



Permit P 10911

STATE OF CALIFORNIA

BOARD OF MEDICAL QUALITY ASSURANCE

## Fictitious Name Permit

COMMUNITY INDUSTRIAL MEDICAL GROUP, INC.  
NAME

43 N. GARFIELD AVENUE, #203, ALHAMBRA, CA 91801  
ADDRESS

having shown to the satisfaction of the Division of Licensing of the Board of Medical Quality Assurance 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 6 day of FEBRUARY 1985

EXPIRES ON FEBRUARY 28, 1986

Secretary-Treasurer  
Division of Licensing



## BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825  
FICTITIOUS NAME UNIT  
TELEPHONE: (916) 920-6074



Dec 20 5 12 PM '91

FEE: \$20.00

## APPLICATION FOR A FICTITIOUS NAME PERMIT

(SECTION 2415 OF THE BUSINESS AND PROFESSIONS CODE)

PLEASE READ THE BACK OF THIS APPLICATION BEFORE SIGNING

200555  
20/98

1. NAME WHICH THE APPLICANT(S) WILL USE IN THIS PRACTICE: [See Sec. 2415(b)(4) reverse side]

Community Industrial Medical Group, Inc.

2. THE APPLICANT(S) WILL BE: (Check appropriate box)

AN INDIVIDUAL  GROUP OF INDIVIDUALS  PARTNERSHIP  CORPORATION

IF A CORPORATION, STATE CORPORATE NAME:

As Above

3. NAME(S) AND LICENSE NUMBER(S) OF APPLICANT(S), SHAREHOLDERS, AND PROFESSIONAL EMPLOYEES ENGAGED IN PRACTICE:

PRINT NAMES	LICENSE NUMBER	REFERENCE NO.
Bonna Rogers-Neufeld, M.D.	G46068	KL 109101
Beverly Ann Sansone, M.D.	G53820	KB 122259
Kathleen E. Willard, M.D.	G51079	KL 118092
Alice Police, M.D.	G044292	KE 106050
Robert J. Haines, M.D.	C27750	KX 046151

4. ADDRESS(ES) OF PLACE(S) OR ESTABLISHMENT(S) WHERE APPLICANT(S) WILL PRACTICE:

43 N. Garfield Avenue, Suite 203  
Alhambra, CA 91801

5. THE PLACE OR ESTABLISHMENT, OR PORTION THEREOF, WHICH WILL BE USED IN THIS PRACTICE IS  OWNED OR  LEASED BY APPLICANT(S).  
(check one)

IF LEASED, STATE TERMS OF THE LEASE AND GIVE NAME AND ADDRESS OF LESSOR:

Termination date: December 31, 1991  
Mr. Larry Lee

6. THE MEDICAL PRACTICE AT THE ABOVE LOCATION (check one)  IS /  IS NOT WHOLLY OWNED AND ENTIRELY CONTROLLED BY THE APPLICANT(S).  
IF IT IS NOT, EXPLAIN WHY:

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.

Bonna Rogers-Neufeld, M.D.

(SIGNATURE OF APPLICANT IN FULL)  
APPLICATION MUST BE SIGNED BY A LICENSED PHYSICIAN

PLEASE SUBMIT DATA CARD TO  
BE COMPLETED IN NAME OF THE  
GROUP OR CLINIC. THANK YOU.

43 N. Garfield Avenue, Suite 306  
(ADDRESS)

Alhambra, CA 91801

(CITY, STATE AND ZIP CODE)





BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

BOARD OF MEDICAL QUALITY ASSURANCE



(916) 920-6074

APR 3 4 34 PM '86

APPLICATION FOR RENEWAL OF A PERMIT  
UNDER SECTION 2415 OF THE BUSINESS  
AND PROFESSIONS CODE

DEPARTMENTAL USE ONLY
214334
DELINQUENT FEE
\$30.00

P 010911 0  
COMMUNITY INDUSTRIAL MED GROU  
43 N GARFIELD AVE #203  
ALHAMBRA CA 91301

1986 - 87 RENEWAL FEE \$20.00

Your permit expires February 28, 1986. Please complete this form and submit it with your \$20.00 fee. Failure to renew by March 30, 1986 requires payment of \$30.00 (\$20.00 Renewal fee plus a \$10.00 delinquent fee).

STATEMENT OF APPLICANT

I have read the following application in its entirety and know the contents thereof. I hereby declare under penalty of perjury under the laws of the State of California that all statements made therein are true and correct.

(To be signed by a licensed physician and surgeon only or the application cannot be accepted.)

EXECUTED AT Alhambra, CA  
SIGNATURE [Signature]  
DATE 3/30/86 CA. LIC # 00C27750

1. FICTITIOUS NAME WHICH THE APPLICANT OR APPLICANTS USE IN PRACTICE:

Community Industrial Medical Group, Inc.

2. PRACTICE ADDRESS: (Complete only if there has been an address change from the one shown above).

No change

(Street and Number)

(City)

(State)

(Zip Code)

3. THIS PRACTICE IS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  GROUP

THIS FORM MUST BE RETURNED WITH YOUR RENEWAL FEE