797000000148

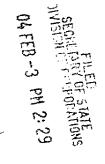
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200028008272

#2/03/04--01048--003 ******35.00⁻⁻



Cancellation

T97-148

APPLICATION FOR THE CANCELLATION OF A TRADE OR SERVICE MARK PURSUANT TO SECTION 495.101, FLORIDA STATUTES

Pursuant to the provisions of section 495.101. Florida Statutes, the undersigned hereby submits this application to cancel the following trademark and/or service mark registration on file with the Florida Department of State:

	AND LETTER COLOR OF A DEC. CO. C. LOV. CL. L.
MARK TO BE CANCELLED::	HEALTHCHOICE ONE & Design of Stylized City Skyline
REGISTRATION NUMBER:	T9700000148
DATE OF REGISTRATION:	02/13/1997
authorized to sign on behalf of the o application and verification on my/tl	, being sworn, depose and say that I am the owner or that I am wher of the trademark and/or service mark referenced herein and make this he owner's behalf. I further acknowledge that I have read the application hat the facts stated herein are true and correct.
	COMMUNITY HEALTHCARE SYSTEMS, INC. Typed or Printed Name of Owner
	Stula Pores
•	Owner's Signature or Authorized Person's Signature Title: Senior Use Tresident
STATE OF FLORIDA COUNTY OF ORANGE	
On this 11th day of January before me, Karen Dottro Systems, Inc.,	
who is personally known whose identity I prove	wn to me OR ed on the basis of
(Seal) *** Karen L Dettro *** My Commission CC966 Expires September 10, 2	
FILING FEE: \$35	29 29

CERTIFIED COPY: \$52.50 (Optional)