

BC 839557

**ROBERTSON
DOWNE &
MULLALLY**

LAWYERS

DAVID A. ROBERTSON*
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RAJAN S. DHAMI
ROD K. NAGEL

To: Registrar of Companies
Attention: Name Reservations Department

Fax No: 250-356-8923

From: Brian Loughlin / Michelle Nicholls

Subject: NR0798975
Dr. C.A. Whittington Inc.

Date: November 10, 2008

Pages: 2

COMMENTS:

Please see attached Consent from the College of Physicians & Surgeons of British Columbia in relation to above proposed incorporation of Dr. C.A. Whittington Inc.

Original will: ☐ be sent via Legal Alternative
☐ be sent via regular mail
☐ be hand delivered
☐ be picked up
☒ remain on our file

*The information contained in this telecopier transmittal may be subject to solicitor and client confidentiality and is intended strictly for the use of the above named intended receiver. If you are not the intended receiver, or an agent or employee responsible to deliver it to the intended receiver, we hereby notify you that any dissemination, distribution or copying of this transmittal is prohibited. If you have received this communication in error, please notify us by telephone immediately and return the transmittal to us by regular mail. Your co-operation is appreciated.
Thank you.*

CONSENT

33695 SOUTH FRASER WAY, ABBOTSFORD, BC CANADA V2S 2C1
TEL: (604) 853-0774 VANCOUVER TOLL-FREE: 866-3627 FAX: (604) 852-3828
* PERSONAL LAW CORPORATION * ALSO MEMBER OF N.W.T. BAR
* ALSO MEMBER OF THE LAW SOCIETY OF UPPER CANADA

Received Time Nov. 10. 2:18PM



COLLEGE OF PHYSICIANS & SURGEONS OF BRITISH COLUMBIA

November 7, 2008

CPS#17186

Dr. Christine A. Whittington
c/o Robertson Downe & Mullally
Barristers and Solicitors
Attention: Brian J. Loughlin
33695 South Fraser Way
Abbotsford, BC V29 2C1

Dear Dr. Whittington:

The Executive Committee of the College of Physicians & Surgeons of British Columbia has considered your application dated October 28, 2008, made under sections 86(a), 89(b), and 93(1) of the *Medical Practitioners Act* for written consent to carry on the practice of medicine under the name and as an employee of:

DR. C.A. WHITTINGTON INC.

On behalf of the Executive Committee, we are pleased to advise you that such consent has been granted specifically in reliance upon the acknowledgments and undertakings contained in your application. Accordingly, if any acknowledgment or undertaking is breached, or if there is any failure to pay the annual authorization fee, the consent granted may be withdrawn. We enclose the annual Certificate of Authorization and receipt for 2008. We wish to emphasize that any breach of the acknowledgments and undertakings provided would be a serious matter, and could constitute unprofessional conduct. We therefore ask you to ensure that we are informed immediately of any change in the circumstances referred to in your application or undertakings.

Please note that you are responsible for sending a copy of this approval letter to the Medical Services Plan, Provider Programs (tel: 604 456-6950, or toll free 1-866 456-6950).

We thank you for your anticipated co-operation and invite you to contact us if you have any questions, either now or in the future regarding this matter.

Yours very truly,

H.M. Oetter, M.D.
Registrar

HMO/sk
Encl: 08 Crt

400 - 858 BEATTY STREET, VANCOUVER, BC V6B 1C1 TEL: 604 733-7758 (1-800-461-3008) FAX 604 733-3503

Received Time Nov. 10. 2:18PM

Name requests are taking approximately:

Name Request Number:

NR 0798975

Your request is: Processed
This Name Approval Request is for a: B.C. Company -
Incorporation/Amalgamation

**Consent Received Your approved name reservation
expired on Dec 22, 2008**

First Choice Name: **Approved**
DR. C.A. WHITTINGTON INC.

Condition: * DR * USE OF THIS TERM REQUIRES WRITTEN CONSENT FROM THE ACCREDITED COLLEGE AUTHORIZING ITS USE. PLEASE FAX THE CONSENT TO (250) 356-8923

Second Choice Name: None submitted

Third Choice Name: None submitted

Close

Print

Transaction History

Transaction Log

Date/Time: 23-12-2008 02:40:13
Expiry Date: 22-12-2008
Transaction Type: Examination
User ID: PA63374
Request Status: Processed
Consent: Received
Queue: Regular
Request Type: B.C. Company - Incorporation/Amalgamation

Additional Information:

Name 1:

Conditionally Approved DR. C.A. WHITTINGTON INC.

Reason:

* DR * USE OF THIS TERM REQUIRES WRITTEN CONSENT FROM THE ACCREDITED COLLEGE AUTHORIZING ITS USE. PLEASE FAX THE CONSENT TO (250) 356-8923

Date/Time: 12-11-2008 09:15:40
Expiry Date: 22-12-2008
Transaction Type: Change Request
User ID: abaliko
Request Status: Processed
Consent: Received
Queue: Regular
Request Type: B.C. Company - Incorporation/Amalgamation

Additional Information:

Name 1:

Conditionally Approved DR. C.A. WHITTINGTON INC.

Reason:

* DR * USE OF THIS TERM REQUIRES WRITTEN CONSENT FROM THE ACCREDITED COLLEGE AUTHORIZING ITS USE. PLEASE FAX THE CONSENT TO (250) 356-8923

Date/Time: 27-10-2008 08:13:07
Expiry Date:
Transaction Type: Create Request
User ID: PY94500
Request Status: Not Yet Processed
Consent: No
Queue: Regular
Request Type: B.C. Company - Incorporation/Amalgamation

Additional Information:

Name 1: Draft DR. C.A. WHITTINGTON INC.

[Close](#)[Print](#)

View the Status of your Name Approval Request

Applicant Information

Name: Michelle ROBERTSON, DOWNE & MULLALLY
Address: 33695 SOUTH FRASER WAY
ABBOTSFORD BC
CANADA V2S 2C1
Notification: mnicholls@rdm-law.com
Client Name: Dr. Whittington
Contact Person Name: Michelle Nicholls
Phone Number: 604-557-2877
Fax Number: 604-852-3829

Name Request Detail

Name Approval Number: NR 0798975

Entry Date: Oct 27, 2008 08:13
Status: Processed
Priority Request: No
Cancellation Reason: Not applicable
Consent: Received
Examined By: PA63374
Jump Queue: No
Updated By: Submitting Party
Request Type: B.C. Company - Incorporation/Amalgamation
Nature of Business:
Additional Information:

Name Results

First Choice: Approved

Name: DR. C.A. WHITTINGTON INC.

Condition: * DR * USE OF THIS TERM REQUIRES WRITTEN CONSENT FROM THE
ACCREDITED COLLEGE AUTHORIZING ITS USE. PLEASE FAX THE CONSE
TO (250) 356-8923

Requires consent from:

Second Choice: None submitted

Third Choice: None submitted

Your approved name reservation expired on Dec 22, 2008



RECEIPT

This is confirmation of payment for your Name Approval Request.

Name Request Number: NR 0798975
Submission Date and Time: October 27, 2008 08:13 AM
Applicant Name: Michelle ROBERTSON, DOWNE & MULLALLY

Fee: \$30.00
Service Charge: \$1.50
Subtotal: \$31.50
Service Charge GST: \$0.08
(Access Point Information Canada Ltd.)
Total: \$31.58

Grand Total: \$31.58

Payment Invoice Number:
Payment Method: Deposit Account
Folio Number: Michelle Nichol
BC OnLine Account Number: 287136
DAT Number: