

MEDICAL BOARD OF CALIFORNIA

Profession Name Permit

ORANGE COAST WOMEN'S HEALTH CENTER

NAME

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

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 7th day of JULY 20 09

EXPIRES ON JULY 31st, 2011

*Secretary-Treasurer
Medical Board of California*





MEDICAL BOARD OF CALIFORNIA
Licensing Program

RECEIVED
MEDICAL BOARD OF CALIFORNIA

2009 JUN 11 PM



846-11-09

FICTITIOUS NAME PERMIT APPLICATION

Licensing PROGRAM FOR OFFICE PROGRAM	
Fee Paid: <i>50.00</i>	Receipt No.: 0001579

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>WOMEN'S MEDICAL CENTER</i>			
Street Address (P.O. Boxes are not acceptable) <i>9940 TALBERT #303</i>			
City <i>FOUNTAIN VALLEY</i>	State <i>CA</i>	Zip Code <i>92708</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			
Address			
City		State	Zip Code
Person to be contacted regarding this application			
Name <i>JEAN SERUNTINE</i>			Telephone No. [REDACTED]
Address <i>9940 TALBERT AVE #303</i>		City <i>FOUNTAIN VALLEY</i>	State <i>CA</i> Zip Code <i>92708</i>
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"/> Professional Podiatry Corporation		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Medical Group	
*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. WOMEN'S HEALTH CENTER

2. Orange Coast Women's Health Center

3.

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): _____

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 <u>BEVERLY SANSONE, M.D.</u>	Medical License # <u>653820</u>
Signature	Date
Type/Print Name <u>LINH DAN NGUYEN, M.D.</u>	Medical License # <u>680246</u>
Signature	Date
Type/Print Name <u>ELIZABETH TRACY, M.D.</u>	Medical License # <u>675852</u>
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
BEVERLY SANSONE, M.D.	G53820	X	
LINH NGUYEN, M.D.	G80266	X	
ELIZABETH TRACY, M.D.	G75852	X	

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: THE WOMEN'S MEDICAL CORPORATION OF HUNTINGTON BEACH Corporation #: A473497

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 FOUNTAIN VALLEY, California, this 16th day of JUNE, 2009
city day month year

By: BEVERLY SANSONE, M.D. PRESIDENT
type/print name corporate title

Signature: Beverly Sansone MD

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

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
BEVERLY SANSONE, M.D.	G 53820	X	
LINH DAN NGUYEN, M.D.	G 80266	X	
ELIZABETH TRACY, M.D.	G 75852	X	

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: THE WOMEN'S MEDICAL CORPORATION OF HUNTINGTON BEACH Corporation #: A-473497

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 FOUNTAIN VALLEY, California, this 26th day of MAY, 2009
city day month year

By: BEVERLY SANSONE PRESIDENT
type/print name corporate title

Signature: _____

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

1704405

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

in the State of California
under the provisions of the

MAR 16 1992

MARCH FONG LO, 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 K. 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 K. Hrountas
Christine K. Hrountas, M.D.

WKS

1471072

ENDORSED
FILED

in the office of the Secretary of State
of the State of California

JAN 25 1996

BILL JONES, Secretary of State

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF

CHRISTINE K. HROUNTAS, M.D., A PROFESSIONAL CORPORATION

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

1. She is the President and Secretary of CHRISTINE K. HROUNTAS, M.D., A PROFESSIONAL CORPORATION, a California corporation.

2. The sole Director of CHRISTINE K. HROUNTAS, M.D., 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 HUNTINGTON BEACH WOMEN'S MEDICAL CLINIC , 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 equalled one hundred percent (100%).

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

Christine K Hrountas
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 January 5, 1996 at Huntington Beach, California.

Christine K Hrountas
CHRISTINE K. HROUNTAS, M.D.

State of California



A471072

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

JAN 29 1996



Bill Jones

Secretary of State

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.

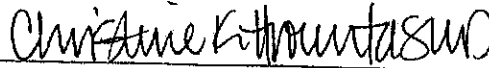
2. The sole Director of THE HUNTINGTON BEACH WOMEN'S MEDICAL CLINIC, A PROFESSIONAL CORPORATION has approved the following amendment to Article I. of the Articles of Incorporation of said Corporation:

"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

[x]

Secretary of State DEBRA BOWEN

DISCLAIMER: The information displayed here is current as of JUN 12, 2009 and is updated weekly. It is not a complete or certified record of the Corporation.

Corporation		
THE WOMEN'S MEDICAL CORPORATION OF HUNTINGTON BEACH, A PROFESSIONAL CORPORATION		
Number: C1704405	Date Filed: 3/16/1992	Status: active
Jurisdiction: California		
Address		
9940 TALBERT AVE #303		
FOUNTAIN VALLEY, CA 92708		
Agent for Service of Process		
BEVERLY SANSONE		
201 20TH ST		
HUNTINGTON BEACH, CA 92648		

Blank fields indicate the information is not contained in the computer file.

If the status of the corporation is "Surrender", the agent for service of process is automatically revoked. Please refer to California Corporations Code Section 2114 for information relating to service upon corporations that have surrendered.