



Permit Number **FNP 26924**

STATE OF CALIFORNIA

MEDICAL BOARD OF CALIFORNIA

Fictitious Name Permit

DAVID M. SPEISER, M.D., A PROFESSIONAL MEDICAL CORPORATION

NAME

263 RAVENNA DRIVE, LONG BEACH, CA 90803

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 13TH day of OCTOBER 1999

EXPIRES ON OCTOBER 31, 2001

Secretary-Treasurer
Division of Licensing



**MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM**
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2384 FAX (916) 263-2567

JUNE 16 99

JUN 16 1999

<p>FICTITIOUS NAME PERMIT APPLICATION</p> <p>Fee - \$50 (non-refundable) Please print or type.</p> <p>All incomplete or copied applications will be returned. Read the attached booklet carefully.</p>	FOR OFFICE USE ONLY	
	Fee Paid: \$50.00 6/17/99 Date Filed: JUNE 16, 99 Approved: OCT 31, 99 Denied: JULY 28, 99	Receipt No.: 021241 RC No.: 021241 FNP No.: FNP 26924

1. Applicant's complete name, practice address and telephone number:

GYN1, A Professional Medical Corporation
263 Ravenna Drive
Long Beach, CA 90803
[REDACTED]

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

Professional Medical Corporation Partnership Group of Individuals
 Professional Podiatry Corporation Individual (Sole Proprietor)

3. If applying as a corporation, is the corporation a California professional medical or podiatry corporation? (If the response is "No," you are ineligible for a Fictitious Name Permit.)

Yes No

4. If applying as a corporation, enter the corporation's complete name, and attach the corporation's Articles of Incorporation (original and amended). If more than one owner, include section of the bylaws which lists all shareholders and their percentage of shares and the section of bylaws referring to transfer of shares when shareholders becomes deceased or ineligible. (CCR Title 16, Section 1345)

GYN1, A Professional Medical Corporation

California Corporation No.: (Original)
2035764

5. Is the medical practice *wholly owned and entirely controlled* by the applicant listed in item 1? (If the response is "No," you are ineligible for a Fictitious Name Permit.)

Yes No

6. If applying as an Individual (Sole Proprietor), enter your Social Security Number or Federal Employer Identification Number. If applying as a Partnership, enter your Federal Employer Identification Number only.

554-31-1422

7. **Fictitious Name to be used in the medical practice:** On a separate attachment, provide at least two additional fictitious name choices in order of preference in the event your original name choice cannot be approved. The names must be completely different from one another. (For example: Do not make your first choice Ace Medical Group with your second choice Ace Medical Center). The name must comply with applicable statutory and regulatory requirements.

David M. Speiser, M.D., A Professional Medical Corporation

8. If you applied as an *individual or partnership*, list name, title, and medical license number of all owners who make up the medical practice as indicated in Item 1. Additionally, if any of the individuals are currently associated with another Fictitious Name Permit, list the permit number.

Name and title. (Attach additional sheet(s), if necessary.)	Medical License Number	Fictitious Name Permit No.

9. If you applied as a *corporation*, list the name, license number, and title of all corporate officers, indicating whether or not they are shareholders. List names of all additional shareholders along with license number and title.

Name (Attach additional sheet(s), if necessary.)	Shareholder?		Medical License No.	Title
	Yes	No		
David Speiser, M.D.	X		A45219	President, CEO, Secretary

10. *For all applicants:* List the name and medical license number of each licensed employee who will be practicing under the Fictitious Name.

Name (Attach additional sheet(s), if necessary.)	Medical License No.
David Speiser, M.D.	A45219

11. The Fictitious Name Permit must be mailed to the applicant. If requested, *one* copy of a confirmation letter may be sent to an address other than that listed in Item 1. If you would like this confirmation letter sent, provide the name and title of the individual, company name, and address to where the confirmation is to be mailed:

William Chu
 Tax Consulting Group
 2029 Century Park East, Suite 1700
 Los Angeles, CA 90067

12.

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

The following must be signed by all owners of the applicant's organization. Where indicated each owner must also enter their 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 all statements made on your "Fictitious Name Permit Application," and all attachments thereto, are true and correct.

Type Name and Title	License #	Date	Signature
Type Name and Title	License #	Date	Signature
Type Name and Title	License #	Date	Signature
Type Name and Title	License #	Date	Signature
Type Name and Title	License #	Date	Signature
Type Name and Title	License #	Date	Signature
Type Name and Title	License #	Date	Signature

13.

FOR CORPORATIONS ONLY

The following statement shall be signed by a licensed person who is an officer and shareholder of the professional corporation requesting the use of such name. If the corporation has more than one shareholder, attach a copy of the corporate resolution which authorizes the person signing this application to act on behalf of the corporation.

I am an officer of GYNI, A Professional Medical Corporation and certify that
(Complete Name of Corporation)

at least 51% of said corporation's shares are owned by a licensed physician and surgeon or podiatrist, and as such makes 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 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 Los Angeles, California, this 1st day of June, 1999
(City) (Yr.)

By: David M. Spenser, M.D. President
 Type Name Type Corporate Title
[Signature] A45219
 Signature Medical License Number

14. Person to be contacted regarding this application:

William Chu
Elliott R. Spenser, Esq. ([Redacted])
 Name Telephone Number

2029 Century Park East, Suite 1700 Los Angeles CA 90067
 Address City State Zip Code



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2384 FAX (916) 263-2567



RECEIVED
 JUN 15 9 09 AM '99

<p>FICTITIOUS NAME PERMIT APPLICATION</p> <p>Fee - \$50 (non-refundable) Please print or type. All incomplete or copied applications will be returned. Read the attached booklet carefully.</p>	FOR OFFICE USE ONLY	
	Fee Paid: \$50.00 6/12/99	Receipt No: 021241
	Date Filed: _____	RC No: 021241
	Approved: _____	FNP No: _____
	Denied: _____	

1. Applicant's complete name, practice address and telephone number:

GYNI, A Professional Medical Corporation
 263 Ravenna Drive
 Long Beach, CA 90803

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

Professional Medical Corporation _____ Partnership _____ Group of Individuals
 _____ Professional Podiatry Corporation _____ Individual (Sole Proprietor)

3. If applying as a corporation, is the corporation a California professional medical or podiatry corporation? (If the response is "No," you are ineligible for a Fictitious Name Permit.)

Yes No

4. If applying as a corporation, enter the corporation's complete name, and attach the corporation's Articles of Incorporation (original and amended). If more than one owner, include section of the bylaws which lists all shareholders and their percentage of shares and the section of bylaws referring to transfer of shares when shareholders becomes deceased or ineligible. (CCR Title 16, Section 1345.)

GYNI, A Professional Medical Corporation

California Corporation No.: (Original)
 2035764

5. Is the medical practice *wholly owned and entirely controlled* by the applicant listed in item 1? (If the response is "No," you are ineligible for a Fictitious Name Permit.)

Yes No

6. If applying as an Individual (Sole Proprietor), enter your Social Security Number or Federal Employer Identification Number. If applying as a Partnership, enter your Federal Employer Identification Number only.

7. **Fictitious Name to be used in the medical practice:** On a separate attachment, provide at least two additional fictitious name choices in order of preference in the event your original name choice cannot be approved. The names must be completely different from one another. (For example: Do not make your first choice Ace Medical Group with your second choice Ace Medical Center). The name must comply with applicable statutory and regulatory requirements.

GYNI, A Professional Medical Corporation

State of California



2035764

SECRETARY OF STATE



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

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

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

NOV 20 1997



Bill Jones

Secretary of State

2035764

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

NOV 20 1997

BILL JONES, Secretary of State

ARTICLES OF INCORPORATION

OF

GYN1, A PROFESSIONAL MEDICAL CORPORATION

I.

The name of the corporation is GYN1, A PROFESSIONAL MEDICAL CORPORATION.

II.

This Corporation is a Professional Corporation within the meaning of Title 1, Division 3, Part 4 of the California Corporations Code. The purpose of the Corporation is to engage in the profession 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 name and address in the State of California of this corporation's initial agent for service of process is:

John A. Harbin, Esq.
TAX CONSULTING GROUP
2029 Century Park East, 17th Floor
Los Angeles, California 90067

IV.

The corporation is authorized to issue only one (1) class of stock, which stock shall be designated as "common" stock. The corporation's total authorized number of shares which may be issued is ONE HUNDRED THOUSAND (100,000) shares.

V.

The corporation issued shares (of all classes) shall be held of record by not more than 35 persons. This corporation is a close corporation.

VI.

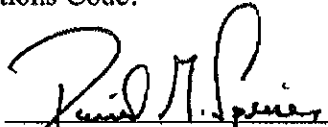
This Corporation is subject to the restrictions on the qualifications of shareholders imposed by Title 1, Division 3, Part 4 of the California Corporations Code and other applicable laws, rules, and regulations, which provide that only the following may be shareholders of a medical corporation:

(a) Holders of a valid physician's and surgeon's certification issued by the Division of Licensing of the Medical Board of California;

(b) Licensed persons as defined in Section 13401.5(a) of the California Corporations Code, provided that (i) the number of shares in the Corporation owned by such persons does not exceed 49% of the total shares issued by the Corporation; and (ii) the number of such persons owing shares in the Corporation does not exceed the number of licensed physicians and surgeons owing shares in the Corporation; and

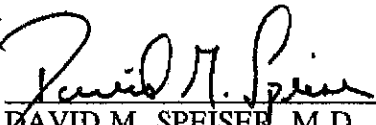
(c) Medical corporations with only one shareholder, who is a licensed person as defined in Section 13401 of the California Corporations Code.

Dated: 11/19/17

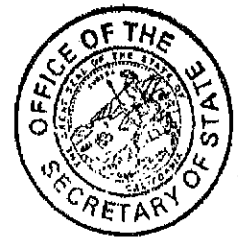


DAVID M. SPEISER, M.D.

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



DAVID M. SPEISER, M.D.





MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2384 FAX (916) 263-2567

JUNE 16 1999



69 JUN 16 1999

<p>FICTITIOUS NAME PERMIT APPLICATION</p> <p>Fee - \$50 (non-refundable) Please print or type. All incomplete or copied applications will be returned. Read the attached booklet carefully.</p>		FOR OFFICE USE ONLY	
		Fee Paid: \$50.00 6/12/99 Date Filed: _____ Approved: _____ Denied: _____	Receipt No.: 021241 RC No.: 021241 FNP No.: _____
1.	Applicant's complete name, practice address and telephone number: GYN1, A Professional Medical Corporation 263 Ravenna Drive Long Beach, CA 90803 [REDACTED]		
2.	The applicant is applying as: (Check (✓) only one.) <input checked="" type="checkbox"/> Professional Medical Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Group of Individuals <input type="checkbox"/> Professional Podiatry Corporation <input type="checkbox"/> Individual (Sole Proprietor)		
3.	If applying as a corporation, is the corporation a California professional medical or podiatry corporation? (If the response is "No," you are ineligible for a Fictitious Name Permit.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	If applying as a corporation, enter the corporation's complete name, and attach the corporation's Articles of Incorporation (original and amended). If more than one owner, include section of the bylaws which lists all shareholders and their percentage of shares and the section of bylaws referring to transfer of shares when shareholders becomes deceased or ineligible. (CCR Title 16, Section 1345.) GYN1, A Professional Medical Corporation		California Corporation No.: (Original) 2035764
5.	Is the medical practice wholly owned and entirely controlled by the applicant listed in item 1? (If the response is "No," you are ineligible for a Fictitious Name Permit.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	If applying as an Individual (Sole Proprietor), enter your Social Security Number or Federal Employer Identification Number. If applying as a Partnership, enter your Federal Employer Identification Number only.		
7.	Fictitious Name to be used in the medical practice: On a separate attachment, provide at least two additional fictitious name choices in order of preference in the event your original name choice cannot be approved. The names must be completely different from one another. (For example: Do not make your first choice Ace Medical Group with your second choice Ace Medical Center). The name must comply with applicable statutory and regulatory requirements. GYN1, A Professional Medical Corporation		

8. If you applied as an *individual or partnership*, list name, title, and medical license number of all owners who make up the medical practice as indicated in Item 1. Additionally, if any of the individuals are currently associated with another Fictitious Name Permit, list the permit number.

Name and title. (Attach additional sheet(s), if necessary.)	Medical License Number	Fictitious Name Permit No.

9. If you applied as a *corporation*, list the name, license number, and title of all corporate officers, indicating whether or not they are shareholders. List names of all additional shareholders along with license number and title.

Name (Attach additional sheet(s), if necessary.)	Shareholder?		Medical License No.	Title
	Yes	No		
David Speiser, M.D.	X		A45219	President, CEO, Secretary

10. For all applicants, list the name and medical license number of each licensed employee who will be practicing under the Fictitious Name.

Name (Attach additional sheet(s), if necessary.)	Medical License No.
David Speiser, M.D.	A45219

11. The Fictitious Name Permit must be mailed to the applicant. If requested, one copy of a confirmation letter may be sent to an address other than that listed in Item 1. If you would like this confirmation letter sent, provide the name and title of the individual, company name, and address to where the confirmation is to be mailed:

William Chu
 Tax Consulting Group
 2029 Century Park East, Suite 1700
 Los Angeles, CA 90067

12.

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

The following must be signed by all owners of the applicant's organization. Where indicated each owner must also enter their 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 all statements made on your "Fictitious Name Permit Application," and all attachments thereto, are true and correct.

Type Name and Title	License #	Date	Signature

13.

FOR CORPORATIONS ONLY

The following statement shall be signed by a licensed person who is an officer and shareholder of the professional corporation requesting the use of such name. If the corporation has more than one shareholder, attach a copy of the corporate resolution which authorizes the person signing this application to act on behalf of the corporation.

I am an officer of GYN1, A Professional Medical Corporation and certify that
(Complete Name of Corporation)

at least 51% of said corporation's shares are owned by a licensed physician and surgeon or podiatrist, and as such makes 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 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 Los Angeles, California, this 1st day of June, 1999
(City) (Yr.)

By: David M. Speiser, M.D. President
Type Name Type Corporate Title
[Signature] A45219
Signature Medical License Number

14. Person to be contacted regarding this application:

Elliott R. Speiser, Esq. [Redacted]
Name Telephone Number
2029 Century Park East, Suite 1700 Los Angeles CA 90067
Address City State Zip Code