



Permit Number **FNP 18448**

STATE OF CALIFORNIA

MEDICAL BOARD OF CALIFORNIA

Fictitious Name Permit

PRO-CHOICE MEDICAL CENTER
NAME

8631 WEST 3RD STREET, SUITE 225E, LOS ANGELES, CA 90048
ADDRESS

having shown to the satisfaction of the Division of Licensing of the Medical Board of California that it complies with the provisions of Section 2415 of the Business and Professions Code is hereby issued this permit authorizing the use of the above designated name in connection with its practice.

Signed and sealed at Sacramento, California

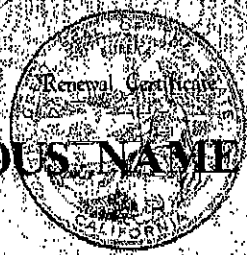
this 2 day of AUGUST 19 91

EXPIRES ON AUGUST 31, 1993

Secretary-Treasurer
Division of Licensing

AUG 14 1991

State of California
Department of
Business Professions
Summer
Fairs



MEDICAL BOARD OF CALIFORNIA
1426 HOWE AVENUE, SUITE 6A
SACRAMENTO, CA 95825-3236
916 263-2384

FICTITIOUS NAME PERMIT

PERMIT NO. FNP 18448
RECEIPT NO. 16900316

VALID UNTIL AUGUST 31, 2003

PRO-CHOICE MEDICAL CENTER
8920 W OLYMPIC BLVD
BEVERLY HILLS CA 90211

In accordance with the provisions of
Section 2415 of the BUSINESS AND
PROFESSIONS CODE, the medical
practice named hereon is issued a
Fictitious Name Permit.

WMCNP 03/31/00

*address change
Done
Patti*

12-4-01



MEDICAL BOARD OF CALIFORNIA
 1426 HOWE AVENUE, SUITE 54
 SACRAMENTO, CALIFORNIA 95825-3236
 (916) 920-6074

RECEIVED
 SACRAMENTO
 MEDICAL BOARD
 OF CALIFORNIA



2 Aug 91 16 18

FEE: \$50.00

APPLICATION FOR A FICTITIOUS NAME PERMIT
 (SECTION 2415 OF THE BUSINESS AND PROFESSIONS CODE)
 PLEASE READ THE BACK OF THIS APPLICATION BEFORE SIGNING

50

1. NAME WHICH THE APPLICANT(S) WILL USE IN THIS PRACTICE: (See Sec. 2415(b) (3) reverse side)		PHONE NUMBER
Pro-Choice Medical Center		(213) 855-6963
2. THE APPLICANT(S) WILL BE: (Check appropriate box)		
<input checked="" type="checkbox"/> AN INDIVIDUAL <input type="checkbox"/> GROUP OF INDIVIDUALS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
IF A CORPORATION, STATE CORPORATE NAME:		
3. NAME(S) AND LICENSE NUMBER(S) OF APPLICANT(S) AND SHAREHOLDERS. LIST PROFESSIONAL EMPLOYEES ON SEPARATE SHEET.		
PRINT NAMES		MEDICAL LICENSE NUMBER
Josepha Seletz, M.D.		G 35414
4. ADDRESS(ES) OF PLACE(S) OR ESTABLISHMENT(S) WHERE APPLICANT(S) WILL PRACTICE:		MAIL PERMIT TO: (IF DIFFERENT ADDRESS THAN PRACTICE ADDRESS)
8631 W. 3rd Street, Suite 225E Los Angeles, CA 90048		
5. THE MEDICAL PRACTICE AT THE ABOVE LOCATION IS WHOLLY OWNED AND ENTIRELY CONTROLLED BY THE APPLICANT(S). IF IT IS NOT, EXPLAIN WHY:		
yes		

RECEIVED IN CASHIERS
 9 AUG -3 AM 4-28

I have read the foregoing application and all attachments thereto and I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

ENTER YOUR BUSINESS PHONE NUMBER AND NAME OF PERSON TO CONTACT FOR INFORMATION.

(213) 855-6963

PHONE NUMBER

Heather Fisher

NAME

OK

PLEASE SUBMIT ONE DATA CARD PER APPLICATION

Application must be signed by a licensed physician or podiatrist who is the owner of an individual ownership, or a partner if a partnership, or corporate officer if a corporation. I certify, under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including supplementary statements attached hereto are true and accurate.

Josepha Seletz MD
 (SIGNATURE OF APPLICANT IN FULL)

G 35414

(MEDICAL LICENSE NUMBER)

8631 W. 3rd Street, Suite 225E

(ADDRESS)

Los Angeles, California 90048

(CITY, STATE AND ZIP CODE)

18448



MEDICAL BOARD OF CALIFORNIA
Licensing Program



FICTITIOUS NAME PERMIT
CHANGE OF ADDRESS FORM

PLEASE PRINT ALL INFORMATION CLEARLY.

FICTITIOUS NAME PERMIT #: 18448

FICTITIOUS NAME: Pro-Choice Medical Center

PREVIOUS ADDRESS OF RECORD:

10150 National Blvd

LA CITY CA STATE 90034 ZIP USA COUNTRY

8-17-11

PLEASE CHANGE MY ADDRESS OF RECORD TO:

(Please allow only 30 characters per line for your address of record.)

Note: Pursuant to Business and Professions Code Section 2021(a)(b), your address of record is public information and will be posted on the Medical Board's Web site.

Joseph Seletz MD

99 No La Cienega Blvd # 303

Beverly Hills CITY CA STATE 90211 ZIP USA COUNTRY

YOUR ADDRESS OF RECORD CANNOT BE A POST OFFICE BOX, A STREET ADDRESS MUST BE REPORTED.

PRACTICE TELEPHONE NUMBER: (PLEASE INCLUDE AREA CODE) (310) 247-0553

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I AM A LICENSED PHYSICIAN OR PODIATRIST AND HAVE THE LEGAL AUTHORITY TO ACT ON BEHALF OF SAID FICTITIOUS NAME PERMIT HOLDER AND THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT.

Joseph Seletz PRINT OR TYPE NAME
Joseph Seletz SIGNATURE
7/22/11 DATE
G35414 LICENSE #

18448