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March 23, 1998

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

700002469467--4  
-03/26/98--01080--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re: "Healthchoice PLUS" Service Mark Application

Dear Sir/Madam:

(42)

Enclosed is the original service mark application for registration of the service mark "Healthchoice PLUS", along with three specimens showing the mark as actually used. Also enclosed is my firm's check for \$87.50 to cover the filing fee. Please direct all correspondence concerning this application to the undersigned at the above address. Thank you for your attention to this matter.

Very truly yours,

*Jim Lussier*

James R. Lussier

JRL/pd  
Enclosures

cc: Patti Pierce (w/o encl.)

FILED  
98 MAR 26 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Name	
Availability	<i>np np</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

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 acknowledgment should be sent:

Community Health Care Systems, Inc.

2301 Lucien Way, Suite 440

Maitland, Florida 32751-7044

( 407 ) 481-7110

Daytime Telephone number

**PART I**

1. (a) Applicant's name: Community Health Care Systems, Inc.

(b) Applicant's business address: 2301 Lucien Way, Suite 440

Maitland, Florida 32751-7044

City/State/Zip

(c) Applicant's telephone number: ( 407 ) 481-7110

Individual

Corporation

Joint Venture

Other: \_\_\_\_\_

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: P95 0000 38581

(2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-3360512

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 health care services involving a "point of service" provider network adminis-  
tering HMO benefits and indemnity coverage.

(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.)

The mark is used in advertisements, and on brochures and flyers explaining the  
services identified by the mark.

(Continued)

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

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**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: December 1, 1997 (b) Date first used in Florida: December 1, 1997

**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.)

Healthchoice PLUS

Note: Applicant is the owner of the registered mark "Healthchoice." Registration

No: T05740, and "Healthchoice" and Design." Registration No. T96000000702.

2. DISCLAIMER (if applicable)

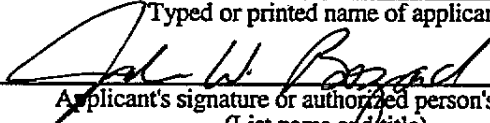
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, John W. Bozard, 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

Community Health Care Systems, Inc.

Typed or printed name of applicant



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

John W. Bozard,  
President

STATE OF FLORIDA

COUNTY OF ORANGE

On this 19 day of January, 1998, John W. Bozard  
personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

FILED  
 98 MAR 26 PM 12:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

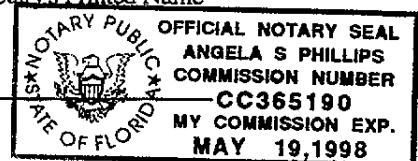
Angela S. Phillips  
Notary Public Signature

**ANGELA S. PHILLIPS**  
Notary's Printed Name

Seal

My Commission Expires: \_\_\_\_\_

FEE: \$87.50 per class



# ABOUT YOUR PLAN

Healthchoice PLUS is a Point-of-Service plan which gives you the flexibility of obtaining excellent health care using the HMO network, plus the option of receiving comprehensive benefits when you seek care out-of-network. When seeking in-network care, your Primary Care Physician (PCP) or OB/GYN will coordinate all your health care. You pay a minimal copayment for each office visit or for other health care services you receive. When you seek covered services outside the HMO network, you can choose any doctor, without a referral. Although you are covered, it will be with reduced benefits compared to your HMO benefits. *The choice is yours.*

## POINTS TO REMEMBER...

When You Choose In-Network Care	When You Choose Out-of-Network Care
<ul style="list-style-type: none"> <li>• You must use Healthchoice provider network</li> <li>• Your care is coordinated by your PCP</li> <li>• Your PCP will precertify special services for you</li> <li>• No deductibles, only minimal copayments</li> <li>• No claim forms for you to file</li> <li>• Preventive Care is covered</li> <li>• All medically necessary care is covered in full after your copayment</li> </ul>	<ul style="list-style-type: none"> <li>• You are not limited to the Healthchoice network and may use any provider</li> <li>• Referrals are not required</li> <li>• You precertify all special services. <i>See more details on page 4</i></li> <li>• You meet a deductible &amp; pay coinsurance</li> <li>• You file your own claim forms</li> <li>• Preventive Care is not covered</li> <li>• You are responsible for charges that exceed the reasonable and customary amounts</li> </ul>

*Please refer to your Certificate of Coverage for complete in-network benefit information and your Certificate of Insurance for complete out-of-network (indemnity) coverage information.*

## IN-NETWORK CARE

### What Is In-Network Care?

In order to receive the highest level of benefits, your Primary Care Physician or OB/GYN must coordinate all of your health care. When you seek care through your PCP or OB/GYN, it is considered in-network care.

### Selecting Your Primary Care Physician (PCP)

You may choose a doctor listed in your directory from the following:

- Internal Medicine
- Family Practice
- General Practice
- Pediatrics

In addition to the selection of a Primary Care Physician, women may select an OB/GYN Physician and seek care from that physician without a referral. Each member of your family may have his or her own Primary Care Physician.

Your PCP will coordinate your in-network health care. Your PCP or OB/GYN should be your first contact when seeking medical care.