

STATE OF CALIFORNIA

Permit Number **FNP 39355**

MEDICAL BOARD OF CALIFORNIA

Professional Name Permit

SANTA BARBARA OB/GYN MEDICAL CENTER

NAME

510 W. PUEBLO STREET, SANTA BARBARA, CA 93105


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 28th day of AUGUST 20 09

EXPIRES ON AUGUST 31st, 2011


Secretary-Treasurer
Medical Board of California



MEDICAL BOARD OF CALIFORNIA Licensing Program



FICTITIOUS NAME PERMIT APPLICATION

FOR OFFICE USE ONLY	
Fee Paid: \$50	Receipt No.: 0020104

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 Ayesha Shaikh, M.D.			
Street Address (P.O. Boxes are not acceptable) 510 W. Pueblo Street			
City Santa Barbara	State CA	Zip Code 93105	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 Pamela Sillix, Business Manager			Telephone No. [REDACTED]
Address 510 W. Pueblo Street		City Santa Barbara	State CA
		Zip Code 93105	
2. Business Type			
The applicant is applying as: (check only one)			
<input type="checkbox"/> Professional Medical Corporation*		<input checked="" 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.			

