

15503179

P.O. BOX 570
JEFFERSON CITY, MO 65102-0570



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
HEALTH FACILITY REGULATION
**APPLICATION FOR ABORTION
FACILITY LICENSE**

INITIAL APPLICATION

RENEWAL APPLICATION

DO NOT WRITE IN THIS SPACE

LICENSE NUMBER
DATE
CERTIFICATE NUMBER
DATE MAILED
TELEPHONE NUMBER 573-443-0427

In accordance with the requirements of the Missouri Ambulatory Surgical Center Licensing Law (Sections 197.200 through 197.240, RSMo), application is hereby made for a license to conduct and maintain an Abortion Facility [see 19 CSR 30-30.050 Definitions and Procedures for Licensing Abortion Facilities, (1)(A)(B)].

NAME OF FACILITY (NAME TO APPEAR ON LICENSE)
Columbia Center, Planned Parenthood of Kansas and Mid-Missouri

ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)
711 N. Providence Road, Columbia, Missouri 65203

COUNTY ADMINISTRATOR
Boone County Aaron Samulcek

MANAGEMENT

NON PROFIT

CORPORATION

OTHER (SPECIFY)

PROPRIETARY

INDIVIDUAL CORPORATION

PARTNERSHIP OTHER (EXPLAIN)

CHIEF OFFICER OF GOVERNING BODY LEGAL NAME OF OPERATING CORPORATION
Laura McQuade Planned Parenthood of Kansas and Mid-Missouri

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM

STAFFING (NUMBERS) OB/GYN CONSULTANT [19 CSR 30-30.060 (1)(C)5.]

PERSONNEL 6	PHYSICIANS 1	NAME Colleen McNicholas, DO, MSCI
NUMBER OF ABORTIONS PER YEAR 0		QUALIFICATIONS DO., Obstetrics and Gynecology, and Family Planning

CERTIFICATION

Laura McQuade and Aaron Samulcek
PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP ADMINISTRATOR

being duly sworn by me on their oath, deposes and says that they have read the foregoing application and that the statements contained therein are correct and true and of their knowledge; and further gives assurance of the ability and intention of the Columbia Center, Planned Parenthood, Kansas and Mid Missouri EXACT LEGAL NAME
Abortion Facility to comply with the regulations and codes promulgated under the Missouri Ambulatory Surgical Center Licensing Law (sections 197.200 through 197.240, RSMo), Regulations and Codes.

It is further certified that the Columbia Center NAME OF FACILITY
will comply with all recommendations for correction and/or improvements as contained in the most recent Licensing Survey Report prepared by the Department of Health and Senior Services and submitted to said Abortion Facility.

PRESIDENT OF BOARD OF TRUSTEES, OWNER OR ONE PARTNER OF PARTNERSHIP ADMINISTRATOR

NOTARY PUBLIC EMBOSSEOR OR BLACK INK RUBBER STAMP SEAL

STATE OF Kansas COUNTY (OR CITY OF ST. LOUIS) Johnson

SUBSCRIBED AND SWORN BEFORE ME, THIS 12th DAY OF March YEAR 2015

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES

Leanne Mayer 8-17-18

NOTARY PUBLIC - State of Kansas
Leanne Mayer
My Appt. Expires 8-17-18

NOTARY PUBLIC - State of Kansas
Leanne Mayer
My Appt. Expires 8-17-18 ML-17