



Permit Number FNP 28022

STATE OF CALIFORNIA

MEDICAL BOARD OF CALIFORNIA



Fictitious Name Permit

HARRIMAN JONES MEDICAL GROUP, A PROFESSIONAL CORPORATION

NAME

2600 REDONDO AVENUE, LONG BEACH, CA 90806

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 7TH day of SEPTEMBER 2000

James A. Bolton, Ph.D.

EXPIRES ON SEPTEMBER 30, 2002

Secretary-Treasurer
Division of Licensing

COPY



SACRAMENTO
 MEDICAL BOARD OF CALIFORNIA
 LICENSING PROGRAM

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 MEDICAL BOARD
 OF CALIFORNIA



00 SEP -6 AM 11:20
 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2384 FAX (916) 263-2567

00 AUG -7 AM 9:34

<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: <u>\$50 ✓ 8/16/00</u> Date Filed: <u>AUG 7, 00</u> Approved: <u>SEPT 7, 00</u> Denied: <u>AUG 15, 00</u>	Receipt No.: <u>022124</u> RC No.: _____ FNP No.: <u>FNP 28022</u>
1.	Applicant's complete name, practice address and practice telephone number: Harriman Jones Medical Group, A Professional Corporation 2600 Redondo Avenue Long Beach, CA 90806 [Redacted]		
2.	The applicant is applying as: (Check (✓) only one.) <input checked="" type="checkbox"/> 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.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	If applying as a corporation, enter the corporation's complete name in the space below and attach a copy of the corporation's Articles of Incorporation (original and amended). If more than one shareholder, include the section of bylaws referring to transfer of shares in the event of a death of a shareholder or in the event a shareholder becomes a disqualified person. (CCR Title 16, Section 1345.) If a shareholder is not a licensed physician and surgeon, include the name and address of all shareholders verifying their percentage of shares. + Harriman Jones Medical Group, A Professional Corporation		Enter the original corporation # below: C-1602752
5.	Is the medical practice <i>wholly owned and entirely controlled</i> by the applicant listed in item 17? (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) , or Corporation , enter your Social Security Number or Federal Employer Identification Number. If applying as a Partnership , enter your Federal Employer Identification Number only.		→ 33-0494406
7.	In the space provided below, enter <u>only one</u> choice for your fictitious name. The name must comply with applicable statutory and regulatory requirements. Refer to the back of this application for name style requirements. (Article 18, Section 2415 (b) (3) and Title 16 Section 1344 (c)). Additional choices may be submitted on an attachment in order of preference. Harriman Jones Medical Group, Inc A Professional 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.
N/A		

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 their license numbers, if any.

Name (Attach additional sheet(s), if necessary.)	Shareholder?		Medical License No.	Title
	Yes	No		
Steven Heslov, MD	X		G48959	Chairman
Bharat Patel, MD	X		A41541	Vice-Chairman
DAVID SPEISER, MD	X		A45219	Secretary
See Attachment A of all additional shareholders				

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.
See Attachment B for each licensed employee	

11. If you would like one copy of the approval letter, provide the name and title of the individual, company name, and address to where the confirmation is to be mailed.

Both Waterman
 Administrative Director, Finance
 Harriman Jones Medical Group, Inc
 2600 Rebono Avenue
 Long Beach, CA 90806

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

Harriman Jones Medical Group, A Professional Corporation

(Complete name of corporation)

I certify 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 Long Beach (City), California, this 3 day of August, 2000 (Yr.)

By: Steven Heslov, MD (Type Name) Chairman (Type Corporate Title)

[Signature] (Signature)

14.

Person to be contacted regarding this application:

Beth Waterman (Name) [Redacted] (Telephone Number)
2600 Redondo Ave (Address) Long Beach (City) CA (State) 90806 (Zip Code)

Attachment A

HARRIMAN JONES MEDICAL GROUP
SHAREHOLDERS LIST AS OF JULY 20, 2000

Augustine, Wynette, OD	60	Roth, Jeffrey, DO	300
Austin, Victor, MD	300	Schoenfeldt, Jodi, MD	300
Bakhru, Jyoti, MD	200	Smith, Douglas, MD	200
Clarke, Charles, MD	300	Spencer, David, MD	300
Espolera, Melinda, MD	300	Tanner, William, MD	300
Francisco-Hugh, Arlene, MD	150	Venmittell, Giovanni, OD	120
Frolov, Stefan, H, MD	300	Walter, Cynthia, MD	300
Fukumura, Glen, MD	300	Weber, Richard, PhD	80
Gonzales, Fernando, MD	300	Wilson, Frank, B., MD	100
Heslov, Steven, MD	300	Wu, Yan, MD	300
Hugh, Peter, DO	150	Zanoni, Diana, MD M.D.	150
Ikeda, Tamara, MD	300	Zimmer, Oscar, MD	300
Jiang, Edward, MD	300		
Kawanishi, Stanley, MD	150		
Lee, Albert, MD	300		
Lee, Curtis, MD	100		
Leka, Tesfaye, MD	200		
Logan, Norman, MD	300		
Mackenzie, Thomas, MD	300		
Manera, Alexander, MD	300		
Machata, Michael, MD	300		
Manning, Tamarah, MD	250		
Nguyen, Tam Ky, MD	100		
Nohe, Jhns, MD	300		
Olsen, Craig, MD	150		
Patel, Bharat, MD	300		
Patel, Paribha, MD	300		
Papayans, Ronald, MD	300		
Pfaffl, Craig, PhD.	100		
Rau, Frank, PhD	120		

Attachment B

HARRIMAN JONES MEDICAL GROUP
EMPLOYED PROVIDERS

Date: June 27, 2000

PROVIDER NAME	LICENSE NUMBER
AMBASTHA, VINOD, M.D.	A 48015
AUGUSTINE, WYNETTE, O.D.	Opt7929
AUSTIN, VICTOR, M.D.	A24626
AYELE, ETSEGENET, M.D.	A66741
BAKHURU, JYOTI, M.D.	A44963
CLARK, CHARLES, M.D.	C38824
CHAUDHARY, VINITA M.D.	A51626
DECORO, ANDREA, PHARM.D	RPH46802
ESPELETA, MELINDA, M.D.	A39457
FINNEFROCK, MARVIN, Pharm.D.	RPH44649
FRANCISCO-HUGH, ARLENE, M.D.	A50818
FROLOV, STEFAN, M.D.	G27940
FUKUMURA, GLEN, M.D.	A43686
GARDNER, CHRISTINA, N.P.	RN 437874
GONZALES, FERNANDO, M.D.	C38225
HESLOV, STEVEN, M.D.	G48959
HUGH, PETER, D.O.	20A6005
IKEDA, LAURENCE, M.D.	G55607
JANG, EDWARD, M.D.	A32103
KAWANISHI, STANLEY, M.D.	G47724
LECHAU, MICHELLE, Psych. Asst.	PSB27355
LEE, ALBERT, M.D.	G40109
LEE, CURTIS, M.D.	G42801
LEKA, TESFAYE, M.D.	G75485
LEVENSON, CANDICE, M.D.	G43843
LOGAN, J. NORMAN, M.D.	A41625
MACKENZIE, THOMAS, M.D.	G37388
MAEHARA, MICHAEL, M.D.	A39815
MANEFFA, ALEXANDER, M.D.	G61611
MANNING, TAMARAH, M.D.	A47758

PROVIDER NAME	LICENSE NUMBER
NGUYEN, ANH, MD	A68504
NGUYEN, TAM, M.D.	A55848
NOBE, JANIS, M.D.	G53952
NODALO, ROSE N.P.	RN489066
OLSEN, CRAIG, M.D.	G67512
PAPANTONIADIS, OURANIA, P.A.	PA 14450
PATEL, BHARAT, M.D.	A41541
PATEL, PRATIBHA, M.D.	A31386
PEPITONE, RONALD, M.D.	G53067
PFÄFFL, J.CRAIG, PhD.	PSY 13512
RAU, FRANK, PhD.	PSY 11254
ROTH, JEFFREY, D.O.	20A5342
SAVEDRA, TOM, P.A.	PA13254
SCHOENDORF, JUD, M.D.	C29653
SHUGARMAN, ANNIE, P.A.-C	PA-13421
SMITH, DOUGLAS, M.D.	A51642
SPEISER, DAVID, M.D.	A45219
SY, CAROLYN, PA-C	PA 14797
TURNER, WILLIAM, M.D.	G34110
VAN, THOMAS, M.D.	A61189
VENITTELLI, GIOVANNI, O.D.	OPT8043
WALL, MARY, R.N.N.P.	RN255311
WATLER, CYNTHIA, M.D.	G65046
WEBER, RICHARD, PhD.	PSY8621
WILSON, FRANK, M.D.	G41888
WU, RIC, M.D.	A32143
ZANONI, DIANA, M.D.	G65322
ZUNIGA, OSCAR, M.D.	A39872
NON PROVIDERS:	
JIM AGRONICK, CEO	
BILL GREGOR, CFO	
GERHARD HAHN, VP PRACTICE MGT	



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FICTITIOUS NAME PERMIT APPLICATION		FOR OFFICE USE ONLY	
Fee - \$50 (non-refundable) Please print or type. All incomplete or copied applications will be returned. Read the attached booklet carefully.		Fee Paid: <u>\$50 ✓ 8/14/00</u>	Receipt No.: <u>022124</u>
		Date Filed: _____	RC No.: _____
		Approved: _____	FNP No.: _____
		Denied: _____	
1.	Applicant's complete name, practice address and practice telephone number: <u>HARRIMAN JONES Medical Group, Inc</u> <u>2600 Redondo Ave</u> <u>Long Beach, CA 90806</u> [REDACTED]		
2.	The applicant is applying as: (Check (✓) only one.) <input checked="" type="checkbox"/> Professional Medical Corporation _____ Partnership _____ Group of Individuals _____ Professional Podiatry Corporation _____ Individual (Sole Proprietor)		
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4.	If applying as a corporation, enter the corporation's complete name in the space below and attach a copy of the corporation's Articles of Incorporation (original and amended). If more than one shareholder, include the section of bylaws referring to transfer of shares in the event of a death of a shareholder or in the event a shareholder becomes a disqualified person. (CCR Title 16, Section 1345.) If a shareholder is not a licensed physician and surgeon, include a document listing all shareholders verifying their percentage of shares.		Enter the original corporation # below: <u>D-1602752</u>
5.	Is the medical practice <i>wholly owned and entirely controlled</i> 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
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7.	In the space provided below, enter only one choice for your fictitious name. The name must comply with applicable statutory and regulatory requirements. Refer to the back of this application for name style requirements. (Article 18, Section 2415 (b) (3) and Title 16 Section 1344 (c)). Additional choices may be submitted on an attachment in order of preference.		
	<u>HARRIMAN JONES Medical Group, INC</u>		

A417977

ENDORSED
FILED

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

**RESTATED ARTICLES OF
INCORPORATION**

MAY 11 1992

MARCHFONGEU, Secretary of State

Thomas F. Gardner, M.D., Thomas K. Mackenzie, M.D., Alan Posner, M.D. and Judson R. Schoendorf, M.D., certify as follows:

They constitute a majority of the directors of Harriman Jones Medical Clinic, Inc., a California Corporation.

They hereby adopt the following amendment and restatement of the Articles of Incorporation of this corporation to read as follows:

1. The name of this corporation is Harriman Jones Medical Group, a Professional Corporation.
2. 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.
3. This corporation is a professional corporation within the meaning of Part 4, Division 3, Title 1, California Corporations Code.
4. This corporation is authorized to issue only one class of shares of stock; and the total number of shares which this corporation is authorized to issue is 1,000,000.
5. With regard to bylaws:

A. New Bylaws may be adopted or the existing Bylaws may be amended or repealed only by the affirmative vote of not less than two-thirds of the outstanding shares entitled to vote or by the written consent of the shareholders entitled to vote such shares, except as otherwise provided by law, or by a specific provision of the Bylaws or these Articles of Incorporation requiring or authorizing a different vote.

B. Article 9 of the Bylaws may not be amended or repealed except upon the affirmative vote of not less than three-quarters of the outstanding shares entitled to vote or by the written consent of the shareholders entitled to vote such shares.


C. The provisions of Article 6.B., above, may not be amended or repealed except upon the affirmative vote of not less than three-quarters of the outstanding shares entitled to vote, or, if no shares have been issued, by the affirmative vote of not less than a majority of the Board of Directors.

No shares have been issued.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: MAY 5, 1992


THOMAS F. GARDNER, M.D.


THOMAS K. MACKENZIE, M.D.


ALAN POSNER, M.D.


JUDSON R. SCHOENDORF, M.D.

BYLAWS



HARRIMAN JONES MEDICAL GROUP

A PROFESSIONAL CORPORATION

1993

Revised, December 6, 1993

Section 2. PURCHASE OF SHARES. Additional Physician shareholders shall purchase a total of 300 shares, at \$10.00 per share, as follows:

Time Frame	Number of Shares
Upon invitation to purchase	100
One year following invitation	50
Two years following invitation	50
Three years following invitation	50
Four years following invitation	50

Allied health professional shareholders shall purchase a total of 120 shares, at \$10.00 per share, as follows:

Time Frame	Number of Shares
Upon invitation to purchase	40
One year following invitation	20
Two years following invitation	20
Three years following invitation	20
Four years following invitation	20

Revised, August 31, 1993

Section 1. SHARES. The shares of this corporation may be owned only by a licensed physician and surgeon or allied health professional holding a non-physician degree of doctor or by a medical corporation collectively, "eligible shareholders." At no time shall shareholders defined as allied health professionals holding a non-physician degree of doctor hold more than 20% of the shares held by all shareholders of the corporation.

BYLAWS
OF
HARRIMAN JONES MEDICAL GROUP,
A PROFESSIONAL CORPORATION

ARTICLE ONE
OFFICES

Section 1. **PRINCIPAL EXECUTIVE OR BUSINESS OFFICES.** The board of directors shall fix the location of the principal executive offices of the corporation at any place within or outside the State of California. If the principal executive office is located outside California and the corporation has one or more business offices in California, the board shall fix and designate a principal business office in California.

Section 2. **OTHER OFFICES.** Branch or subordinate offices may be established at any time and at any place by the board of directors.

ARTICLE TWO
SHAREHOLDERS

Section 1. **SHARES.** ~~The shares of this corporation may be owned only~~ by a licensed physician and surgeon or by a medical corporation (collectively, "eligible shareholders".) No shareholder shall own more than 300 shares of the capital stock of the corporation.

At all times when there are two or more shareholders and one of the shareholders

- (a) dies,
- (b) is no longer a party to an employment agreement with the corporation under which the shareholder or, in the case of a medical corporation shareholder, its employee primarily practices medicine, or

(c) is, for a period exceeding ninety days, a disqualified person as defined in Corporations Code §13401(d),

that shareholder's shares shall be redeemed, for cash, by the corporation for the same amount paid by the shareholder for the shares. The transfer and payment shall occur no later than ninety days after the occurrence of those events described in subsections (b) and (c), above, and no later than six months after death provided court approval, if necessary, has been obtained.

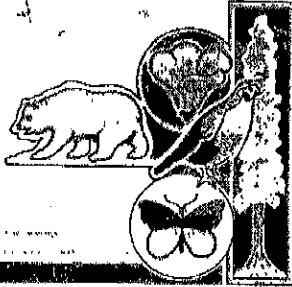
Section 2. PLACE OF MEETINGS. Meetings of shareholders shall be held at any place within or outside the State of California designated by the board of directors. In the absence of a designation by the board, shareholders' meetings shall be held at the corporation's principal executive office.

Section 3. ANNUAL MEETING. The annual meeting of the shareholders shall be on the second Tuesday of March in each year at 6:00 p.m. If, however, this day falls on a legal holiday, then the meeting shall be held at the same time and place on the next succeeding full business day. At this meeting, directors shall be elected and any other proper business within the power of the shareholders may be transacted.

Section 4. SPECIAL MEETING. A special meeting of the shareholders may be called at any time by the board of directors, by the chairman of the board, by the president or vice president, or by one or more shareholders holding shares that in the aggregate are entitled to cast ten percent or more of the votes at that meeting.

If a special meeting is called by anyone other than the board of directors, the person or persons calling the meeting shall make a request in writing, delivered personally or sent by registered mail or by telegraphic or other facsimile, transmission, to the chairman of the board or the president, vice president, or secretary, specifying the time and date of the meeting (which is not less than 35 nor more than 60 days after receipt of the request) and the general nature of the business proposed to be transacted. Within 20 days after receipt, the officer receiving the request shall cause notice to be given to the shareholders entitled to vote, in accordance with Sections 5 and 6 of this Article Two, stating that a meeting will be held at the time requested by the person(s) calling the meeting, and stating the general nature of the business proposed to be transacted. If notice is not given within 20 days after receipt of the request, the person or persons requesting the meeting may give the notice. Nothing contained in this paragraph shall be construed as limiting, fixing or affecting the time when a meeting of shareholders called by action of the board may be held.

A417977



State
of
California

OFFICE OF THE SECRETARY OF STATE

CORPORATION DIVISION

I, *MARCH FONG EU*, 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

MAY 1 1 1992



March Fong Eu

Secretary of State