Onsumer Affairs Permit P 10911

STATE OF CALIFORNIA

	Victiti	ous Na	me Pe	rmit	
	•		~		
COMMUNITY I	VDUSTRIAL MEDICA	L GROUP, INC NAME	<u>• </u>		
43 N. GARFT	ELD AVENUE, #203	, ALHAMBRA,			
having shown to th	e satisfaction of the D		_	of Medical Ou	ality Assurance that it
complies with the	provisions of Section 2 of the above designate	415 of the Busine	ss and Professic	ons Code is here	eby issued this permit
complies with the sauthorizing the use	provisions of Section 2	415 of the Busine I name in connect	ss and Professic	ons Code is here	eby issued this permit
complies with the authorizing the use Signed and sealed	provisions of Section 2 of the above designated	415 of the Busine d name in connect rnia	ss and Professic	ons Code is here	by issued this permit



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95826 FICTITIOUS NAME UNIT

TELEPHONE: (916) 920-6074



FEE: \$20.00

APPLICATION FOR A FICTITIOUS NAME PERMIT

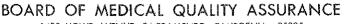
(SECTION 2415 OF THE BUSINESS AND PROFESSIONS CODE)

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PLEASE READ THE BACK OF	THIS APPLICATION BEFO	JKE SIGNING	N
1. NAME WHICH THE APPLICANT(s) WILL USE IN THIS PRACTICE: [See	Sec. 2415(b)(4) reverse side]	• •	ν· · · · · · · · · · · · · · · · · · ·
Community Industrial Medical Group, Inc.	:		
2. THE APPLICANT(S) WILL BE: (Check appropriate box) AN INDIVIDUAL GROUP OF INDIVIDUALS	X CORPORATION		
IF A CORPORATION, STATE CORPORATE NAME;	******		
As Above 1. NAME(6) AND LICENSE NUMBER(8) OF APPLICANY(5), SHAREHOLDE	ERS, AND PROPESSIONAL EMPI	LOYEES ENGAGED IN PRA	GTICE:
PRINT NAMES		LICENSE NUMBER	REFERENCE NO.
Bonna Rogers-Neufeld, M.D.		G46068	1KI 109101
Beyerly Ann Sansone, M.D.		G53820	KB 122259
Kathleen E. Willard, M.D.	•	G51079	Kr118015
Alice Police, M.D.		G044292	KG101050
Robert J. Haines, M.D.		C27750	KXO46151
4. ADDRESS (ES) OF PLACE (S) OR ESTABLISHMENT(S) WHERE APPLICA	ANY(s) WILL PRACTICE:		
43 N. Garfield Avenue, Suite 203 Alhambra, CA 91801			
S. THE PLACE OR ESTABLISHMENT, OR PORTION TREREOF, WHICH WIL	· · · · · · · · · · · · · · · · · · ·		
Termination date: December 31, 1991 Mr. Larry Lee			
6. THE MEDICAL PRACTICE AT THE ABOVE LOCATION (check one) X	IS / IS NOT WHOLLY OW	NED AND ENTIRELY CONTE	ROLLED BY THE APPLICANT (S
IF IT IS NOT, EXPLAIN WHY:			
·			
MARKET COM AND AN OF THE SECOND CONTRACT OF T	AND THE SOURCE OF THE SOURCE O		and the second s
I have read the foregoing application and all attachmen	ts thereto and I declare	under penalty of pe	erjury, under the laws
the State of California, that the foregoing is true and con	rrect.	, ~~~	A 3
	15 mna	Koalers-De	ateld his
DI PAGE SUBMIT DATA CARD TO	/ Lander (r r v	SIGNATURE OF APPLICANT	וא אשורו)
PLEASE SUBMIT DATA CARD TO	APPLICATION	MUST BR SIGNED BY A E	ICENSTO PHYSICIAN
RE COMPLETED IN NAME OF THE	APPLICATION	MUST BE SIGNED BY A	IÇENSÃO PHYSICIAN
BE COMPLETED IN NAME OF THE GROUP OR CLINIC. THANK YOU.		eld Avenue, Suit	•
	43 N. Garfie	eld Avenue, Suit	•
		eld Avenue, Suit	e 306

NAME	LICENSE NUMBER
Beverly Sansone, M.D.	G53820
Alice Police, M.D.	G0442920
IS THE PLACE OR ESTABLISHMENT, OR IN PRACTICE, OWNED OR LEASED BY YOU	THE PORTION THEREOF IN WHICH YOU ENGA
Leased (STATE WHETHER	OWNED OR LEASED)
THE EVENT THE PLACE OR ESTABLISH THE LEASE AND FROM WHOM LEASED:	HMENT IS LEASED BY YOU, GIVE TERMS OF
10 year lease entered in 1980	
10 year reade circular in 1700	
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT? NO
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT? NO
IS THE MEDICAL PRACTICE WHOLLY OWNE	ED AND CONTROLLED BY THE APPLICANT?

4.



BOARD OF MEDICAL QUALITY ASSURANIX

GEORDE DEUKMEJIAN, Governor

4 34 PH



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

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

DEPARTMENTAL USE ONLY 214334 DELINQUENT FEE

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	r of Applicant	<u>.</u>	
the Sta (T	ave read the follo reof. I hereby de te of California t o be signed by a l	clare under pena hat all statemen	alty of perjury ots made thereir	under the laws on are true and con	f the rrect.
can	not be accepted.)	S	IGNATURE The	ambra/6A / / OOC27750	
1.	FICTITIOUS NAME W	HICH THE APPLICATION THE MEDICAL STREET		rs use in practic	E:
2.	PRACTICE ADDRESS: from the one show		if there has be	een an address ch	ange
(St	No change reet and Number)		,	·	
(Ci	ty)	(State)		(Zip Cod	e)
3.	THIS PRACTICE IS:	(INDIVIDUAL	PARTNERSHIP	CORPORATION	X G ROUP

THIS FORM MUST BE RETURNED WITH YOUR RENEWAL FEE