

196000000816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

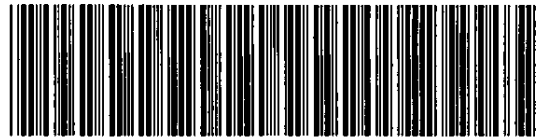
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200075457402

06/02/06--01013--019 **87.50

FILED
06 JUN -6 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





May 26, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Mark Renewal Application

To Whom It May Concern:

Enclosed, please find our Mark Renewal Application for the registered mark: The Aequanimitas Society. Also, enclosed is our check in the amount of \$87.50.

Please note that in February, 1999, we changed our organization name from Hospice of Northeast Florida, Inc., to Community Hospice of Northeast Florida, Inc. and would like this mark to be registered under this name.

Should you have any questions, please feel free to contact me at 904.407.6216. Thanks very much for your assistance.

Sincerely,

Kathy S. McIlvaine
Sr. Director of Communications

/enclosures: Application and Check

Florida Department of State, Sue M. Cobb, Secretary of State
MARK RENEWAL APPLICATION

FILED
06 JUN - 6 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 31, 2006

Community Hospice of Northeast Florida, Inc *
~~HOSPICE OF NORTHEAST FLORIDA, INC., A FLOR~~
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

Mark Registered: THE AEQUANIMITAS SOCIETY
Registration Number: T96000000816

Date Filed: 07/17/1996 Renewal Date: 07/17/2006 Class(es): 2-0042

Renewal Statement Pursuant to Section 495.071, Florida Statutes : (Below you must state the mark is still in use within the state of Florida or the reason for its nonuse.)

The mark was in use until approximately 2003, and we plan
to ~~begin~~ again use the mark beginning September
of 2006.

If applicant is a corporation, enter state of incorporation: Florida

I, Kathy McIlvaine, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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.

Kathy S. McIlvaine
Typed or Printed Name of Owner

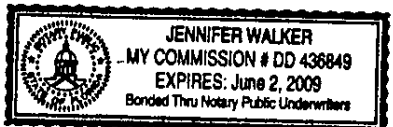
Signed

Kathy S. McIlvaine
Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 25th day of May, 2006.

Jennifer Walker
Signature of Notary Public

(Notary Seal)
My commission expires: _____



See reverse side for instructions.

CR2E005 (7-91)

* Name change took place in February, 1999.