

Permit Number FNP 26924

STATE OF CALIFORNIA

## MEDICAL BOARD OF CALIFORNIA

# Fictitious Name Permit

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

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 19 99

OCTOBER 31, 2001
EXPIRES ON \_\_\_\_

Secretary-Treasurer Division of Licensing

07L-195



### MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM

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JUNE 16 49

1426 Howe Avenue, Suite 54 Sacramento, CA 95825-3236 (916) 263-2384 FAX (916) 263-2567

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	FICTITIOUS NAME PERMIT APPLICATION	Fee Paid: \$ 50.10 6 7 99	Receipt No.:_	021241
1	1111111111111	Date Filed: JUNE 16, 99	RC No.;	0 02124
	Fee - \$50 (non-refundable)	Approved: OCT 31, 99	FNP No.: F	C NP 26924
I.A.	Please print or type. Incomplete or copied applications will be returned.	Denied: JULY 28, 99		
<u>L</u>	Read the attached booklet carefully.	Defilied.		
1.	Applicant's complete name, practice address and tele	phone number:		
	GYN1, A Professional Medical Corporatio 263 Ravenna Drive	n .		
	Long Beach, CA 90803			-
2.	The applicant is applying as: (Check (/) only one.)			
	X Professional Medical Corporation	Partnarchio	C**	our of laditulaturate
٠,	<b>f</b>	Individual (Sole Proprietor		oup of Individuals
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З.	If applying as a corporation, is the corporation a Califo (If the response is "No," you are ineligible for a Fictitio	ornia professional medical or pod us Name Permit.)	latry corporati	on? X Yes
· ·				No.
4.	If applying as a corporation, enter the corporation's confidence of incorporation (original and amended). If most bylaws which lists all shareholders and their percentage reterring to transfer of shares when shareholders becons	omplete name, <u>and</u> attach the colore than one owner, include sections of shares and the section of by mes deceased or inclinible. (CT)	poration's on of the laws	California Corporation No.: (Original)
	Section 1345.) GYN1, A Professional Medical		t tine 10,	2035764
5.	Is the medical practice wholly owned and entirely con (If the response is "No," you are ineligible for a Fictitio	trolled by the applicant listed in us Name Permit.)	item 17 X	Yeş No
6.	If applying as an Individual (Sole Proprietor), enter yo Federal Employer Identification Number. If applying a Employer Identification Number only.	our Social Security Number or s a Partnership, enter your Feder	al 554-:	31~1422
7.	Fictitious Name to be used in the medical practice: O name choices in order of preference in the event your completely different from one another. (For example: second choice Ace Medical Center). The name must consider the control of the control	Do not make your first aboles As	pproved. The	names must be
	David M. Speiser, M.D., A Pr	rofessional Medical Corpo	ration	
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	Name and title. (Attach additional sheet(s), if necessary.)	Medical License Number	Fictitious Nam Permit No.			
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	If you applied as a corporation, list the name, lice not they are shareholders. List names of all addition	ense num nal sharel	ber, and til nolders alo	tle of all corporate officing with license number	ers, indicating wheth and title	
İ	Name (Attach additional sheet(s), if necessary.)	Shar	eholder?	Medical License No.	Title	
ŀ		Yes	No		President, CEO	
ŀ	David Speiser, M.D.	X	···	A45219	Secretary	
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ľ					<u> </u>	
	For all applicants: List the name and medical liquider the Fictitious Name	ense nur	nber of eac	h licensed employee w	ho will be practicing	
	Name (Attach additional sheet(s), if necessary.)				Medical License	
ŀ	David Speiser, M.D.				A45219	
ŀ		IV 10				
ŀ						
ŀ			<u> </u>			
	The Fictitious Name Permit must be mailed to the art to an address other than that listed in Item 1. If you the individual, company name, and address to where	oplicant. would like	If requeste this confi-	ed, <u>one</u> copy of a confirmation letter sent, pro-	nation letter may be vide the name and tit	
	William Chu	s the Com	iiiiauuii ja	to be maneu:	·	
	Tax Consulting Group					

12.	FOR INDIVIDUALS	(SOLE PROPRIETOR	S), GROUPS	AND PARTNERSHIPS ONLY	
ļ ,	The following must be signed by all ow their individual medical license number				r must also ente
•	The undersigned and each of the und California that all statements made on y correct.	lersigned hereby cert your Fictitious Name	tifies under Permit Appl	penalty of perjury under the lay loation," and all attachments the	vs of the State or reto, are true an
	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	
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13.		FOR CORPOR	ATIONS ON	I Y	
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	lam an officer ofGYN1, A Prof	ed by a licensed per in name. If the corpo the person signing t essional Medica (Complete Name	rson who is coration has phis applicated. Corporate of Corporate	an officer and shareholder of nore than one shareholder, atta ion to act on behalf of the corporation tion	and certify that
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GRAY DAVIS. Governor



## MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM



1426 Howe Avenue, Suite 54

Sacramento, CA 95825-3236

(916) 263-2384 FAX (916) 263-2567

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	FICTITIOUS NAME PERMIT APPLICATION	Fee Paid: \$10-10 6 12 199	Receipt No.:_	021241				
		Date Filed:	RC No.:	<u>(r. 021241</u>				
	Fee - \$50 (non-refundable) Please print or type.	Approved:	FNP No.:	<u>e</u>				
All	incomplete or copied applications will be returned.  Read the attached booklet carefully.	Denied:	<b>1</b>	· · · · · · · · · · · · · · · · · · ·				
1.	Applicant's complete name, practice address and tele	phone number:						
	GYN1, A Professional Medical Corporation 263 Ravenna Drive Long Beach, CA 90803	n.						
2.	The applicant is applying as: (Check (*) only one.)							
	<u>x</u> Professional Medical Corporation _	Partnership	Gro	oup of Individuals				
	Professional Podiatry Corporation	Individual (Sole Proprietor	)					
3.	If applying as a corporation, is the corporation a Califo (If the response is "No," you are ineligible for a Fictitio	ornia professional medical or pod us Name Permit.)	iatry corporation	x Yes				
4.	If applying as a corporation, enter the corporation's confidence of incorporation (original and amended). If most bylaws which lists all shareholders and their percentage referring to transfer of shares when shareholders becomes section 1345.)	emplete name, <u>and</u> attach the co- pre than one owner, include secti- ge of shares and the section of by mes deceased or ineligible. (CC	rporation's on of the laws R Title 16,	California Corporation No.: (Original)				
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	GYN1, A Professional Medical	. Corporation						
			7					



SECRETARY OF STATE

2035764



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 2 U 1997.



Billyons

Secretary of State

## ARTICLES OF INCORPORATION

ENDORSED
FILED
In the office of the Socretary of State
of that State of Colleges

OF

NOV 2 0 1997

GYN1, A PROFESSIONAL MEDICAL CORPORATION

BILL JOHES, Secretary of State

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.

Ш.

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 I, 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 of	corporations	with o	nly one	shareholder,	who is a	licensed	person	as
defined in	i Sec	tion 1340	1 of the Cali	fornia	Corpora	tions Code.				

Dated: 11/10/17

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.

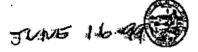
DAVID M. SPEISER, M.D.



GRAY DAVIS, Governor



### MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM



1426 Howe Avenue, Suite 54 Sacramento, CA 95825-3236 (916) 263-2384 FAX (916) 263-2567

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	FICTITIOUS NAME PERMIT	1	E USE ONLY	
	APPLICATION	Fee Paid: \$50-10 6 12 99	Receipt No.:_	3 7
	•	Date Filed:		<u>, 621241</u>
	Fee - \$50 (non-refundable) Please print or type.	Approved:	FNP No.:	
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<u> </u>	Read the attached booklet carefully.			
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	Lone Beach, CA 90803			
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	<u>x</u> Professional Medical Corporation	Partnership	Gro	oup of Individuals
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	GYNI, A Professional Medica	1 Corporation		

	Name and title. (Attach additional sheet(s), if necessary.)			Medical License Number	Fictitious Name
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100000	If you applied as a <i>corporation</i> , list, the name, licen not they are shareholders. List names of all additions	ise numb il sharen	er, and tit olders alo	le of all corporate office ng with license number	rs, Indicating whether and title
	Name (Attach additional sheet(s), if necessary.)		holder?	Medical License No.	Title
ŀ		Yes	· No		
ŀ	David Speiser, M.D.	Х		A45219	President, CEO, Secretary
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200000000000000000000000000000000000000	For all applicants; List the name and medical lice under the Fictitious Name.	nse num	ber of eac	n licensed employée wh	o will be practicing
1	Name (Attach additional sheet(s), if necessary.)				Medical License N
	David Speiser, M.D.				A45219
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	William Chu	are comil	manon is	to be mailed;	
	Tax Consulting Group 2029 Century Park East, Suite 1700		•		
1	Los Angeles, CA 90067				

12.	FOR INDIVIDUALS (SOLE The following must be signed by all owners of their individual medical license number.						r must also enter
•	The undersigned and each of the undersign California that all statements made on your F correct.	. ,,			<del></del>		
	Type Name and Title	License #	Date	Signati	ire		<del>. 9/</del> .
	Type Name and Title	License #	Date	Signati	ire		
	Type Name and Title	License #	Date	Signatu	ire		
	Type Name and Title	License #	Date	Signatu	ıre		
	Type Name and Title	License #	Date	Signatu	ire		
	Type Name and Title	License #	Date	Signatu	ire		
	Type Name and Title	License #	Date	Signato	ıre		
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	Executed at Los Angoles (City)	, California, this			June		1999 (Yr.)
	By: David M. Speiser, M.D. Type Name  Signature			ident Corporate e Number	Title		_
						VI - 44	
14.	Person to be contacted regarding this application of the contacted regarding the contacted regardi	cation:	Telenho	one Number	,	,	