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T9800000367

March 23, 1998

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

600002463466--7
-03/26/98--01080--003
****175.00 ****175.00

Re: "Healthchoice PPO" Service Mark Application

Dear Sir/Madam:

Enclosed is the original service mark application for registration of the service mark "Healthchoice PPO", along with three specimens showing the mark as actually used. Also enclosed is my firm's check for \$175.00 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. (35/42)

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>up</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:

JAMES R. LUSSIER

P.O. BOX 2854

ORLANDO, FL 32802

(407) 425-9044
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, FL 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 healthcare services for a preferred provider
organization including prevention, diagnosis, treatment,
and employer/employee guidance and cost containment.

(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:

Classes 35 and 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: January 1, 1996 (b) Date first used in Florida: January 1, 1996

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 PPO

NOTE: Applicant is the owner of the registered mark "Healthchoice"

Registration No. T05740

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

John W. Bozard

John W. Bozard, President

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 26 PM 12:29

FILED

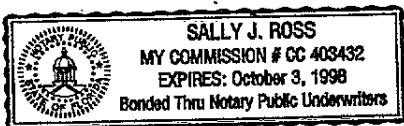
STATE OF Florida

COUNTY OF Orange

On this 2nd day of June, 19 97, John W. Bozard

personally appeared before me,

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



Sally J. Ross
Notary Public Signature

Sally J. Ross
Notary's Printed Name

Seal

My Commission Expires: 10-3-98

FEE: \$87.50 per class

WHAT IS HEALTHCHOICE?

Healthchoice, an affiliate of Orlando Regional Healthcare System (ORHS), has been providing high quality care to our community for more than a decade.



■ **Healthchoice sets high performance standards and:**

- ✓ Reviews the quality and costs of your health care
- ✓ Provides you with access to highly reputable doctors and facilities
- ✓ Establishes group discounts
- ✓ Values excellent customer service

■ **Healthchoice reviews the backgrounds of all network physicians and looks at:**

- ✓ Where the doctor is located
- ✓ The doctor's specialty
- ✓ The doctor's education
- ✓ The doctor's medical training and licensing
- ✓ If the doctor has a history of malpractice
- ✓ Which hospitals the doctor uses

We hope you will be 100% satisfied with the Healthchoice PPO physicians and programs. If you have any questions or concerns, please call one of the telephone numbers listed below.

• Choosing a doctor		Healthchoice
• Network participation of a doctor/hospital		407/481-7110
• Concerns about a doctor		or
• Changing your doctor		800-635-4345
• Your claims		Your Plan
• Your benefits or coverage		Administrator
<i>Healthchoice is not an insurance company. We do not design or quote your benefits. We do not pay claims.</i>		