

T13000000516

(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



500312615685

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY -2 PM 1:49

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY -2 AM 8:43

N. CAUSSEUX

MAY - 3 2018

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 5-2-18
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

RECEIVED
STATE DEPARTMENT OF STATE
MAY 2 2 19 11:14 AM

Trademark
Corporation Name: Aeromed

Email Address: _____
Entity Number: T13000000516
Authorization: Kim Pullen

Certified Copy Renewal Certificate of ^{Renewal} Status
 New Filings Plain Stamped Copy Annual Report
 Fictitious Name Amendments Registration

() Call When Ready () Call if Problem () After 4:30
() Walk In () Will Wait () Pick Up

CF Internal Use Only
Client: 55586 Matter: 53672
Name: C. Streb Office: TPA

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

FLORIDA HEALTH SCIENCES CENTER, INC.
TAMPA GENERAL HOSPITAL, ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32309

FILED
SECRETARY OF STATE
MAY - 2 AM 8 13

- 1) Mark Registered: AEROMED
2) Registration Number: T13000000516
3) Date Filed: 05/17/2013 4.) Renewal Date: 05/17/2018 5.) Class(es) Filed: 39

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

Mark is still in use in Florida

- 7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.
8) If applicant is a business entity, enter the state of incorporation/formation/organization: Florida

FLORIDA HEALTH SCIENCES CENTER, INC.

Typed or Printed Name of Owner

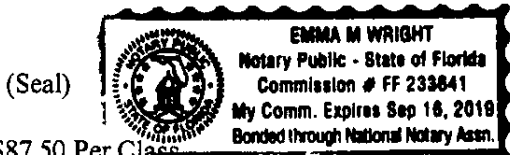
Donna Gebbia
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Hillsborough

Sworn to and subscribed before me on this 2 day of May, 2018, Donna Gebbia
(Name of Individual Signing)

[X] who is personally known to me [] whose identity I proved on the basis of



(Seal)

Emma Wright
Notary Public's Signature

Emma Wright
Notary Public's Printed Name

Fee: \$87.50 Per Class
Certificate of Renewal : \$8.75 (Optional)
CR2E005 (1/11)

