

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

PERMIT APPLICATION

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

3570
RECEIVED
MAR 17 2014

BUREAU OF HEALTH CARE
QUALITY & COMPLIANCE
CARSON CITY NV

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 Safe and Sound for Women Inc
(D.B.A. = Doing Business As)

STREET ADDRESS 3131 La Canada #110
(Physical location of the entity's operation)

CITY Las Vegas COUNTY CLARK STATE NV ZIP 89169

TELEPHONE 702-221-7233 FAX 702-836-3171

ENTITY'S EMAIL ADDRESS: DRMAZZ@ATT.NET

THE ENTITY'S MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE)

CITY _____ COUNTY _____ STATE _____ ZIP _____

OWNER OF THE ENTITY (Applicant/Licensee) HARTMAN, SPIRTOS, MAZZORANA

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

ADDRESS 3131 La Canada #110
(If owner is a corporation, give corporate office address, otherwise indicate owner's address)

CITY Las Vegas COUNTY CLARK STATE NV ZIP 89169

TELEPHONE 702-221-7233 FAX 702-836-3171

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:

Dr Craig Hartman, Dr Nick Spirtos, Dr Vicki Mazzorana

NAME OF PERSON IN CHARGE OF THE FACILITY
Dr Craig Hartman

NAME OF ACCREDITING ORGANIZATION
NONE - PENDING

OWNER OF REAL PROPERTY Doctors Pavilion at Sunrise
ADDRESS 5525 Polaris Ave Suite C
CITY Las Vegas COUNTY CLARK STATE NV ZIP 89118
PHONE 702-204-7285 FAX _____
Paul Beechen

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.

Return your completed application to an office of the:
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
727 Fairview Dr. Ste. E
Carson City, NV. 89701

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Check Only One Box: If no selection is made, notices may be sent through email.

BUREAU OF HEALTH CARE
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CARSON CITY NV

- I prefer to receive notices through email.
- I prefer to receive notices through the U.S. Mail.

Due to the high cost of mailings and the desire to keep licensure fees down, notices may not be physically mailed to your facility or agency unless you note above that you prefer to receive notices through the U.S. mail.

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 Mazz DATE 3-10-14
PRINTED NAME OF REPRESENTATIVE OR OWNER VICKI MAZZORANA MD PC
TITLE OF PERSON SIGNING APPLICATION Secretary/Treasurer

SUBSCRIBED AND SWORN BEFORE ME THIS 10th DAY OF March
20 14

NOTARY PUBLIC SIGNATURE Jill Gravelle IN AND FOR THE
COUNTY OF Clark, STATE OF NEVADA.

[Outpatient Facility Application.doc](#)

Posted 07/10/13

