



Permit Number FNP 33212

STATE OF CALIFORNIA

MEDICAL BOARD OF CALIFORNIA

COPY

Fictitious Name Permit

THE WOMEN'S MEDICAL CENTER OF FOUNTAIN VALLEY, INC

NAME

9940 TALBERT AVENUE, SUITE 303, FOUNTAIN VALLEY, CA 92708

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 11TH day of MARCH 2005

EXPIRES ON MARCH 31, 2007

*Secretary-Treasurer
Division of Licensing*



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2382
www.caldocinfo.ca.gov



NOV 15 04

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)

FICTITIOUS NAME PERMIT APPLICATION Fee - \$50 (non-refundable) Please print or type All incomplete or copied applications will be returned.	FOR OFFICE USE ONLY	
	Fee Paid: <u>50.00</u> <u>11-17-04</u> 	Receipt No.: <u>022580</u>

1. Owner's complete name, practice address and practice telephone number: (List at least one physician's name or, in the case of a corporation, the corporate name.) If there is more than one practice location, please list all practice locations under this fictitious name permit on an attachment.

THE WOMEN'S MEDICAL CORPORATION OF HUNTINGTON BEACH
9940 TALBERT AVE SUITE 303
FOUNTAIN VALLEY, CA 92708

PHONE:

2. The applicant is applying as: (only check one)

Professional Medical Corporation*
 Professional Podiatry Corporation
 Individual (Sole Proprietor), group or partnership.

*The corporation must be a California professional medical corporation incorporated under California Corporations Code §13400 et. seq.

3. In the space provided below, enter only one choice for your fictitious name. Additional choices may be submitted on an attachment in order of preference. Names of current Fictitious Name Permits are on the Medical Board of California Web-site, www.caldocinfo.ca.gov. Please review this site to determine if your name choice is available. Business and Professions Code §2285 prohibits practicing under a fictitious name until the Board has issued a Fictitious Name Permit.

THE WOMEN'S MEDICAL CENTER OF FOUNTAIN VALLEY, INC

4. **FOR PROFESSIONAL CORPORATIONS ONLY:**
 Corporate Name (please use the complete name) - **THE WOMEN'S MEDICAL CORPORATION OF HUNTINGTON BEACH**
 Corporate # - A473497 C1704405

Attach a copy of the Articles of Incorporation that indicates the status of the entity as a California professional medical corporation. The corporation must be a duly formed California professional medical corporation.

5.	If applying as an Individual (Sole Proprietor) , enter your Social Security Number. If applying as a Partnership , enter your Federal Employer Identification Number (FEIN).	SSN/FEIN #

FOR CORPORATIONS ONLY:
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.

ANSWER THIS QUESTION IF ALL SHAREHOLDERS ARE PHYSICIANS.
IF THERE ARE NON-PHYSICIAN SHAREHOLDERS, PROCEED TO 6B.

6a.

Name (Attach additional sheet(s), if necessary.)	Shareholder?		Medical License No.
	Yes	No	
BEVERLY SANSONE M.D.	X		G 53820
LINH NGUYEN, M.D.	X		G 80266
ELIZABETH TRACY	X		G 75852

If ownership includes non-physicians, complete the following information: list the name, license number, percentage of shares and profession of all shareholders. If there are no non-physician owners, please continue to question 8.

FOR CORPORATIONS WITH NON-PHYSICIAN SHAREHOLDERS

6b.

Names of ALL shareholders (Attach additional sheet(s), if necessary.)	License No.	% of Shares	Profession

FOR INDIVIDUALS (SOLE PROPRIETORS), GROUPS, AND PARTNERSHPS ONLY

All owners of the applicant's organization must be listed and sign below. Where indicated, each owner must also enter the individual medical license number.

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.

7.

BEVERLY SANSONE	G 53820	11-2-2004	<i>Beverly Sansone</i>
Type Name and Title	License #	Date	Signature
LINH DAN NGUYEN	G 80266	11-2-2004	<i>Linh Dan Nguyen</i>
Type Name and Title	License #	Date	Signature

7.	<u>ELIZABETH TRACY</u>	<u>G 75852</u>	<u>11-2-2004</u>	<u>Elizabeth Tracy</u>
	Type Name and Title	License #	Date	Signature
	_____	_____	_____	_____
	Type Name and Title	License #	Date	Signature
	_____	_____	_____	_____
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

FOR CORPORATIONS ONLY

THE WOMEN'S MEDICAL CORPORATION
OF HUNTINGTON BEACH

(Complete Name of Corporation)

A-473497
Corporation #

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.

8.

Executed at FOUNTAIN VALLEY, California, this 2nd day of NOVEMBER, 2004
(city) (month) (year)

By: BEVERLY SANSONE, M.D. PRESIDENT
Type or print: Name Type or print: Corporate Title

Beverly Sansone M.D.
Signature

Person to be contacted regarding this application:

9.

JEAN SERUNTINE [REDACTED]
Name Telephone Number

9940 TALBERT #303 FOUNTAIN VALLEY, CA 92708
Address City State Zip Code

IF YOU WOULD LIKE A CONFIRMATION OF THE APPROVAL, PLEASE VISIT THE WEB SITE
AT
WWW.CALDOCINFO.CA.GOV TO DOWNLOAD CONFIRMATION INFORMATION.

1704405

ENDORSED

FILED

In the Office of the Secretary of State
of the State of California

ARTICLES OF INCORPORATION
OF
CHRISTINE K. HROUNTAS, M.D.,
A PROFESSIONAL CORPORATION

MAR 16 1992

MARCH FONG EU, Secretary of State

I.

The name of this corporation is Christine K. Hrountas, M.D.,
A Professional Corporation.

II.

The purpose of this corporation is to engage in the profession
of the practice 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 corporation is a professional corporation within the
meaning of Part 4 of Division 3 of Title 1 of the Corporations Code
of the State of California.

IV.

The name of the corporation's initial agent for service of
process is Christine K. Hrountas, M.D., who may be served at Park
Lido Medical Center, Tower II, 361 Hospital Road, Suite 533,
Newport Beach, California, 92663.

V.

The corporation is authorized to issue only one class of
shares of stock. The total number of shares that this corporation
is authorized to issue is one thousand.

VI.

No capital stock shall be issued to anyone other than an
individual who is duly licensed to render the same specific
professional services or related professional services that the
corporation was organized to perform.

VII.

No shareholder shall enter into a voting trust agreement or
any other type of agreement vesting another person (other than
another licensed person who is a shareholder of this corporation)
with the authority to exercise the voting power of any of her
stock.

VIII.

There shall be one director of this corporation, Christine K. Hrountas, M.D., Park Lido Medical Center, Tower II, 361 Hospital Road, Suite 533, Newport Beach, California, 92663.

Dated 3/10, 1992

Christine Hrountas

Christine K. Hrountas, M.D.

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

Dated 3/10, 1992

Christine Hrountas

Christine K. Hrountas, M.D.

A473497

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF

ENDORSED
FILED
in the office of the Secretary of State
of the State of California

THE HUNTINGTON BEACH WOMEN'S MEDICAL CLINIC,
A PROFESSIONAL CORPORATION

MAR 18 1996

BILL JONES, Secretary of State

CHRISTINE K. HROUNTAS, M.D. certifies that:

1. She is the President and Secretary of THE HUNTINGTON BEACH WOMEN'S MEDICAL CLINIC, A PROFESSIONAL CORPORATION, a California corporation.

2. The sole Director of THE HUNTINGTON BEACH WOMEN'S MEDICAL CLINIC, A PROFESSIONAL CORPORATION has approved the following amendment to Article I. of the Articles of Incorporation of said Corporation:

"I.: The name of the corporation is:

THE WOMEN'S MEDICAL CORPORATION OF HUNTINGTON BEACH,
A PROFESSIONAL CORPORATION"

3. The corporation has issued five hundred (500) shares of common capital stock. This Amendment was approved by the unanimous written consent of the sole Shareholder in accordance with Section 903 of the California Corporations Code. The total number of outstanding shares of the Corporation is five hundred (500). The number of shares voting in favor of the Amendment equaled one hundred percent (100%).

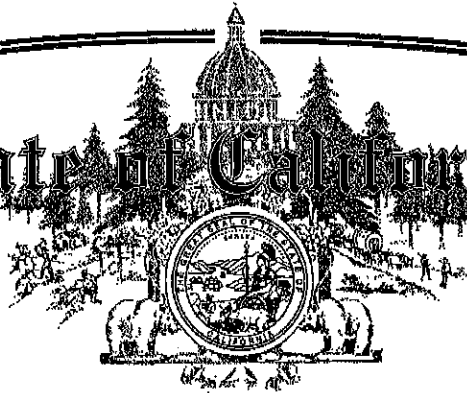
4. All remaining provisions of the Articles shall remain the same.


CHRISTINE K. HROUNTAS, M.D.

The undersigned declares under penalty of perjury that the matters set forth in the foregoing certificate are true and correct of her own knowledge and that this declaration was executed on March 15, 1996 at Newport Beach, California.


CHRISTINE K. HROUNTAS, M.D.

State of California



A473497

SECRETARY OF STATE

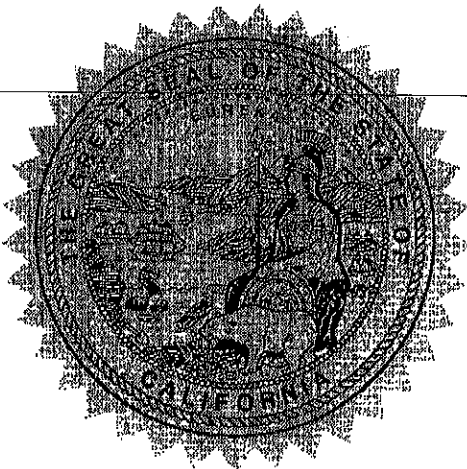
CORPORATION DIVISION

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the corporate record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

MAR 19 1996



Bill Jones

Secretary of State