

The North Carolina Medical Board

Certificate of Application and Registration for a Foreign Professional Limited Liability Company for the Practice of Medicine in North Carolina

1. The name of the Professional LLC is: _____
2. The state under whose laws the Professional LLC was organized under, for the purpose of practicing medicine is: _____

The undersigned, being the _____ title _____ of the above foreign PLLC certifies to the North Carolina Medical Board:

1. All persons who are currently members of said Professional LLC and who are employed by said PLLC to practice medicine for said PLLC are duly licensed to practice medicine.
2. The name, address and title of all members are: *(Requirements: one member, one director and one officer of the PLLC must be licensees of the NCMB and sign this application)*

Members Licensed in North Carolina

<u>NAME, LICENSE TYPE</u>	<u>PLLC TITLE</u>	<u>ADDRESS, STATE AND ZIP</u>

Members Not Licensed in North Carolina

(All memberships of the PLLC are required to be owned and held by a licensee(s))

<u>NAME. LICENSE TYPE</u>	<u>STATE OF LICENSURE</u>	<u>LICENSE NUMBER</u>

3. To the best of my knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any of the persons listed above.
4. I represent that the Corporation will be conducted in compliance with the North Carolina Professional Corporation Act and with the regulations of the North Carolina Medical Board.

5. Application is hereby made for a Certificate of Registration to be made effective when the Certificate of Authority is filed with the Secretary of State.

This the _____ day of _____, 20____

Name/ Title (signature)

Name/ Title (print)

STATE OF _____

COUNTY OF _____

I hereby certify that _____ *name* _____
being the _____ *title* _____ of _____ *PLLC name* _____.,
a corporation incorporated under the laws of _____ *state of organization* _____
for the purpose of practicing medicine, personally appeared before me this day and stated that
he/she has read the foregoing Certificate of Application and Registration and that the statements
contained therein are true.

Witness my hand and seal, this the _____ day of _____, 20_____

Notary Public

My commission expires: _____

