



STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Permit Number **FNP 42395**

STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA

Fictitious Name Permit

BAY AREA REPRODUCTIVE HEALTHCARE PC

NAME

66 BOVET RD, SUITE 101, SAN MATEO, CA 94402

PRACTICE ADDRESS (CONTACT MEDICAL BOARD OF CALIFORNIA FOR ADDITIONAL PRACTICE LOCATIONS ATTACHED TO THIS PERMIT)

having shown to the satisfaction of the Licensing Program 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 27th day of JANUARY 20 12

EXPIRES ON JANUARY 31st, 2014

Secretary-Treasurer
Medical Board of California



MEDICAL BOARD OF CALIFORNIA

Licensing Program



2012 JAN 12 AM 10:00

FICTITIOUS NAME PERMIT APPLICATION

FOR OFFICE USE ONLY	
Fee Paid: \$50	Receipt No.: 0020650

INSTRUCTIONS:

Please print or type. ALL INCOMPLETE OR COPIED APPLICATIONS WILL BE RETURNED.

For Individuals (Sole Proprietor) or Partnerships*: fill out items 1, 2, 3, 4, and 5 and mail with the \$50 fee.

For Corporations**: fill out items 1, 2, 3, 6a or 6b and 7 and mail with a copy of the endorsed Articles of Incorporation (articles that were originally filed with the Secretary of State and any amendments) and the \$50 fee.

* For Partnerships comprised of corporations, submit endorsed Articles of Incorporation for each corporation.

** In California you may only practice medicine as a corporation if you are a California Professional Medical Corporation (Business and Professions Code §2402, Corporations Code §13401.5).

Mail application to: Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-3831

Fee: \$50 (non-refundable) check, money order or cashier's check
Payable to: Medical Board of California

1.	Practice Address (must be a physical address in California)			
	Physician or Corporation Name <i>Bay Area Reproductive Healthcare PC</i>			
	Street Address (P.O. Boxes are not acceptable) <i>66 Bovee Road, Suite 101</i>			
	City <i>San Mateo</i>	State <i>CA</i>	Zip Code <i>94402</i>	Telephone No. [REDACTED]
	Additional Practice Locations: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (List additional practice address(es) and telephone number(s) on a separate attachment)			
	Mailing Address for the Fictitious Name Permit (if different than the practice address)			
	Name <i>Marci L. Bowers, M.D.</i>			
	Address [REDACTED]			
	City [REDACTED]			
	State [REDACTED]			
Zip Code [REDACTED]				
2.	Business Type			
	The applicant is applying as: (check only one)			
	<input checked="" type="checkbox"/> Professional Medical Corporation*	<input type="checkbox"/> Individual (Sole Proprietor)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Medical Group
	<input type="checkbox"/> Professional Podiatry Corporation			
*The corporation must be a California professional medical corporation incorporated under California Corporations Code §13400 et. seq.				

3. Fictitious Name Choices
Enter your fictitious name choices in order of preference. If the name is an acronym or includes abbreviations, foreign words or a name other than your own, please provide an explanation of its meaning. Names of current Fictitious Name Permits are on the Medical Board of California web site, www.mbc.ca.gov . Please review the site to determine if your name is available. Business and Professions Code §2285 prohibits practicing under a fictitious name until the Board has issued a Fictitious Name Permit.
1. <i>Bay Area Reproductive Healthcare PC</i>
2.
3.

AK

FOR INDIVIDUALS (SOLE PROPRIETORS) AND PARTNERSHIPS ONLY

4.	If applying as an Individual (Sole Proprietor) , enter your Social Security Number: _____ If applying as a Partnership , enter your Federal Employer Identification Number (FEIN): _____
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5. Owners	
Those with an ownership interest in the applicant must be listed and must sign below. Attach additional sheet(s) if necessary. The undersigned and each of the undersigned hereby certifies under penalty of perjury under the laws of the State of California that statements made on this Fictitious Name Permit Application, and all attachments thereto, are true and correct.	
Type/Print Name	Medical License #
Signature	Date
Type/Print Name	Medical License #
Signature	Date
Type/Print Name	Medical License #
Signature	Date
Type/Print Name	Medical License #
Signature	Date
Type/Print Name	Medical License #
Signature	Date
Type/Print Name	Medical License #
Signature	Date
Type/Print Name	Medical License #
Signature	Date

FOR PROFESSIONAL CORPORATIONS ONLY

6. Shareholders
 A licensed physician and surgeon must own at least 51% of the outstanding shares of a professional medical corporation. The remaining 49% may be owned by licensed podiatrists, licensed psychologists, registered nurses, licensed optometrists, licensed marriage and family therapists, licensed clinical social workers, licensed physician assistants, licensed chiropractors, or licensed acupuncturists. The number of these licensed persons cannot exceed the number of physicians and cannot exceed a combined share total of 49%.
A lay (unlicensed) person cannot own any shares in a professional medical corporation in California.

6a. If all shareholders are physicians, complete this section. If there are non-physician shareholders, proceed to 6b.

Name (attach additional sheet(s) if necessary)	Medical License No.	Shareholder	
		Yes	No
Marci L. Bowers, M.D.	G 88634	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

6b. If ownership includes non-physicians, complete this section.

Names of all shareholders (attach additional sheet(s) if necessary)	License No.	% of Shares	Profession

7. Corporation


Complete Name of Corporation <u>Bay Area Reproductive Healthcare PC</u>	Corporation # <u>45-3172206</u>
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I certify at least 51% of said corporation's shares are owned by a licensed physician and surgeon or podiatrist and as such make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof, and the same are true of my own knowledge.

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 corporation and that the information contained in this application and all attachments thereto is true and correct.

Executed at San Mateo, California, this 5th day of January, 2012
city day month year

By: Marci L. Bowers, MD President
type/print name corporate title

Signature: 

Visit the Medical Board of California web site at www.mbc.ca.gov to download confirmation information.

3404802

ARTICLES OF INCORPORATION

ENDORSED - FILED
in the Office of the Secretary of State
of the State of California

JUL 11 2011

I
The name of this corporation is Bay Area Reproductive Healthcare, P.C.

II

The purpose of the corporation is to engage in the profession of medicine and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

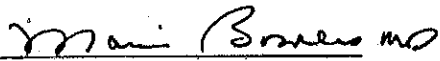
Marci L. Bowers, M.D.
66 Bovet Road, Suite 101
San Mateo, CA 99402

VI

This corporation is authorize to issue only one class of shares of stock; and the total number of shares which this corporation to issue is 10,000 common shares.

V

This corporation shall be unique to the state of California.


Marci Bowers, M.D., Incorporator



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

AUG 29 2011 *jt*

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State