

Application for Certification and Registration of a Professional Limited Liability Company with the North Carolina Medical Board

Paper Application with payment by check

Please note that all applications initiated and paid for by MasterCard or Visa online will receive priority processing.

To file for registration and certification with the North Carolina Medical Board (NCMB) you are required to send the following four items:

1. A notarized NCMB **PLLC-01** form, Certificate of Incorporators (*form enclosed*)
2. **Professional Corp/LLC Address Form** (*form enclosed*)
3. The applicable original form listed below completed and signed by a NCMB licensee.
(Forms available from the NC Secretary of State) <http://www.secretary.state.nc.us/ProfBus/>
 - **Articles of Organization for a Professional Limited Liability Company**
 - **Articles of Conversion to a Professional Limited Liability Company Amendment** and supporting documentation duly authenticating existence from the state of NC
 - **Application for Certificate of Authority Foreign Professional Limited Liability Company** and supporting documentation duly authenticating existence from the state of incorporation
4. **Check** payable to the North Carolina Medical Board for the application fee of \$50.

A NCMB licensee may apply for Certification and Registration of a professional limited liability company from NCMB. Once documents are submitted, and the Board has determined that all statutory requirements are met, NCMB will return the original Articles to you along with the Certification (NCMB PLLC-02) and Registration Certificate (NCMB PLLC-03)

- Send the original applicable state form with the Board's seal, Certificate (NCMB PLLC-02), and required Secretary of State (SOS) fee to the NC SOS.

The NCMB will verify with NC SOS that your business has submitted a Creation Filing. Creation Filing with NC Secretary of State ("SOS") must be completed within four months of the NCMB Certificate issued date.

Unfiled certificates will expire after four months. If certification expires, reapplication will be required before filing with the SOS.

Please Note:

Professional businesses registered with NCMB are required to maintain with the Corporations Department up to date information concerning address, registered agent, shareholder or member changes, acquisitions, mergers, and closings/dissolutions. For your convenience the Board provides a "**Guide for Professional Corporations and Professional Limited Liabilities Companies**," which outlines the procedures for maintenance of registration as a Professional Corporation or Professional Limited Liability Company.

All NCMB professional businesses are required to renew their registration. The registration expiration date is found on the registration certificate. Notification for renewal during the fourth quarter of the renewal year due will be sent to the business' address on file with the NCMB. Failure to renew your registration will be cause for suspension under State Statute NCGS 55B-13.

**NCMB Professional
Corporation/Limited Liability Company
Address Form**

Professional

Corp./LLC Name: _____

The information below is used for mailing Professional Corporation/LLC registration renewal notices and other communications, as necessary, from the North Carolina Medical Board. Please remember to update this information when there are any changes.

(Street 1) _____

(Street 2) _____

(Street 3) _____

(City) _____ (State) _____

(Zip) _____ (County) _____

(Phone) _____ (Fax) _____

(Email) _____

- New PCs or PLLCs: please mail, with your application for certification & registration packet.

Mailing Address

North Carolina Medical Board
Attn: Corporations
P.O. Box 20007
Raleigh, NC 27619-0007

Physical/Delivery Address

North Carolina Medical Board
Attn: Corporations
1203 Front Street
Raleigh, NC 27609-7533

Date: _____

PC/PLLC Certificate #: _____

**CERTIFICATE OF ORGANIZING MEMBERS AND
APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR A PROFESSIONAL LIMITED
LIABILITY COMPANY FOR THE PRACTICE OF MEDICINE**

The undersigned, being all of the organizers of _____ a professional limited liability company about to be organized under the laws of North Carolina for the purpose of practicing medicine, hereby certify to the North Carolina Medical Board:

1. All persons who are organizing members and all persons who, to the best of our knowledge and belief, will be members or who will be employed by said professional limited liability company to practice medicine for said professional limited liability company are duly licensed to practice medicine in North Carolina. The names and addresses of all members are:

MEMBER, TITLE	P.O. BOX OR STREET	CITY, STATE, ZIP CODE

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any of the persons listed above.
3. We represent that the professional limited liability company will be conducted in compliance with the Limited Liability Company Act and with the Regulations of the North Carolina Medical Board.
4. Application is hereby made for a Certificate of Registration to become effective when the Articles of Organization are filed with the Secretary of State.

_____ Organizing Member

_____ Organizing Member

_____ Organizing Member

_____ Organizing Member

_____ Organizing Member

State of _____ County of _____

I, _____, a Notary Public for the above named County and State, do hereby certify that _____, _____, _____, _____, _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20_____

_____ Notary Public

(Seal)

My Commission expires: _____.

