appears an echocardiogram and the name "Heart & Family Health Institute of Port St. Lucie" written to the left.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Heart & Family Health Institute of Port St. Lucie " APART FROM THE MARK AS SHOWN.

I, David E. Wertheimer, 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.

David E. Wertheimer

Typed or printed name of applicant

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

STATE OF FLORIDA

COUNTY OF SAINT LUCIE

On this 13th day of August, 19 95, David E. Wertheimer personally appeared before me,

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

[Signature]
Notary Public Signature

SUSAN

Notary Public Name

Seal

My Commission Expires 11/9/96

FEE: \$87.50 per class



Patient Bill of Rights

As a patient at the Heart and Family Health Institute of Port St. Lucie, you have the right to:

- Receive considerate and respectful care
- Retain your privacy concerning your program of medical care. Discussions of your care, consultation with other persons concerning you, examination of treatments, and all communications and records concerning you are confidential. You must consent to the presence of any person who is not directly involved with your care during any examination, consultation or treatment.
- Obtain information concerning the professional qualifications of the persons who are treating you.
- Receive the name of the person responsible for coordinating your care at the Heart and Family Health Institute of Port St. Lucie.
- Receive from your physician a complete and current description of his or her diagnosis, plan for treatment and prognosis in terms which you are able to understand. If it is not medically advisable to give this information to you, your physician shall provide the information to an appropriate person responsible for you.
- Receive from your physician the information necessary to give your informed consent to a procedure or treatment. Except in an emergency this information must not be limited to a specific procedure or treatment and must include:
 - a description of the significant risks involved
 - any information on alternatives to the treatment or procedure if you request that information
 - the name of the person responsible for the procedure or treatment
- Refuse treatment to the extent permitted by law, and be informed of the consequences of such refusal.
- Receive continuous care from the Heart and Family Health Institute of Port St. Lucie, and be informed:
 - of your appointments for treatment, and the names of the persons available to provide those treatments
 - by your physician, or an authorized representative of the physician, of your need for continuing care
- Examine the bill for your care and receive an explanation of the bill whether or not you are personally responsible for payment of the bill.

