0143

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

PERMIT APPLICATION

(THIS APPLICATION MUST BE TYPED OR FILLED OUT LEGIBLY IN INK)

353994

RECEIVED
SEP 30 2010
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

$3,570.00
#: 1261

☒ INITIAL PERMIT ☐ CHANGE OF NAME FOR THE PERMITTED ENTITY

☐ CHANGE OF OWNERSHIP (indicate date of the change of ownership): _____
A change of ownership application must be filed immediately in accordance with R179-09 sec. 9
Change of ownership applications must be complete no more than 45 days after the change occurs

THE ENTITY'S D.B.A. NAME → A - ALL WOMEN CARE Woman to Woman Gynecology DBA →
(D.B.A. = Doing Business As)

STREET ADDRESS 3599 S EASTERN AVE.
(Physical location of the entity's operation)

CITY LAS VEGAS COUNTY CLARK STATE NV ZIP 89169

TELEPHONE 702 531 5400 FAX 702 731 5404

EMAIL ADDRESS: annatudenv@yahoo.com

THE ENTITY'S MAILING ADDRESS _____
(If different from above)

CITY _____ COUNTY _____ STATE _____ ZIP _____

OWNER OF THE ENTITY (Applicant/Licensee) DR. ANNA CONTOMITROS

If owner is a natural person, IS THE OWNER 21 YEARS OR OLDER? ☒ YES ☐ NO (R179-09 sec. 9)

ADDRESS 5353 W DESERT INN RD. # 2073
(If owner is a corporation, give corporate office address, otherwise indicate owner's address)

CITY LAS VEGAS COUNTY CLARK STATE NV ZIP 89146

TELEPHONE 702 221 6372 FAX 702 221 6372

FOR ALL PARTNERSHIPS AND CORPORATIONS: **LIST EACH OFFICER AND DIRECTOR AND PERSON HAVING A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE ENTITY OF 10% OR MORE:**

WOMAN TO WOMAN GYNECOLOGY LLC
ANNA CONTOMITROS M.D. - 100% OWNERSHIP

NAME OF PERSON IN CHARGE OF THE FACILITY

DR. ANNA CONTOMITROS

NAME OF ACCREDITING ORGANIZATION

_____

OWNER OF REAL PROPERTY SEEMA ANJUM, M.D.

ADDRESS 3599 S EASTERN AVE.

CITY LAS VEGAS COUNTY CLARK STATE NV ZIP 89169

PHONE 702-733 9230 FAX 702 733 9243

Nevada Revised Statute 449.442 requires a permit before offering services of sedation or general anesthesia to a patient. LCB File No. R179-09 authorize non-refundable fees (See Attached Fee Schedule). An application is valid for one year after the date on which the application is submitted. The application must be typed or filled out in ink. The application will not be considered complete until all required attachments are received. See the attached instruction sheet for the required attachments.

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Return your completed application to an office of the:
HEALTH DIVISION
BUREAU OF HEALTH CARE QUALTIY AND COMPLIANCE
1550 E. College Pkwy. Ste. 158, Carson City, Nevada 89706

I HAVE READ THE FOREGOING QUESTIONS AND ANSWERED EACH AS INDICATED. THE ANSWERS ARE TRUE AND A COMPLETE REPRESENTATION TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS PERTAINING TO THE SPECIFIC STATUTORY TYPE OF ENTITY FOR WHICH THIS APPLICATION IS HEREIN MADE. I AUTHORIZE RELEASE OF SUCH INFORMATION AS MAY PERTAIN TO THE PURPOSE OF THIS APPLICATION.

SIGNATURE OF REPRESENTATIVE OR OWNER _____ DATE 9/30/2010

PRINTED NAME OF REPRESENTATIVE OR OWNER Anna Contomitros

TITLE OF PERSON SIGNING APPLICATION Medical Director
Owner

SUBSCRIBED AND SWORN BEFORE ME THIS 30TH DAY OF September 20 10

NOTARY PUBLIC SIGNATURE Jaya. Robinson IN AND FOR THE

COUNTY OF CLARK, STATE OF NEVADA.

Notary Public - State of Nevada
County of Clark
JAY A. ROBINSON
My Appointment Expires
February 9, 2011
No: 07-2038-1