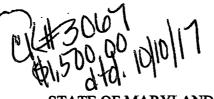
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF HEALTH CARE QUALITY BLAND BRYANT BUILDING 55 WADE AVENUE BALTIMORE, MARYLAND 21228

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01) Official name of agency: AbortionClinics.Org, Inc. Trading name d/b/a: AbortionClinics.Org, Inc. Agency address: 10401 Old Georgetown Road, Suite 104 Bethesda, MD 20814 Mailing Address (If different from above): 1000 W. Mission Avenue Bellevic NE 68005 . Telephone Number: (888)684-3599 FAX number: (402) 291-4643 Agency e-mail address: info@abortionclincs.org Days and Hours of Operation: Sundays- Wednesdays If business hours vary per days during the week, please specify: Sunday 1-4pm; Mondays-Wednesdays 8am-4pm Identify the days and hours the office manager is on-site: All open hours of operation Days OR is used: Sundays-Wednesdays Number of operating/procedure rooms: 3 Back up generator: X Yes No Accredited: Yes/No Accrediting Agency: National Abortion Federation-pending; CLIA- transfer of address

Date of accreditation: pending

If yes to this question plea Health Care Quality.	20		, ,	
Identify All Major Medica	l Fauinment Últil	ized in the Surgical		
Cardiac Catheteriza Computer Tomogra Lithotriptor		How many:		· c= •.
Radiation Therapy Magnetic Resonance	e Imager	How many: How many:		
Type of ownership: () Partnership	ர்சங் மலுக்கும் ஆகை மூ ர்க் சம் _	e je bilande de de la comunicación de la comunicación de de la comunicación de la comunic	
If the applicant is a corpormore ownership.	Corporation	nip, list names of ind		
Officers:	. u			
Name of Administrator:				
Name of Medical Directo				
Signature of Applicant:			in yart	
Date of Application:	רונסו/סו			
The application fee of \$1, payable to the Departmen fee to:	500.00 is non-refit of Health and M	undable. Please mak lental Hygiene. Plea	e check or money order ase mail application and	
	AMBULATO	RY CARE UNIT	UALITY IN ACCESS	
	55 WAD	ANT BUILDING DE AVENUE MARYLAND 2122		٠
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